

EXPLORING THE PERCEPTIONS ON PATHWAYS TO MANHOOD AMONGST  
URBAN YOUNG AFRICAN ADULT MEN BY HIV-PREVENTION PROGRAMME  
PRACTITIONERS IN GAUTENG, SOUTH AFRICA

by

HENDRIK JOHANNES LEON ROETS

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SUPERVISOR: Prof JC Pretorius

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## **Declaration**

I declare that EXPLORING THE PERCEPTIONS OF PATHWAYS TO MANHOOD AMONG YOUNG ADULT AFRICAN URBAN MEN BY HIV-PREVENTION PROGRAMME PRACTITIONERS IN GAUTENG, SOUTH AFRICA 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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HJL Roets

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**Abstract:**

The pathways to manhood for young adult African men in urban settings are based more on socio-economic demands than socio-cultural expectations of being a man. This study was a qualitative explorative research on the perceptions of HIV-prevention practitioners on the different pathways to manhood among young adult African men in urban settings in Gauteng, South Africa. From the findings it was clear that there are diverse socio-cultural and socio-economic pathways to manhood, including the media, older men, peers, religion and women. These pathways affirm, confirm, validate and value a man as a man and not a boy in urban settings such as cities and informal settlements in Gauteng. The research concluded that a great deal more could be done to ensure that men get involved in HIV-prevention programmes by ensuring dialogue on manhood and masculinities between men and men, and men and women.

**Keywords: manhood, masculinities, urban settings, young adult African men, HIV-prevention, Gauteng**

## Table of Contents

Declaration	i
Acknowledgements	ii
Abstract	iii
<b>1. Chapter 1: Introduction</b>	
1.1 Introduction	1
1.2 Background of the study	2
1.3 Problem statement and rationale of the study	7
1.4 Purpose of the study	9
1.5 Objectives of the study	9
1.6 Research questions	10
1.7 Brief description of the research process	10
1.8 Assumptions of the study	11
1.9 Operational definitions	11
1.10 Limitations of the study	12
1.11 Conclusion	13
<b>2. Chapter 2: Literature Review</b>	15
2.1 Introduction	15
2.2 The social history of the AIDS epidemic in South Africa	15
2.3 HIV and AIDS as a social epidemic in South Africa	20
2.3.1 Poverty, social inequality and HIV-vulnerabilities	22
2.3.2 Social impacts on individuals, households and communities	24
2.4 Gender, sexuality and HIV	25
2.4.1 Women and HIV	31
2.4.2 Men and HIV	33
2.4.3 Sexuality and HIV	35

2.5 Social behaviour change and HIV-prevention	37
2.6 Men, social behaviour change and HIV	39
2.7 Conclusion	41
<b>3 .Chapter 3: Theories Applied in the Research</b>	<b>42</b>
3.1 Introduction	42
3.2 Symbolic interactionism and construction of pathways to manhood	42
3.3 Feminist theories and Hegemonic Theory	47
3.4 Conclusion	51
<b>4. Chapter 4: Research Design</b>	<b>52</b>
4.1 Introduction	52
4.2 Research process	52
4.2.1 Key informant interviews	52
4.2.2 Focus group sessions	53
4.2.3 Field notes	55
4.3 Brief profile of the participating HIV-prevention programmes	55
4.4 Data analysis	56
4.5 Validity of the study	57
4.5.1 Creditability	58
4.5.2 Authenticity	58
4.5.3 Content	58
4.6 Ethical considerations	58

4.6.1 Confidentiality	58
4.6.2 Informed consent	59
4.6.3 Voluntary participation	59
4.6.4 No harm and protection	59
4.6.5 Debriefing	59
4.7 Conclusion	59
<b>5. Chapter 5: Findings of the Research</b>	<b>60</b>
5.1 Introduction	60
5.2 Profile of the participants	61
5.3 Key findings	63
5.3.1 African men, masculinities and manhood in the cities	63
5.3.2 Role of men in changing communities, families and society	68
5.3.3 Pathways to manhood for young adult African men in urban settings	76
5.3.3.1 Economic independency as a pathway to manhood	76
5.3.3.2 Older men, boys and peers as pathways to manhood	81
5.3.3.3 Sex and sexual expression as a pathway to manhood	93
5.3.3.4 Women as a pathway to manhood	98
5.3.3.5 Other social diversity pathways to manhood	103
5.3.3.5.1 Men's health, HIV and well-being	103
5.3.3.5.2 Media, religion and violence	107
5.3.4 Incorporating these pathways into HIV-prevention programme design	112
5.4 Applying the two selected theories	115

5.5 Brief summary of field notes	117
5.6 Conclusion	119
<b>6. Chapter 6: Conclusions and Recommendations</b>	<b>120</b>
6.1 Introduction	120
6.2 Summaries of the key findings	120
6.2.1 Socio-cultural and -economic pathways to manhood	121
6.2.1.1 Changing roles of men, manhood and masculinities	122
6.2.1.2 The different pathways to manhood among young adult African men in urban settings	122
6.2.2 Social diversity and manhood	125
6.2.3 Incorporating the socio-cultural and -economic pathways to manhood into HIV-prevention programmes	126
6.4 Recommendations	128
6.4.1 Programme-directed recommendations	128
6.4.2 Research-directed recommendations	129
<b>List of Sources</b>	<b>130</b>
<b>Appendix A: Invitation Letter to Key Informants</b>	<b>137</b>
<b>Appendix B: Invitation Letter to Focus Group Participants</b>	<b>139</b>
<b>Appendix C: Interview Schedule</b>	<b>140</b>
<b>Appendix D: Informed Consent Form</b>	<b>142</b>
<b>Appendix E: Filed Notes Observation Guide</b>	<b>143</b>
<b>Appendix F: Statement on Ethical Clearance</b>	<b>144</b>



## List of Tables

Table 1: Summarised social history of the AIDS epidemic in South Africa	16
Table 2: Summary of changes to key HIV-related indicators between beginning and end of the NSP 2007-2011	18
Table 3: Regional Statistics of HIV-prevalence	20

## **CHAPTER 1: INTRODUCTION**

### 1.1 Introduction

This study explored how HIV/AIDS programme practitioners perceive some pathways to manhood among young African men aged 19 to 40 living in urban areas and how these impact on designing and implementing appropriate HIV prevention programmes that target these young men. A qualitative explorative research design was used by conducting key informant interviews with experts in the field of HIV prevention (Human Immune-Deficiency Virus) programme design. Three focus group interview sessions were facilitated with practitioners of selected HIV prevention programmes currently being implemented in Gauteng in which these young men were also targeted

According to the World Bank (2000:v), the question of gender is interrelated with most other development issues like social conflict, poverty, violence, unemployment and youth unemployment especially in Africa. Gender inequality and mainstreaming must be incorporated into HIV prevention programmes across the African continent to provide a framework for a more integrated approach to gender and HIV national and continental response. However, most gender approaches to HIV and AIDS (Acquired Immune-Deficiency Syndrome) put the emphasis on the vulnerability of girls and women as a key priority for interventions while few interventions target boys and men especially young men regarding their vulnerability to HIV and other development issues as mentioned above.

This is echoed by the UNAIDS World AIDS Report (2012:36) which highlights the importance of male involvement in the prevention of HIV in reaching risk populations like sex workers, drug users and men who have sex with other men. This interrelation with these groups is the key to addressing the main drivers of a generalised AIDS epidemic such as in South Africa. The AIDS epidemic in many ways reflects gender and social inequality in a fast-developing country like South Africa where there are patterns of socio-economic segregation between genders, poor and rich populations, and urban and rural development. In the long term it may

ultimately impact negatively on its sustainable development, according to Shefer (2009:4).

Therefore, it is important to place emphasis on the involvement of gender especially men and young men in particular if one wants to address HIV prevention successfully. Getting men involved in these kinds of interventions, however, is far more complex than working with women as both mature and young men are confronted with several socio-cultural and socio-economic challenges involving their manhood and masculinity in a changing society.

Through this study of some pathways to manhood, the researcher hoped to gain more insight into an understanding of the challenges young adult African men face in urban settings as well as the mechanisms they use to survive these pressures.

## 1.2 Background of the study

The AIDS pandemic has slowed down the development of the African continent by nearly four to five generations according to the World Bank (2012:5). This is especially visible in countries within the sub-Saharan and Southern Africa regions where the pandemic has had serious long-term socio-economic impacts on development and quality of life, for example, the increase in numbers of child-headed households, slowing down of economic growth and the effect on the lives of the poorest communities in these regions.

The *UNAIDS World AIDS Day Report of 2012 Summary* (15) shows some improvements concerning HIV and AIDS: “In the last ten years the landscape of national HIV epidemics has changed dramatically, for the better in most countries, especially in sub-Saharan Africa”. This report indicates that by the end of 2011 there were 700 000 fewer new HIV infections across the globe than in 2001 and the biggest HIV prevalence reduction happened mostly in low and middle-income countries like South Africa where there has been a 50% overall reduction in new HIV infections or incidents per day. This has happened largely owing to the combination of social behaviour change interventions and the use of HIV-treatment within a broader socio-economic development context as prevention strategies. Combined prevention strategies like these should be implemented especially in

populations which are most vulnerable to HIV and AIDS and which include the age groups of 15 to 45 years, thus including children, the youth and young adults according to the South African AIDS Council SANAC (2012:14) and Van Dyk (2012:39).

South Africa also reported a slight reduction in the HIV prevalence rates as 30.2% in 2010 and 29.5% in 2011 according to the *2011 National Antenatal Sentinel HIV & Syphilis Prevalence Survey in South Africa* (South African Department of Health (SA DoH) 2012:7). More than 270 000 people living with HIV died in 2011. In the latest *National Strategic Plan (NSP) for HIV and AIDS, STIs and TB, 2012-2016* (SANAC 2012:12), one of the main objectives is to prevent new infections among young adults aged 25 to 35 through a comprehensive combined prevention strategy which includes combining biomedical, social behavioural and social structural interventions at household, community and social levels. This objective is also geared towards achieving international targets set by the Joint United Nations AIDS Programme (UNAIDS) (2010:7) global vision of international agencies to prevent HIV:

- To get Zero new infections.
- To get Zero AIDS-related deaths.
- To get to Zero discrimination

The relationships between men and women as well as gender relationships are still one of the main socio-economic drivers of the AIDS pandemic, especially in sub-Saharan Africa. According to UNAIDS (2012:28) and AIDS Alliance International (2011:4-5), women and children are still the most vulnerable gender to the impact of HIV and AIDS. They are not only physically vulnerable to infection with HIV but they also feel the biggest psychosocial and socio-economic brunt of the AIDS pandemic. Both the UNAIDS Report (UNAIDS 2012:28) and the 2011 Antenatal Report (SA DoH 2012:7-8) indicate that girls and young women between the ages of 15 and 24 years are the most vulnerable age group with an average of 20.5% prevalence rate among pregnant women. Although there was a slight decline in the HIV prevalence rate in this group of women it was not significant enough to reduce the long-term socio-economic impact of HIV and AIDS on them which includes an increase in

child-headed households, teenage pregnancy, poverty, gender violence and unemployment (UNAIDS 2012:29; Willan 2013: 4-5).

Van Dyk (2012:41) indicates that specific socio-cultural and socio-economic conditions make gender relationships and HIV prevention in South Africa very complex, especially in urban settings. These conditions include the high unemployment rate among young men; being forced to leave their families because of socio-economic pressures; the low socio-economic status of women; poor living conditions in cities and informal settlements; the rate of sexually transmitted infection; and gender violence. She further refers to the widespread poverty and illiteracy; lack of accessing appropriate and correct information within the local context; alcohol abuse; years of conflict at community and household levels; changes in traditional social and sexual morality values; and the lack of social cohesion and tolerance among most populations as key drivers of the AIDS epidemic. These conditions should be considered as social structural changes that occur in issues of gender and HIV prevention.

Piot, Barlos, Larson, Zewdie and Mane (2008:845) urge social researchers to look deeper into the relationship between gender and the socio-cultural structural determinants of HIV prevention, especially in Southern Africa. Some of these structural determinants include how culture deals with gender, manhood and sexuality at a cultural, social and structural level. These determinants must be used in order to remove the barriers in accessing HIV prevention services for both men and women especially accessing anti-retroviral treatment (ART). According to these researchers, most African countries have not yet successfully addressed these gender issues owing to the lack of strong socio-cultural and political leadership. Another reason, the lack of active involvement and participation by men, especially young adult men in urban settings in local and national HIV prevention strategies and programmes, is also prohibiting the impact on gender and HIV. HIV prevention interventions and programmes targeting men are often very bio-medical, short-term social interventions like condom use, circumcision and basic HIV/AIDS education. These programmes and interventions are often not sufficiently handled with the necessary socio-cultural sensitivity in dealing with manhood and masculinities within a local context like an urban setting as in this study. Often these programmes are implemented from a very prejudicial and judgemental view about men, mostly

from women, and consequently do not create a sense of urgency in social behaviour change regarding HIV prevention.

Men are the gatekeepers and entry-points regarding HIV prevention in most African communities and households as they often hold the socio-cultural and economic (UNAIDS 2012:87). There should be a stronger emphasis on understanding this gatekeeping role not only in order to reach families and women but also other men regarding issues of manhood and masculinity.

Most HIV prevention interventions and programmes still target women and it is often without equal male involvement and participation according to Van Vuren and Von der Marwitz (2012:241-242). These researchers urge all role-players involved in HIV prevention to address the lack of male involvement as well as the socio-economic vulnerability of men. This must start with boys and young adult men not only because of their close relationships with women in general but also more specifically within the socio-sexual context of their manhood, masculinity and HIV prevention.

It was only recently that more emphases were directed at male involvement and participation in HIV prevention programmes by international and national AIDS organisations like the World Health Organization (WHO), UNAIDS and the South African Department of Health to ensure sustainable HIV prevention and mitigating the socio-economic impacts of HIV and AIDS on quality of life. Prior to 2010, most of the HIV prevention programmes and strategies targeted women with very little male involvement and very little understanding of the socio-cultural diversity of masculinity in the region, especially young adult men, according to UNAIDS (2012:8). This was pointed out by the World Bank (2005:viii) much earlier when they stated in 2005: “In most gender analyses in Africa, the full dimensions of gender, including gender hierarchies that subjugate some groups of men, particularly young men, are seldom discussed”. They explain further: “... by applying a more sophisticated gender analysis related to conflict and HIV/AIDS that requires us to understand how men and women, and boys and girls, are made vulnerable by rigid notions of manhood and gender hierarchies”. This was also evident in the key findings of this study as explained in Chapter 5.

Although only during the past decade HIV statistics have been collected on men by means of household surveys, most African countries including South Africa still often use antenatal surveys to determine their HIV prevalence rates for the purposes of interventions and planning (SA DoH 2012: 3; Rehle & Shisana 2009: 633). These antenatal surveys often exclude data on men and children as they only draw statistics for modelling and projection from women who are pregnant for the first time and who only utilise public antenatal clinics. Very few countries have tried to specifically measure the HIV prevalence of mature men and young men between the ages of 20 and 35 or successfully mobilise full male involvement and participation in HIV prevention activities (Katz, Kiarie, John-Stewart, Richardson, John & Farquha 2009:2; SANAC 2012: 25-26; UNAIDS 2012:35-36). In South Africa through the Human Sciences Research Council (HSRC) Household Surveys of 2002 (Shisana & Simbayi 2002), 2005 (Shisana, Rehle, Simbayi, Parker, Zuma, Bhana, Connolly, Jooste, Pillay et al 2005) and 2008 (Shisana, Rehle, Simbayi, Zuma, Jooste, Pillay-van-Wyk, Mbelle, Van Zyl, Parker, Zungu, Pezi & the SABSSM Implementation Team 2009) one can begin to see the infection rate among men and the alarming growth among young adult African men .

Often these young men are caught between traditional socio-cultural and modern socio-economic values about manhood, masculinity and sex. As the AIDS pandemic in the most Southern African countries including South Africa is still a predominantly heterosexual epidemic, there are often not only conflicting role expectations between these two sets of values but also between the generations of men, according to UNAIDS (2012:36). This has a direct impact on the level of involvement and participation of men, especially young heterosexual men aged between 20 and 35 in HIV prevention programmes.

Manhood and masculinities in Africa have a strong socio-cultural context even in urban areas and are connected to risk-seeking behaviours like multiple partners and violence (Nobleman 2010:7; World Bank 2005: v). Many African cultures still practise patriarchal male dominance where women have very few or no negotiation powers concerning sex and sexuality. Sex is still seen as a measure of fertility, legacy and proof of manhood in these heterosexual relationships as well as between older men with a strong socio-cultural value system. Young African boys and men must often prove their manhood by being sexually active at a very young

age and even having sexual encounters as part of the socio-cultural initiation ceremonies (Avert 2012:5; Brooks 2011:viii, Goldsmith 2005:110-113;). Although research has been done on masculinities and male sexual behaviour, the importance of manhood within the African context and the manner in which it is influenced by socio-cultural and economic pathways have not been much emphasised. This is why the researcher felt it important to do this study.

Chapter 2 provides an overview of some of the literature researched for this study to highlight this gap in research while Chapter 3 draws upon the Symbolic Interaction Theories and Feminist Theories, especially the hegemonic theory, to provide some theoretical assumptions in order to unpack these pathways as key areas for HIV prevention intervention and programme design for young adult African men in urban settings.

### 1.3 Problem statement and rationale of the study

The AIDS pandemic is still a predominantly heterosexual pandemic across the world. It is especially in Southern Africa and South Africa that the pandemic still affects mostly young adults between the ages of 20 and 35. These heterosexual behaviours and values of men must be seen within a socio-cultural context of masculinity which makes them vulnerable to HIV and the socio-economic impacts of the pandemic ( UNAIDS 2011:38; Stine 2010:242; World Bank 2005:iv).

A study conducted by HSRC in 2009 revealed that men in the 25 to 44 age group were the most vulnerable to HIV (Shisana et al 2009:68-69). The prevalence rate among these men was 8% in contrast to that of girls and young women in the same age groups who had a 13.3% infection rate. It is also between these ages that the Council reported that men have the highest number of multi-sexual partners (an average of 22% of these men had more than one sexual partner) in 2008. One of the major reasons for the vulnerability of girls and young women between the ages of 15 and 24 is that they had intergenerational relationships with these men and with older men.



The World Bank (2005:vi-viii) indicates the following programme approaches in working with men – especially young adult males – concerning social issues like masculinity, manhood, gender equality and HIV prevention:

- a) Gender socialisation targeting men and boys
- b) Work within a local and specific context of gender to facilitate a deeper understanding of the masculinities that exist within a target group
- c) Focus on social re-integration of men into communities and households
- d) Address the socio-cultural pathways to manhood especially among young adult males
- e) Study masculinities within the wider context of social change and diversity
- f) Incorporate a longer term view into gender equality and violence prevention among men

Barnett and Whiteside (2006:23-24) argue that any HIV prevention intervention or programme in South Africa must be appropriate to the socio-cultural and -economic diversity of the country especially in urban areas to ensure that it successfully addresses the social vulnerability of both men and women to facilitate the necessary social behaviour change and promote gender equity. In most African cultures, women are still seen as the receivers of HIV and are still vulnerable to the impacts of HIV and AIDS on their lives, families and also in the broader communities. This is often related to the socio-cultural context of manhood and masculinity by men and society which places men with all the social and economic powers, including sexual powers, and women with being submissive to and economically dependent on men (Hargrave 2007; Rispel, Metcalf, Cloete, Reddy & Lombard 2011:69-71; Baxen & Breidlid 2009:118-119).

The Hegemonic Theory highlights this dilemma but refers not only to men dominating women but also other men through hegemonic masculinity which is based predominantly on heterosexual role expectations (Connell 2013:1; Appelrouth & Edles 2010:319). There is a more in-depth discussion of this theory in Chapter 3.

Although research has been done on masculinities and male sexual behaviour, the importance of manhood within the African context and the manner in which it is

influenced by socio-cultural and -economic pathways have not been much emphasised. This is another reason why the researcher felt the importance of doing this study.

Furthermore, the researcher has worked in the field of HIV and AIDS for nearly 25 years in South Africa and has frequently observed that most current HIV prevention programmes are based on a socio-biomedical model and do not take full consideration of the complexity of the socio-cultural and economic contexts of men, the pathways to manhood and masculinities.

It was also clear from the research that this is an area which is seldom addressed in most HIV prevention programmes in South Africa.

#### 1.4 Purpose of the study

The purpose of the study was to explore the perceptions of HIV prevention practitioners on pathways to manhood among young adult African men aged 20 to 35 in urban settings in Gauteng. Furthermore, the study aimed to gain insights into and understanding of these pathways and to recommend to the three participating HIV programmes how to incorporate the findings of the research into their programmes.

#### 1.5 The objectives of the study

The objectives of the study were;

- To explore the perceptions of HIV programme practitioners on some of the different socio-cultural and socio-economic pathways to manhood among young adult African men in urban settings in Gauteng;
- To explore how these pathways should be incorporated into designing HIV prevention programmes for these young men; and
- To draw conclusions and make recommendations on how to enhance the three HIV prevention programmes that participated in the research.

## 1.6 Research questions

The broad research question for the study was:

What are the perceptions of HIV prevention programme practitioners on the pathways to manhood among young adult African males aged 20 to 35 years in urban settings in Gauteng?

Sub-questions

- What are some of the socio-cultural pathways to manhood among young adult African men in urban settings in Gauteng according to HIV prevention practitioners?
- What are some of the socio-economic pathways to manhood among young adult African men in urban settings in Gauteng according to HIV programme practitioners?
- How can these pathways be incorporated into existing HIV prevention programmes for these young men according to HIV programme practitioners?
- What recommendations can be made to enhance the three participating HIV prevention programmes?

## 1.7 Brief description of the research process

The study was based on an explorative qualitative research design by conducting key informant interviews with three strategic role-players in the field of HIV prevention programme design and facilitating focus group sessions with programme developers and implementers of three HIV prevention programmes in Gauteng. These programmes were specifically selected because they also targeted young adults including young adult African men who fell into the age bracket of the study. Field notes were also kept by the researcher to record some of his own experiences and observations.

See Chapter 4 for a detailed discussion of the research design and steps.

## 1.8 Assumptions of the study

The study developed the following assumptions regarding the perceptions and understanding HIV/AIDS programme practitioners have of the socio-cultural pathways to manhood among urban young adult Black men aged 20 to 35 in Gauteng:

- a) Most of the HIV/AIDS programme practitioners have a good understanding of the socio-cultural and economic pathways to manhood among men in general, but also more specifically among young adult African men in urban settings in Gauteng.
- b) HIV prevention programmes design, development and implementation targeting these young men are complex owing to these socio-cultural and economic demands and pathways to manhood especially in urban settings which include cities and informal settlements.
- c) Socio-cultural pathways to manhood within urban settings are different from the pathways in rural and traditional settings.
- d) Key considerations of these demands and pathways to manhood are being applied in the design and implementation of the three selected HIV prevention programmes. Evidence from this research will be provided on the application and implementation of these pathways in order to offer recommendations to the three selected HIV prevention programmes.

## 1.9 Operational definitions

The following operational definitions were used for the key concepts of this study:

- a) HIV prevention programmes

HIV prevention programmes are programmes that aim to influence risk behaviours in connection with preventing illnesses or social issues like HIV. These programmes implement a range of activities to make the individual or group aware of the risk behaviour at different social levels (cultural, political, psychological, social and spiritual levels) to motivate them to change their behaviour towards prevention of HIV. In most cases these programmes are based on a multidisciplinary and multi-

theoretical understanding of social behaviour change of the individual, group, community and society (Global HIV Prevention Working Group (GHPWG) 2008:8).

b) Social behaviour change in connection with HIV prevention

Social behaviour change in connection with HIV prevention includes maintaining non-risk behaviours and/or reducing risk behaviours to prevent HIV transmission. Warren Parker (2006: 12-15) from CADRE refers to social behaviour change as the multidimensional social interaction among people to prevent HIV including the cognitive, social, cultural, spiritual and political motivation of social behaviour change at individual, group, community and society levels.

c) Socio-cultural and economic pathways to manhood

Socio-cultural and economic pathways to manhood refer to the different cultural, economic and social agencies and processes which facilitate the pathway from boyhood to a manhood and how to conceptualise what is defined as a man among young adult African males. For the purpose of this study, manhood is seen as the social status of being publically confirmed as a man and no longer a boy.

d) Masculinities:

According to Connell (2013:1), masculinities refers to the positions which men occupy in relation to other men and women. For the purpose of this study the researcher separated the concepts of manhood and masculinities.

e) Young adult African men

For the purpose of this study, young adult African men refer to the age group of 20 to 35 year-old men living in Gauteng.

f) Urban settings

For the purpose of this study urban settings included all the cities and informal settlements in Gauteng.

## 1.10 Limitations of the study

The study had the following limitations:

a) Conducting a qualitative case study

The study was an explorative qualitative study based on three selected HIV prevention programmes in Gauteng. The qualitative nature and the selection of one province in South Africa prevented the researcher from having a generalised understanding of the topic. Conclusions and recommendations could only be made regarding these selected programmes and the need for further research.

b) Focusing only on young adult African men between the ages of 20 and 35 living in urban settings in Gauteng

The study tried to focus on young adult Black males only as they were most accessible through the selected three HIV prevention programmes.

c) Time

The time-frame for the study was limited owing to time-constraints on the researcher.

### 1.11 Conclusion

In this Chapter the research topic of this study was introduced and a broad background to the study provided. The problem statement indicated that there was not enough research on key considerations of socio-cultural and -economic pathways to manhood in the designing and implementing of HIV prevention programmes. The Chapter also provided a broad background on the complexity of the socio-cultural and -economic contexts of men, manhood and masculinities in Southern Africa and South Africa. The purpose, objectives and research questions of the study were stated in line with the overall focus of the study. A brief description of the research process was provided.

In the next Chapter (Chapter 2) a summary of the literature is presented to assist the researcher to conceptualise, inform and motivate the need to do the study. The AIDS pandemic as a social pandemic will be unpacked to allow the reader to contextualise the research. Furthermore, the Chapter goes into greater depth regarding the socio-cultural and economic complexities of men, manhood and

masculinities in general but more specifically within the African and South African contexts.

### **Structure of the Chapters**

Chapter 2: Literature review on men, manhood, masculinity and HIV prevention

Chapter 3: Theories applied in the research

Chapter 4: Research design of the study

Chapter 5: Key findings

Chapter 6: Conclusion and recommendations

## **CHAPTER 2: LITERATURE REVIEW**

### **Men, Manhood, Masculinities and HIV prevention**

#### 2.1 Introduction

A literature review provided an opportunity for the researcher to conduct a systematic review of the existing body of knowledge and theories to gain a conceptual understanding of the research topic and its context (Babbie 2010:506-507; Bell 2010:83-84; Bak 2009:17). The review allowed the researcher to systematically assess current literature and research publications on the socio-cultural and -economic complexities of men, manhood, masculinities and HIV prevention within the African and South African urban contexts. Furthermore, the literature review assisted the researcher to motivate the selected theories and the need for a qualitative explorative research design because of the sensitivity of the research and the small amount of evidence found about the topic.

#### 2.2 The social history of the AIDS epidemic in South Africa

The social history of the AIDS epidemic in South Africa is interrelated with the legacies of apartheid, migration, human rights, urbanisation and the socio-political transformation of the country during the past 30 years ( Colvin 2011:85-87; Van Dyk 2012:9-10; Natrass 2004:24). These socio-economic factors often drive or pull the country's response to HIV and AIDS as South Africa has a generalised AIDS epidemic (UNAIDS 2012:27).

Van Dyk (2012:13-17) provides a summary that will be used to highlight some of the main historical events which shaped the global and national response to the AIDS epidemic. Please see Table 1.



Table 1: Summarised social history of the AIDS epidemic in South Africa

Periods	Main events	South Africa's response
1980s	<p>First case of AIDS occurred among mostly homosexual men and sex workers in the United States of America</p> <p>The link between the virus causing AIDS was established and the virus was called HIV (Human Immune-Deficiency Virus)</p> <p>First HIV antibody testing kits were made available</p> <p>AZT became the first antiretroviral treatment for HIV mainly in the US</p> <p>The introduction of condom use as prevention across the globe</p>	<p>1983 – first information document on HIV and AIDS appeared</p> <p>1985 – South Africa set up its first AIDS Advisory Group</p> <p>1988 – The <i>Stop AIDS</i> awareness campaign was launched focusing on risk behaviour and groups</p>
1990s	<p>Proper surveillance of HIV prevalence was introduced across the world</p> <p>Sub-Saharan Africa and Southern Africa were identified as the hardest hit regions by the AIDS pandemic</p> <p>AZT was introduced to pregnant women to prevent transmission to unborn child</p> <p>Introduction of HAART (Highly Active Antiretroviral Therapy) to pregnant women and men at risk to prevent HIV and to reduce rapid AIDS-deaths</p> <p>UNAIDS was established to coordinate and facilitate a global response to the AIDS pandemic across the globe</p>	<p>1990 – First antenatal HIV survey conducted among pregnant women</p> <p>1991 – Number of heterosexual transmissions exceeded the homosexual transmissions</p> <ul style="list-style-type: none"> <li>- First AIDS Training, Information and Counselling (ATIC) services launched in South Africa</li> </ul> <p>1993 - President Nelson Mandela launched the first National AIDS Plan (NACOSA)</p> <p>Increased number of pregnant women testing for HIV</p> <p>Soul City was established to run multi-media awareness campaigns</p> <p>1994 – President Thabo Mbeki recognised the seriousness of the AIDS epidemic</p> <p>1994-1998 – series of scandals including</p>

		<p>Sarafina II, Virodene and President Mbeki's denial of HIV causing AIDS</p> <p>1998 – TAC established to advocate and promote access to ARTs in South Africa</p> <p>1999 – Lovelife established to target youth and children with messages of HIV prevention and life skills</p>
2000s	<p>Numbers of orphans and vulnerable children affected by HIV and AIDS, especially in the Southern African region became an international concern</p> <p>Launch of the 3 by 5 initiative aiming to reach 3 million people living with HIV receiving treatment (ARTs)</p> <p>Botswana began Africa's first treatment plan</p> <p>PEPFAR (President's Emergency Plan for AIDS Reduction) was launched</p> <p>Male circumcision showed reduction of HIV among heterosexual men</p> <p>Prohibiting travel to the US for PLWHIV was removed</p> <p>Universal access to treatment became a priority for HIV prevention</p>	<p>2000 - First National Strategic Plan (NSP) for 2000-2005 was launched</p> <p>2001 - Khomanani was launched as a national communication campaign.</p> <p>2002 – South African High Court forced government to make treatment available for general public</p> <p>2005 – Launch of 2<sup>nd</sup> NSP 2006-2011.</p> <p>2008 – Halting the Vaccine Trials in South Africa</p> <p>2009 – President Zuma pledged his commitment to the second NSP</p> <p>2010 – Massive HIV testing campaign launched to reach 5.1 million South Africans</p> <p>2011 – Nearly 54% of PLWHIV placed onto the treatment plan</p> <p>2011 – The 3<sup>rd</sup> NSP launched and aligned with UNAIDS 3 Zeros – Zero new HIV and TB infections, Zero AIDS-related deaths and Zero stigma and discrimination</p>

Source: Van Dyk (2012)

It is evident from Table 1 that South Africa started late with an effective, coordinated national response to the AIDS epidemic despite early attempts to unite the country within one national strategic plan. The delay in rolling out treatment to people living with HIV (PLWHIV) and political controversies were very significant and often put South Africa in the eye of the world. This was mostly due to socio-political denial and ignorance practised by the South African leadership in the 1980s and 1990s. Furthermore, it showed that the South African government introduced several HIV prevention campaigns like Soul City, Khomanani and Lovelife targeting specific and general messages of behaviour change at group and society levels. However, the Khomanani campaign had to close down owing to a lack of funds and the failure to target social behaviour change at a micro- and meso-levels of social behaviour change, where people could not always associate with their day-to-day lives and priorities.

Natrass (2004:20) indicates also that the whole AIDS epidemic became socio-politicised after the international denial by then President Mbeki and the Treatment Action Committee (TAC) had to mobilise international attention to force the South African Government to provide access to treatment through a benchmarking court case. However HIV prevention has always been neglected as it is often seen by political and social leaders as an unpopular issue to address even to date. It is also evident from this summary that most of the initial HIV prevention interventions and programmes were mostly centred on women and predominately still being biomedical HIV prevention interventions and programmes like medical male circumcision, HIV testing, treatment and condom use. The latter are still being promoted as one of the key indicators for prevention.

The three NSPs were and the current one NSP 2012-2016 are still critical to ensure the mobilisation of a coordinated, multi-sector, integrated national response to HIV and AIDS including issues of gender.

Mark Colvin (2011:15-16) summarises the accomplishments of the previous NSP 2007- 2011 as follows. Please see Table 2.

Table 2: Summary of changes to key HIV-related indicators between beginning and end of the NSP 2007-2011

Category	Indicator	2007	2010
<b>Epidemiology</b>	National HIV incidence	1.3%	1.2% (2009)
<b>Epidemiology</b>	Estimated total new HIV infections	460 000 (2005)	390 000 (2009)
<b>Prevention response</b>	National condom distribution	308.5 million	495 million
<b>Prevention response</b>	Men and women 15 - 29 using condom at last sex	35.4% (2005)	62.4%
<b>Prevention response</b>	Medical male circumcision (MMC)	No programme	237 812 (June 2011)
<b>Prevention response</b>	DoH facilities offering PMTCT		98%
<b>Prevention response</b>	Babies PCR tested at 6 weeks	60.4% (2008)	83.9%
<b>Prevention response</b>	Babies tested at 18 months	17.5% (2008)	17.8%
<b>Prevention response</b>	Babies on co-trimoxazole at 6 weeks	2.4%	65.8%
<b>Treatment response</b>	People on HAART		1.1 million
<b>Treatment response</b>	Prisoners on HAART	2 323	8 091
<b>Impact</b>	AIDS-related deaths (ASSA estimate)	235 000	188 828
<b>Impact</b>	Mothers dying	88 450	51 132
<b>Impact</b>	No. of orphans	152 624	90 963
<b>Impact</b>	No. of child-headed households	12 219	38 306
<b>Impact mitigation</b>	Child support grants	8 200 000	9 569 602

Source: Colvin (2011)

Table 2 indicates some of the socio-economic impacts of the NSP regarding mitigating, preventing and reducing the HIV prevalence in the country. However, it

indicates also the seriousness of the vulnerability of children, girls and young women regarding the impact of HIV and AIDS as there is an increase in the number of child-headed households and the roll-out of social grants.

Overall, the table also reveals some serious inroads that have been made in lowering the HIV incident rate and delaying AIDS-related deaths through predominantly biomedical interventions. The latest NSP (SANAC 2012) expands these interventions by embracing combined prevention strategies (combining the biomedical, social behaviour change and social structural change) and overall wellness across the nation and all people.

### 2.3 HIV and AIDS as a social epidemic in South Africa

HIV is still predominantly transmitted through sexual action and in sub-Saharan Africa and Southern Africa mostly by heterosexual relationships. According to Barnett and Whiteside (2006:3-4), globally the AIDS pandemic mostly affects mature adults between the ages of 20 and 55 when they are in their economically productive and reproductive years. UNAIDS (2012:27) concurs and indicates that in Southern Africa more than 60% of new infections are still prevalent among young women between the ages of 20 and 45. This has serious long-term impacts on economic development and social security of the region and its countries like South Africa. See Table 3.

Table 3: Regional Statistics of HIV prevalence

<b>Region</b>	<b>Adults &amp; children living with HIV/AIDS</b>	<b>Adults &amp; children newly infected</b>	<b>Adult prevalence*</b>	<b>AIDS-related deaths in adults &amp; children</b>
Sub-Saharan Africa	22.9 million	1.9 million	5.0%	1.2 million
North Africa & Middle East	470,000	59,000	0.2%	35,000
South and South-East Asia	4 million	270,000	0.3%	250,000

<b>Region</b>	<b>Adults &amp; children living with HIV/AIDS</b>	<b>Adults &amp; children newly infected</b>	<b>Adult prevalence*</b>	<b>AIDS-related deaths in adults &amp; children</b>
East Asia	790,000	88,000	0.1%	56,000
Oceania	54,000	3,300	0.3%	1,600
Latin America	1.5 million	100,000	0.4%	67,000
Caribbean	200,000	12,000	0.9%	9,000
Eastern Europe & Central Asia	1.5 million	160,000	0.9%	90,000
North America	1.3 million	58,000	0.6%	20,000
Western & Central Europe	840,000	30,000	0.2%	9,900
Global Total	34 million	2.7 million	0.8%	1.8 million

\* Proportion of adults aged 15 – 49 who are living with HIV

Source: Avert (2012)

Table 3 shows a steady decline in HIV prevalence in most developing regions throughout the world; thus it could be argued that the pandemic is stabilising. However, in the Middle-East and Eastern Regions of Asia there is a significant growth in the number of new infections or HIV incidents, especially among the younger generations.

The AIDS pandemic is the first global pandemic to affect the age groups between 15 and 55 and has thus become a threat to the socio-economic development and quality of life of the whole world. It has direct and indirect socio-cultural-political-psychosocial and economic development impacts especially in African and Southern African countries like South Africa where more than 75% of the world's population of people living with HIV (PLWHIV) are located.

These impacts have spread over communities, families and societies in a very socially diverse way affecting all kinds of relationships especially gender and intergenerational relationships (Van Dyk 2012:223; Colvin 2011:61; Barnett & Whiteside 2006:41). Some of these social impacts include young adults especially

young African girls and women dying as a result of AIDS-related diseases; orphans affected by HIV and AIDS with the loss of one or both parents or looking after AIDS dying parents; the elderly being left uncared for owing to the loss of children who are supposed to look after them; young children becoming heads of households and having to drop out of school to look after siblings; new poverty emerging owing to social discrimination and stigma related to HIV and AIDS; creating new social isolations for risk and vulnerable groups and changing sexual relationships into fear. One of the biggest socio-cultural impacts regarding gender is challenging traditional versus modern expectations of men, manhood and masculinities as well as the relationships between men and women, and men and other men.

### 2.3.1 Poverty, social inequality and HIV vulnerabilities

HIV and AIDS affect not only individuals but also households and communities as well as the welfare and well-being of entire societies. It also raises critical questions concerning gender equality, poverty, social equality and welfare as most-at-risk and vulnerable populations like girls, young women and the elderly in South Africa are taking the brunt of the epidemic.

People who do not have access to resources like education and health care, especially in the urban settings are also vulnerable to HIV and AIDS because of limited support and poor living conditions. Most girls and young women who are living in either urban or rural communities in South Africa do not have access to socio-economic resources to empower and socially uplift themselves from their poor circumstances or to negotiate gender equity and safer sex practices (UNAIDS 2012:28-29; Squire 2007:5). The link between poverty, social inequality, and vulnerability to HIV has been a gender debate for the past two decades by most policy makers, researchers and social activists in all socio-political circles of South Africa (Colvin 2011:87-88; Stine 2010:317, HSRC 2009:69; Barnett & Whiteside 2006:71-73). It was even raised at political leadership level by previous President Thabo Mbeki who challenged the current views on HIV and AIDS by asserting that the spreading of HIV infections among vulnerable groups like poorer communities was a more serious threat than focusing only on people at risk (van Dyk 2012:39-40; Fourie 2006:6; Natrass 2004:24).

People in poorer communities and settings are more susceptible to HIV infections than those from more affluent and wealthy communities according to UNAIDS (2012:9). They indicate that owing to the widespread poverty in the Southern African region, access to critical health and social resources to reduce the impacts of HIV and AIDS on sustainable development is often limited; this in turn makes poorer communities more vulnerable to HIV infections than any other social groups. Most women and young adults are still counted as part of these communities in the region owing to gender and socio-economic inequality issues such as crime, substance abuse, unemployment and violence. Owing to the lack of accessing basic human needs such as good food, sanitation, clean water, shelter, education and protection, HIV prevention is often a lower priority for these people. Poverty caused by HIV and AIDS is often inflicted upon these people through additional forms of socio-cultural discrimination and stigma especially against women and LGBTIs (Lesbian, Bisexual, Gay, Trans-and Intersex people).

The social pathways of the AIDS pandemic are often through other forms of social inequality like racism, gender and social class according to Barnett & Whiteside (2006:75). Squire (2007:32-47) regards the social history of the AIDS epidemic in South Africa as part of the whole social movement to address these kinds of social inequalities and human rights. She writes that in South Africa the AIDS epidemic has often marginalised the middle and poor class of society as a result of the direct and indirect social and economic impacts of HIV and AIDS. Often the affluent class has access to economic, education, employment and health resources which reduce their vulnerability to HIV and increase their ability to manage the impacts of HIV and AIDS in their personal and social lives. Most black Africans especially unemployed young adult African males are still living in poverty and often experience double stigma as a result of HIV and AIDS (Shisana et al 2009:66). They were often marginalised from public participation and resources during the apartheid era and when the AIDS epidemic was introduced as a *poor black man's disease* it further marginalised them on the basis of poverty and race.

Gender inequality plays a fuelling role when it comes to the vulnerability of women to HIV infections. Unequal social power relations between men and women make it difficult to introduce practices of protective and safer sex (UNAIDS 2012:36-37; Avert 2012:5). Often these unequal relationships are determined by socio-cultural



and -economic demands and relationships between people and society. Many young adult African men in the urban setting are in conflict with these demands and their relationships with older men, their peers and women as the findings of this study have shown. The new NSP 2012-2016 (SANAC 2012:14) highlights this as a key area to encourage more male involvement and participation in HIV prevention programmes. Men are often the gatekeepers of communities, family and gender issues owing to the still male-dominant society expectations. The Hegemonic Theory which is used in this study (see Chapter 3) highlights this dominance of men or masculinity over women and other men as one of the biggest tensions in the current gender debate in Africa.

On an individual level, social perceptions are shaped by people's real-life experiences and their interactions with one another such as illustrated by the Symbolic Interaction Theory (see Chapter 3). HIV and AIDS are for most individuals the lesser of the socio-economic priorities to survive per day, while the social development impacts in social network and support structures are more long-term such as the waves of orphans and vulnerable children; the loss of mothers; children raised without fathers; social problems like crime; substance abuse and violence, according to UNAIDS (2012:19; Sivaram, Latkin, Solomon & Celentano 2006: 125-127).

### 2.3.2 Social impacts on individuals, households and communities

UNAIDS (2012:23) indicates that the whole history of the AIDS pandemic in Southern Africa is changing the social history of people and sustainable development. For the individual it goes about preparing for the psychosocial impacts of HIV and AIDS, death caused by AIDS-related diseases and dealing with the loss of loved ones. These psychosocial impacts are now also impacting on the health and well-being of the individual and his or her social life, their communities and families. The social discrimination which most PLWHIV still experience in most of South Africa tends to isolate them socially and cause them to avoid accessing social support and even treatment. Despite serious advocacy campaigns against these socio-cultural practices related to HIV and AIDS across Southern Africa, social stigma remains one of the biggest social obstacles concerning social behaviour change and sustainable HIV prevention. It is often the fear of the

unknown like the origin of HIV which creates the practices of stigma such as seeing the AIDS epidemic as a *gay-disease*, believing that *women are the carriers* and that *promiscuous people are the ones who get infected with HIV* according to Van Dyk (2012:223).

Communities are affected by HIV and AIDS through the loss of productive members and the social impact on households and workplaces (ILO 2012:1-2; Natrass 2004: 162). Fourie (2006:6-8) states that the longest term social impact on communities and households concerns social security which in turn slows down socio-economic development and undermines quality of life. HIV significantly shortens people's life expectancy as a result of AIDS-related deaths and the social impacts on their economic participation, food security and livelihoods according to Willan (2013:4-5). Barnett and Whiteside (2006:19-22) comment that social security also affects social cohesion by maintaining networks of social support across communities and societies. These networks are then often threatened because of the impacts of HIV and AIDS at individual, community and household levels as people become vulnerable to HIV, carry the social burden of care and support and the loss of economic productive people to sustain economic development.

The AIDS pandemic in especially Africa and Southern Africa is more a social pandemic than just a pure health threat to quality of life and sustainable development. It cross-cuts with so many other socio-cultural issues like gender inequality, unemployment, violence, and poverty which require social behaviour change at individual and community levels and social structural changes at society and global levels. UNAIDS (2012:35) and SANAC (2011:14) have now asked for combined HIV prevention strategies which integrate the biomedical perspective with HIV and AIDS and include the needed social behaviour and social structural changes to ensure sustained prevention.

#### 2.4 Gender, sexuality and HIV

Owing to the sexual nature of HIV transmission, Rolls (2009) argues that both gender and sexuality should become the centre of any HIV prevention interventions or programmes. Van Dyk (2012 223-225) supports this view and explains that as a

result of HIV and AIDS these two social issues have become the central argument of moving HIV prevention out of the health perspective into the social justice perspectives. This is also evident through the type of HIV strain commonly found in the Southern African region and in South Africa, the HIV 1 C-strain which is predominantly transmitted through heterosexual relationships among young adults.

These young adults, especially young girls and young adult women, represent the highest HIV prevalence in the world with an estimated 80% of the world population of PLWHIV aged between 15 and 49 (UNAIDS 2012:29; SA DoH 2011:25). Globally, there is no actual or estimated country-specific data on young men and HIV even if they are regarded by most researchers as the key drivers of HIV prevention, among the general population (UNAIDS 2012:38; Katz, Kiarie, John-Stewart, Laurence, Chikwava, Delate & Mahlasela 2009:1-4; Population Council 2000:1-2). However, within the past 5 to 7 years, more country-specific gender-related data (including men) has appeared in national surveys like the HRSC's Household Surveys (Shisana & Simbayi 2002, Shisana et al 2005 & Shisana et al 2009) in South Africa where it is estimated that of the 5.7 million people living with HIV in South Africa, about one out of every four women between the ages of 25 to 29 years is HIV-infected and more than 25% of men between the ages of 20 to 35 years are HIV-infected (Avert 2012:19).

The socio-cultural and economic context of men, manhood and masculinities among young adult men is very complex because it is based on beliefs and values that are caught up between modern and traditional value systems.

This includes the estimated 10 to 15% of men who have sex with another man while in a relationship with a woman at the same time or over time (Sivan, Larkin & Celentano 2006:125). Many countries have targeted HIV prevention interventions and programmes focusing on men who have sex with men within homosexual relationships and transgender communities, but not much has been done among heterosexual men who also have same sex relationships. UNAIDS (2012:36) and this year (UNAIDS 2013:38) have also recognised the LGBTI communities as key intersecting populations between the general and risks populations because of discrimination and stigma.

The socio-cultural and -economic understanding of gender violence, manhood and masculinities also increases the vulnerability of women to HIV infection in most African countries (UNAIDS 2012:36). Women and men who are in situations in which gender violence is socially or culturally acceptable are being further disadvantaged and disempowered to negotiate protective and safer sex like condom use or any other safer sex practices. Often sexual expression and violence go hand-in-hand with manhood or what is perceived to be what defines a man based on some traditional socio-cultural values or economic dependency women should have towards a man. Gender violence is then seen as a way to keep women submissive or even oppressed (UNAIDS 2011:36). Rape is one of the most violent actions of gender violence which occur in sexual relationships and it is often difficult for either men or women to report it because of socio-cultural perceptions and values regarding gender roles and expectations especially in a predominantly male culture and society like that in South Africa.

These values are related to the socio-cultural context of masculinity by men and traditional society and place men with all the social and economic power, including sexual power, and regard women as submissive to and economically dependent on men (Petersen 2009:112-113; Barnett & Whiteside 2006:85-87). According to the socio-cultural beliefs in most African cultures, women are still expected to be passive during sex, mainly focusing on pleasing the men and not allowed to initiate or even enjoy sex as it is the role assigned to men. It is also because of some of these socio-cultural practices that sex is still seen as a reproductive function and not as pleasure as it is currently perceived by all genders. Rolls (2009:63) and Ampofa and Boateng (2007:61-64) argue that often the social construction of manhood and masculinities is culturally and socially connected to portraying an image of aggression, dominance and control as a way to express masculinity towards other men, peers and women. Rolls (2009:63-64) explains further that often gender violence is a sign of acting-out male dominance which is validated by the general socio-cultural view of manhood and masculinities. On the other hand, there are also socio-economic beliefs involving HIV; the role of substance abuse; human trafficking where men often traffic women or boys; and the changing social role of both genders in the workplace which also show another form of male

dominance or hegemonic masculinity as explained by the Hegemonic Theory in Chapter 3.

In their research, Hargreaves, Bonell, Morison, Kim, Phetla, Parker, Watts and Pronyk (2007: 40-42) maintain that there is an increase in concurrent and multi-sexual partners among both men and women in South Africa. This is especially the case in urban areas where there is not a strong social enforcement of socio-cultural values but manhood is more defined by the socio-economic status a man occupies which proclaims him a man and no longer a boy. Having multi-sexual partners is often seen as culturally contributing financially to household wealth for some young women, especially rural young women, as the men provide means of financial support in exchange for these relationships. The role of gender power in sexual relationships often contributes to this situation in which the male partner is selected on the basis of the wealth he has or by the favouritism shown towards the parents of the young woman. Shefer (2009:7-8) explains that men are seen to be in control of relationships and sexuality especially those encompassing culture and gender.

This also gives way to intergeneration relationships young women have with older men as these men are more experienced, well-established and can meet their socio-economic needs especially in the cities. This often creates tension between younger and older men as the former cannot afford to date same-age women because they are also often unemployed and live in informal settlements. The latter men often feel in competition with younger men who are more modern and accessing job opportunities where knowledge about technology is a requirement.

What makes it even more complex in masculinity and socio-cultural contexts is the expression of other sexuality and sexual preferences. According to UNAIDS Policy Brief on HIV and Sex between Men (UNAIDS 2009:1) 20% of men have sex with another man at least once in their lives and most of these men also often have relationships with women because of the stigma and denial of sex between men in most socio-cultural settings. This is supported by Johnson, Kincaid, Laurence, Chikwava, Delate and Mahlasela from Health and Development Africa in the study's 2<sup>nd</sup> National HIV/AIDS Communication 2009 Survey in which it is acknowledged that there is an increase in bisexuality among young male adults between the ages of 20 and 25 in several cultures within South Africa. Male to

male sex which includes once-off same sex experiments, homosexuality and bisexuality is often one of the modes of HIV transmission into the general population of men and women according to this survey.

Rispel, Metcalf, Cloete, Reddy and Lombard (2011: 69) indicate that there is a compliancy amongst men who have sex with other men similar to the abovementioned patterns. There was a significant return of risk behaviours like bare-back sex or non-condom sex among men who were on HAART as their risk perceptions became lower owing to the effect of the treatment and some socio-cultural practices did not change during their time on HAART. Some of them even felt that they had been cured or their viral load had become undetected based on testing and therefore there was no need for protective sex. Healthy lifestyles including safer sex and health seeking behaviours are still very new to men, especially older men. Courtenay (2000:1386) explains that “(m)any socio-cultural factors are associated with and influence health-related behaviour”. According to him women are more health seeking than men as a result of these socio-cultural factors and because society has socialised men to be more risk seeking in their general lives and sexual relationships.

In their research Hargreaves *et al* (2007) reveal that an increase in concurrent and multi-sexual partners among both men and women in South Africa is evident, especially in urban areas where there is not a strong social enforcement of cultural and social values. Having more than one sexual partner is often seen as socio-culturally and it can sometimes contribute financially to household wealth for some young women, especially rural young women, as these men provide means of financial support in exchange for these relationships. The role of gender power in sexual relationships often does contribute to this situation in which the male partner is selected on the basis of the wealth he has or by the favouritism shown towards the parents of the young woman.

There is a need to develop targeted HIV prevention programmes within a socio-cultural and economic context to understand manhood and masculinity among men, especially young men between the ages of 20 and 35 in urban settings. This age group, in the peak of their socio-economic productive and sexual reproductive years according to the national HIV prevalence study of 2011 (SA DoH 2012:4) is also

among the highest risk groups for HIV infections. Stine (2010:191-193) emphasises the importance of incorporating the socio-cultural context of masculinity when working with these age groups, especially younger men, regarding partner selection, partner number, modes of sexual expression and the use of safer sex methods including condom use.

Men also face limited access to health care and HIV prevention programmes and services because these services are often not male friendly and are predominantly geared toward women. Most of these programmes and care services, according to Avert 2012:1-2), are also headed by female health professionals and do not always incorporate socio-cultural appropriate men's health services within the overall health care services like reproductive health, prevention of mother to child transmission and general health care delivery. Mr Lwana from Men and AIDS Programme at the University of the Witwatersrand (News 24 2009) indicates that most men who do seek treatment later than women owing to socio-cultural beliefs and values concerning masculinity and illness, are often tested at a very late stage when there are physical symptoms of AIDS-related diseases. Women are also culturally inclined to be more health seeking than men based on socio-cultural beliefs and health practices like regular check-ups and pap smears. Men are also often caught between traditional and modern value systems about masculinity such as not showing emotions and weaknesses or being ill.

It is critical that HIV prevention programmes target the youth and young men between the ages of 20 and 35 to change their cultural beliefs, sexual and social behaviour regarding reproductive health and HIV prevention. Comprehensive sexuality education programmes should be implemented within an appropriate socio-cultural and -economic context of manhood and masculinity for these groups of men as part of an HIV prevention programme focusing on reducing sexual partners, reducing risky sexual behaviours and learning not to combine sex with alcohol and substance abuse. This is also highlighted as a key part of HIV prevention among men by Klot and Nguyen (2001:5) who state that deeper knowledge of sexual behaviour within the diverse cultural, economic and social norms of the South African society must underpin these kinds of sexuality education and HIV prevention activities for young men and the youth, especially in urban settings. Recognition should be given to traditional values and norms as well as to

the socio-economic context of modernisation of male masculinities especially in urban areas like Gauteng as the findings illustrated in this study.

Gender power relationships between men and women also create socio-cultural and -economic barriers that prevent men from participating in the design and implementation of HIV prevention policies and programmes. HIV and AIDS are still perceived as a women's disease as women are the first reporters in most developing countries such as South Africa (SA DoH 2012:4); and some cultural beliefs on HIV-infection perpetuate the view that it is a sign that women are unfaithful or do not practise traditional cultural practices such as completing the mourning period in the Xhosa culture. Another reason for this is that the initial HIV prevention interventions and programmes were introduced as part of women's reproductive health and empowerment (Colvin 2011:77). Another socio-cultural context of manhood is related to aggression, substance abuse, multi-partners and male dominance which makes young male adults vulnerable to HIV in South Africa (Barnett & Whiteside 2006:85; UNAIDS 2011:36-38).

#### 2.4.1 Women and HIV

Women are still more vulnerable to HIV infections than men (UNAIDS 2012:29; Barnett & Whiteside 2006:138; Stine 2006:318). The reason is the biological and socio-economic vulnerabilities women have regarding getting infected with HIV. Women have a bigger physical exposure area for HIV infections through even the outer vaginal area, while men have only the head of the penis for physical exposure. There is a common socio-cultural belief that one can prevent HIV by withdrawing before ejaculation in order to prevent pregnancy but medical research shows that the vaginal lips are still susceptible to HIV infections as they have vaginal fluids, thin skin and a high number of veins that could tear during penetration without any lubricant or condom. Women also more easily develop resistance to AIDS treatment like antibiotics and ARVs (anti-retroviral treatment) according to Barnett and Whiteside (2006:23-24). Women are often the first reporters of HIV and are often in social settings in which they are vulnerable owing to the lack of social powers to negotiate protective and/or safer sex methods. Furthermore, the susceptibility of women to other STIs (sexually transmitted infections) and epidemics like tuberculosis, malaria and diarrhoea contribute to the



socio-biological vulnerability of women. The annual antenatal HIV-surveillance in South Africa is still being done with women who are pregnant for the first time and who visit public antenatal clinics (South African Department of Health 2012:4); and does not include statistics on children and men.

In South Africa gender equality and equity still form a major obstacle to introducing sustainable HIV prevention (Reddy, Sandfort & Rispel 2009: xvi-xviii). Social power relationships between men and women as well as those between men and other men are still dictated by predominantly heterosexual cultural, social and economic norms and values. The main mode of HIV transmission between a man and a woman is mostly unsafe sexual practices caused by these unequal gender power relationships. This is happening despite several campaigns and education drives that promote condom use, protective and safer sex.

In many traditional cultural and religious beliefs, men can do to women whatever they like according to Van Vuren and Von der Marwitz (2012:238-239). This ownership often leads to denial of sexual rights and access to socio-economic resources like education, employment and social security. According to these researchers, women are more vulnerable to economic and social exploitation owing to their inability to make financial decisions without their male sexual partners or husbands. The International Labour Organisation (2011) indicates that less than one third of women in South Africa have full economic rights and participation. Lack of access to financial resources to improve their lives leaves women, especially rural women, often vulnerable to violence, HIV and poverty. Men are still perceived to be the main bread winners and providers of traditional families and women are limited regarding exploring possible employment or financial gains beyond the immediate food security and livelihoods. This is happening despite the large numbers of female-headed households caused by migration, urbanisation and employment for men.

Social control over sex and sexuality is still located within the heterosexual male's perspective as many cultural and traditional beliefs and practices promote male dominance and a patriarchal family system. It is often within this perspective of male dominance that gender violence and rape occur.

Men are still in most African traditional cultures the main decision-makers regarding the future of a family and sexual matters (UNAIDS 2012:37-40). Most men still believe that their lives will consist of finding marital partners, getting married, having children and finding good jobs to provide the family with its basic socio-economic needs without the woman working. This has drastically changed with the introduction of HIV prevention programmes which initially targeted women as part of the women's empowerment movement across Southern Africa. This is often called the feminisation of the epidemic as prevention strategies targeted women and reproductive services such as the prevention of mother-to-child-transmission, primary health care, family planning and reproductive health, according to Squire (2007:319-320). Criticism of these health care services is often that they are not male friendly in their awareness raising and that most of the health practitioners are female.

#### 2.4.2 Men and HIV

The AIDS pandemic across the world is often seen as a very masculine pandemic as men are among the key drivers of the spreading of HIV infections in most developing countries like South Africa (UNAIDS 2012:36). The pandemic confronts various aspects of manhood and masculinities as it has become critical for male involvement and participation in HIV prevention interventions and programmes. Heterosexual transmission of HIV is still the predominant mode of transmission, accounting for more than 85% of new infections in South Africa (Van Dyk 2012:3-9).

In general, men's health across the world has not received adequate attention in comparison with women's health. Men are less health seeking than women and often engage in risky behaviours that could make them susceptible to HIV infections (Van Dyk 2012:6; UNAIDS 2011:64; Barnett & Whiteside 2006:42-45). Other social risk practices that make men vulnerable to HIV infections include risky sexual behaviours such as multi- and concurrent partners, high levels of alcohol use and the use of injecting drugs. Among men's knowledge of HIV and STIs is significantly lower than that of women and often these kinds of behaviours put women and themselves at risk of HIV as it is easier for women to be infected by men than vice versa (UNAIDS 2012:6).

In most African cultures, men are still regarded as the main decision makers and providers of the family, while women are the caregivers who must remain submissive to their husbands (Barnett & Whiteside 2006:41-46). Traditional beliefs and perspectives on masculinity have been challenged by the AIDS epidemic across all cultural and religious beliefs in South Africa, especially concerning sexual power and rights. The behaviour of most men is still constrained by these beliefs and is often in conflict with what is portrayed as the modern man. Acceptable and non-acceptable behaviour is usually determined by traditions and peer pressure in rural areas but in urban settings it is often based on the socio-economic status of a man. The dominant models of masculinities place both men and women at risk of HIV because of reinforced stereotypes of what is regarded as typically feminine and masculine behaviour in the South African society. Often these models portray men as the sex prowlers and women as the hunted. This image of masculinity often encourages men to have more than one sexual partner to prove their virility to their peers and exercise authority over women. Stine (2010:230-235) asserts that men who do not adhere to these dominant role models are often regarded as weak and are socially ostracised. According to UNAIDS (2001:45), many of the traditional ideas about masculinity portray men as forcing themselves onto women for sex even if the women are unwilling, rejecting condom use as it takes away sexual pleasure, having some drinks per night and using other forms of drug-taking as signs of manhood.

Different types of masculinities are emerging with access to information and technology which challenge some of these traditional role models and perceptions about typical being a man and woman. These perceptions have been challenged by recent developments regarding women's empowerment, according to Van Vuren and Von Der Marwitz (2012:238-239), as women are being socialised to initiate and negotiate sex. Furthermore, there are also different kinds of masculinities across social classes, ethnicity, sexuality and age which draw attention to masculinities rather than masculinity. Masculinities are often still tied to social hierarchy and power relations within a given generation and society.

Masculinities also change over time as change occurs across culture, context and time. They are often constructed through social interaction over time with various social agencies of change and have become more dynamic and flexible. Some of

these newer models of masculinities are more appropriate to address HIV prevention and sexual rights than some of the older, traditional male dominant ones, according to UNAIDS (2012:36-37). Part of the intergenerational conflict between older and younger men is caused by their different ways of viewing sex and women. For the older generation, sex is more to do with reproduction and fertility, while for the younger generation sex is also seen as pleasure (Luke & Kurz 2002:7-8, 19-22). This shift has also dramatically changed views on commitment and duration of sexual relationships as the younger generation are often directed by what sexual relationships have to provide in exchange for meaningful long-term relationships with one partner as in marriage.

The percentage of male involvement in HIV prevention, treatment, care and support has always being lower than that of women (UNAIDS 2011:42-44). This is due to the overemphasis on women's empowerment as a key HIV prevention strategy during the first two decades of the AIDS epidemic in South Africa. According to UNAIDS (2010: 8), targeting men in HIV prevention may lead to lower mortality rates, reducing new infections and stability in economic growth in developing countries like South Africa.

#### 2.4.3 Sexuality and HIV

The Population, Health and Nutrition Information (PHNI) Project (2002:4) argues that in the era of sustainable HIV prevention, policy developers and programme managers should pay particular attention to social agency and desire in the decisions people make when deciding to have sex and sexually relate with someone. He further states that HIV prevention programmes might be limited if purely viewed from the heterosexism approach to sexuality, rather than seeing continuity with heterosexuality on one end and homosexuality on the other. Manhood, masculinities and sexuality are fluid notions in urban settings and in modern times do not always fit any category based on culture or religion. Often grouping men as the lesser vulnerable gender in the AIDS epidemic denies other forms of male sexuality like homosexuality and bisexuality as described by the Hegemonic Theory in Chapter 3. It contributes also to the whole notion among the older role models that these kinds of sexualities are not part of being masculine and therefore connote lesser men.

Thomas, Hapour, and Aggleton (2009:12) raise the question of what exactly sexuality is in the post-apartheid era in which there is so much access to information and technology leaving the individual exposed to sex and sexuality choices he or she may never have been faced with before. They support the explanation of the World Association for Sexology that sexuality is an integral part of the individual's personality and day to day life. It is part of the basic human need to be satisfied by being intimate, having contact with someone, being able to emotionally express oneself in a very private manner, and experience pleasure, tenderness and love. Although this description is mainly focused on the individual's experiences and feelings about sex, the understanding of the social context of male sexual expression is critical in the development of HIV prevention programmes for young men in urban settings.

It is a set of sensibilities and practices which gives the individual a sense of identity and meaning for life as he or she interacts with the broader society and social discourse. But it could also be circumstantial based on shared experiences and specific settings such as prison where same sex practices occur owing to the locked-up situation people find themselves in (Rispel et al 2011:70; Family Health International 2007:7). Gender, race, class, age, religion and culture may also suppress the expression of sexuality and force an individual who may be homosexual to take on a sexual identity which is acceptable to the majority of people.

It is important to consider sexuality as more than a pure identity but also as a set of perceptions constructed by the interaction between individual and society based on available options and possibilities. Fourie (2006:10) states that marginalised sexualities like homosexuality, lesbianism and bisexuality often cannot negotiate safer methods of sex because of the dominant view on gender power relationships. Men in same-sex relationships also have to find their personal sexual roles in their relationships which might be similar to what is perceived in a heterosexual relationship as the dominant and subordinate roles. This may be a coping mechanism not to experience social exclusion and stigma.

This importance of bringing in sexuality as part of the gender debate about vulnerabilities to HIV underscores again the importance of understanding the AIDS

epidemic in South Africa as diverse and dynamic. The discourse in sexuality in South Africa is different from urban to rural areas, from one generation to another, and from one social status to another, according to Nel (2009:40-43 ). Even within masculinities and sexuality groups there is a social discourse about what is acceptable versus what is not acceptable.

## 2.5. Social behaviour change and HIV prevention

HIV transmission occurs between people mostly during sexual interaction when bodily fluids are shared, according to Van Dyk (2012:38-42). This sexual interaction must be seen in the broader understanding of social interaction between people and society as certain norms and values often dictate acceptable and non-acceptable behaviour. These social interactions are part of a social cohesion and order in which behaviour is defined as normal versus socially deviant or even tolerable by the majority of people and society (PHNI 2002:11-13). Social control is practised through social sanctions and rewards based on the authorities of social agencies in society. These social agencies may come from different levels of society such as a social institution at macro level, a community at meso-level and a social group at a micro-level of society.

It is, therefore, important to view the AIDS epidemic in South Africa as both a behavioural epidemic and a health epidemic (UNAIDS 2012:36-38). In order to respond to the epidemic effectively, it is crucial that social behaviour change interventions and programmes be integrated with any prevention, testing, treatment, care and support strategy. It should also allow HIV prevention strategies to go beyond biomedical prevention strategies such as medical male circumcision and treatment to lower the viral load to prevent initial HIV-infection.

The GHPWG (2008:8-10) that specialises in social behaviour change interventions for HIV prevention within UNAIDS indicates that one needs to start with the notion that human behaviour is complex and social change occurs over periods of consistent re-enforcement of the change when any prevention strategy is developed. Key results are not always measurable but long-term indicators should

survey the trends in social behaviour change to ensure that desirable results are achieved.

Throughout several randomised control trials it has become evident that social behaviour change occurs among individuals, groups and communities and cannot be driven at a macro-level where communication messages are too generic and separate from the day-to-day life experiences of people. It is important that a more targeted approach towards social behaviour change at a micro- and meso-level of society drive the need to change to lower HIV incidents and change risky behaviour among vulnerable groups. Targeting specific risk behaviour among specific groups and communities allows HIV prevention programmes to be more appropriate and effective in addressing the uniqueness of the AIDS epidemic within these groups and communities. Other drivers for behaviour change like knowledge and motivation, beliefs and social influences, interpersonal relationships and social values must also be considered while targeted HIV prevention strategies and interventions are implemented.

It is also important to take cognisance of the significance of combining biomedical and behavioural interventions programmes with changes in social structures to establish an environment conducive to social behaviour change (UNAIDS 2011:99). These three layers of prevention are called *combined prevention* and are also among the main strategic objectives of the *South African National Strategic Plan for HIV, STIs and TB 2012-2016* (SANAC 2011:14). Furthermore, combined prevention creates the platform to view social behaviour change from a biological and medical basis to promote effective social behaviour change concerning HIV prevention.

Driving social behaviour change towards the prevention of HIV should be a multi-agency approach in which different social agencies of society are mobilised to promote and support the desired changes through a diverse range of consistent interventions like behaviour change and communication interventions through social groups and media.

GHPWG (2008) indicates that one needs to understand that although many social theorists may view the individual as a social agency for social behaviour change through cognitive processes, these behaviours are heavily directed and influenced by broader socio-economic, socio-cultural and socio-political environments. These

environments are not stagnant and in a country like South Africa go through waves of social change which again influence the need and motivation for social behaviour change at an individual and group level. The socio-economic environment is often dictated by access to possibilities and resources in order to maintain social behaviour change, while the socio-cultural environment often provides social meaning and re-enforcement. The socio-political environment facilitates institutionalisation and socialisation towards the desired change in behaviour in order to reduce vulnerability to HIV. In South Africa these environments are to a large extent directed by human rights and the need for democratic values.

Across the globe and in South Africa it has become evident that social behaviour change is needed to ensure sustainable HIV prevention but it must also be viewed within its social complexity and diversity. No single social behaviour change intervention will bring about the desired social change but a multi-layered approach to social behaviour change integrated into the biomedical and social structural change interventions and programmes may reduce social vulnerability to HIV and HIV incidence which may eventually lower HIV prevalence.

## 2.6 Men, social behaviour change and HIV prevention programmes

The major focus of this study is on this section. In Chapter 4 more details will be provided regarding the findings of key informant interviews and focus group sessions in order to evaluate the socio-cultural appropriateness, nature and types of interventions needed for male HIV prevention programmes for HIV prevention in South Africa.

A summary of the main interventions and programmes as provided in this literature review is provided here.

Most of the HIV transmissions are between men and women in South Africa. More than 86% of transmissions are through heterosexual sex and risky sexual behaviours between men and women, for instance sex work.

Some of the most popular social behaviour change interventions for men in South Africa according to Colvin (2011:9-11) are mass communication drives through



different social media; medical male circumcision; peer learning groups like workplace peer education; the promotion of HIV testing to know one's HIV status in order to make life choices; the reduction of sexual partners (both multiple and concurrent partners); the delay of first time sexual encounters to older ages and the upscaling of male and female condom distribution and usage.

Key populations which often act as transitions between high risk groups and the general population are also targeted like men who have sex with men, truck drivers, transgender people, sex workers, injecting drug users, prisoners, and migrant workers.

In Barker & Ricardo (2005:47-50), a list of existing HIV prevention programmes targeting men in Africa is provided and includes the following programmes:

*Climbing into Manhood Program* in Kenya focuses on young men and traditional male circumcision as a ritual to manhood, while *Conscientizing Male Adolescents* in Nigeria engages with young men about gender issues and manhood. Other programmes include *The Fatherhood Project* in South Africa; *Men as Partners* also in South Africa; *Men Sector* in Botswana; *Soul City* and *Positive Men's Union* in Uganda focusing mainly on young men and issues related to manhood and masculinities. All these programmes use peer learning through peer education as a method of education and support for these men.

Peer learning is important in addressing the socio-cultural issues pertaining to manhood as men share similar experiences with one another through their cultural and social understandings (Luke & Kurz 2002:19-22). Through this peer learning, men can associate themselves with other men in the same situations and struggling with the same issues like being confronted by the different pathways to manhood as previously discussed in this chapter. Peer educators do also provide some role modelling on what the desired behaviour outcomes would be, like being confident, being able to negotiate safer sex methods and socialising with other men.

This was also done by the three selected HIV prevention programmes of this study: namely, LoveLife (2009:28), Future Leaders (Brouard 12 August 2012) and Progressive Men (2010:3).

It is for this reason that the researcher decided to explore not only the perceptions of the HIV/AIDS programme practitioners about what should be included in HIV prevention programmes regarding the pathways to manhood but also to explore their own perceptions about their own pathways to manhood. Chapter 5 provides full details on the key findings.

## 2.7 Conclusion

This chapter provided an overview of the history of the AIDS pandemic within a global and South African context. It furthermore illustrated that understanding the socio-cultural context of gender and HIV is critical in ensuring sustainable HIV prevention. The role of men in designing and implementing HIV prevention programmes was also highlighted.

A brief description the Symbolic Interaction Theory and the Hegemonic Theory to develop further theoretical assumptions for the research will be provided in the next Chapter.

## **CHAPTER 3: Theories Applied in the Research**

### **3.1 Introduction**

In this chapter the researcher provided the different sociological theories used to explain, inform and motivate the purpose and objectives of this study. Furthermore, the selected theories enhanced the understanding of the complexity of the research topic as they allowed him explore the meanings of social interaction in the topic of the research at greater depth. The two theories chosen were the Symbolic Interaction Theory and the Feminist Theories, more specifically the Hegemonic Theory.

From the literature review in the previous Chapter (Chapter 2) especially the last part from 2.4.1 onwards, it is evident that the qualitative explorative research design used in this study (see Chapter 3 for more details on the research design) was the most appropriate research design in order to explore further how these selected theories could enhance the researcher's understanding of the topic. The research used some of the assumptions of these theories to enhance the creditability of the key findings by reflecting the manner in which they assist understanding or support some of the findings.

Both theories support the interpretative nature of the research as there is not much research on this topic available in South Africa especially on young adult African males in urban settings.

### **3.2 Symbolic interaction theories and constructing pathways to manhood**

According to Aksan, Kisac, Aydin and Demirbuken (2009:902), the Symbolic Interaction (SI) Theory examines the meanings which emerge from the social interaction of human beings in a specific situation focusing on the gestures and symbols which give the situation meaning. Dillion (2010:263) explains that the primary focus of this theory is the exchange of gestures and symbols that through a self-other interpretative process provide meaningful interaction among people. The researcher felt that the theory provided a further theoretical understanding of the

different pathways that young adult African men use to engage with significant and generalised others to provide meaning for what defines their manhood as opposed to boyhood. This meaningful interaction allows these young men to use socio-cultural and -economic gestures and symbols to reach shared understandings of manhood within the urban definition of the situation.

The Symbolic Interaction Theory used in this study is based predominantly on the works of George Hebert Mead, Hebert Blummer and Charles Horton Cooley. The researcher integrated the work of these theorists' main theoretical assumptions to enhance the theoretical understanding of the research topic as provided in the literature review in the previous Chapter.

The core area of interest of the Symbolic Interaction Theory is the manner in which the process of interaction forms meaning for individuals. The theory states that social interaction is a process of meaning, interaction and interpretation of social realities by individual people (Dillion 2010:258-259; Aksan *et al* 2009:902-903; Appelrouth & Edles 2008:476; Brickell 2006). This understanding of human interaction is based on three main assumptions: namely, first, social interaction is between an actor and his or her social world; second it is about the view of actors on the social world as a dynamic process of exchange of meaningful interaction; and third, it is about the actors' ability to interpret their everyday lives into a meaningful exchange of gestures and words based on the shared definition of the situation.

From the literature review it is evident that traditionally the pathway to manhood was based on specific beliefs and rituals like initiation processes and/or the practising of male circumcision. This socio-cultural definition of manhood provided meaning to being called a man as the boy now viewed his social world through the meaningful exchange of gestures and symbols validating and valuing him as important by others like older men and women.

However, this process of becoming a man is now more complex because the extent of gestures and symbols is being expanded through a diverse socio-cultural and socio-economic understanding of manhood. The diverse pathways as discussed in the previous Chapter as well as what the findings in Chapter 5 indicate, illustrate that there is now more than one definition of the situation as the social interaction

among different people creates different pathways to validate and value a person as a man.

This is based on a further explanation of the Symbolic Interaction Theory that meaningful interaction can only happen when there is an interpretation of the social construction of the reality based on the meanings of objects and interactions with other people in the same situation as they are, like peer educators (Appelrouth & Edles, 2008:2010). This interpretation is then based on shared meanings among individuals or peers based on their physical and symbolic environments which construct their interaction with one another in, for example, the different socio-cultural and-economic demands of urban life involved in males being regarded as a *man*.

These environments, as the Hegemonic Theory explains and which are discussed later, are based on the dominance of men over women as well as of men over other men.

Meaning can also be derived from objects, events or a phenomenon according to Blumer such as the approval of older men and women, sexual expression, economic independency and social events of diversity within urban settings. These events then provide a shared understanding of the meaning of manhood in an urban setting, which is different from that in a rural setting based on these socio-cultural and -economic pathways or social realities. Aksan et al (2009: 903) explain that this is based on the social interaction among people and the sharing of gestures and symbols affirming meaning such as in this case manhood. Therefore the meaning of objects or action is not only a mental process but is also based on specific symbols other people such as peer educators use which have meanings. Some of these symbols include gestures and words used in a shared way based on meaningful interaction during which there is an internal (mental) and external (socially constructed) interpretation of reality. Many young urban adult African men are finding it difficult to engage meaningfully as a *man* in a diverse socially constructed reality such as an urban setting as their internal and the socially constructed reality of manhood do not always match. But these young men, as explained by this theory, have the capacity to shape and reshape their meaning based on what they learn from the gestures and symbols of others in order to

modify their understanding of the reality, as in this case manhood (Ritzer & Goodman (2004:202).

Dillion (2010:262) explains that the self is often an internalised conversation around these gestures and symbols to think and decide what would be the required responses to be in a shared definition of a situation. Young adult African men often define being a man based on the socio-cultural and -economic demands made of them in urban settings and the different pathways affirming and validating the view. They think about and anticipate the consequences of their interaction using words and gestures with other men, women and other sources of influence such as the media to obtain a shared meaning of manhood aimed at the desirable response of acceptance.

The self is active using reflexive abilities to look inwards as well as outwards towards meaning according to the Symbolic Interaction Theory or what Cooley called the *Looking Glass Mirror* (Dillon 2010:258). This Inward conversation with oneself allows one to evaluate what the meaning should be based on evaluating past and present experiences and how one has behaved to be accepted by others. Peer education plays an important role in this self-reflection as it provides some kind of role modelling to which these men can aspire in order to be confident young men. Most young adult African males derive their past and present experiences from these socio-cultural and -economic pathways. By looking outwards this meaning is tested, validated and valued by others such as older men, peers and women in order for them to know how to react in future actions and interactions as a man based on a shared definition of the situation.

This ability to see oneself as others see one and then decide how to respond appropriately leads to joint action among people which is often collaboration between two people of the meaning of their social interaction. In order to find meaning in their joint action, individuals must construct a shared meaning. Social life is seen as a dynamic process during which people interact with one another through gestures and symbols to continually create meaningful interaction (Dillion 2010:259; Ritzer & Goodman 2004: 201-203). Blumer asserts that language such as that in peer education is often used to facilitate this sharing of gestures and symbols or stereotypes and terms about being a man through interactions with

different socio-cultural and -economic pathways in the cities and informal settlements. According to the theory, people have an ability to be both a subject and an object of oneself – self-evaluation and self-validation.

Often these exchanges of gestures and symbols are called impression management in which verbal and non-verbal behaviours are used in an attempt to present an acceptable and appropriate image of oneself to others (Dillion 2010:267-268, Appelrouth & Edles 2008:480;). It is described as a way one performs in a specific way in order to impress other people, for instance, young adult African males' perceptions of the manner in which a man should behave when he is with older men versus when he is with women or peers. Often during these performances one controls what to do and what not to do to be accepted by others based on the socio-cultural and -economic pathways to manhood. Peer education is often an effective method to model the desired behaviours which could then assist these men to express themselves better towards other men, their peers and women.

The Symbolic Interaction Theory also posits that not only is social interaction rooted in an individual's imagination but it also provides a stage in which he or she can perform by directing desirable interaction with others. In essence it is not only about an internal imagination of meaningful interaction but is also about the social construction or definition of the situation which allows one to provide meaning and reasons for others to follow. Ritzer and Goodman (2004:200-2003) indicate that social life according to symbolic interactionism is about the interaction between the actor and his or her audience and how the behaviour is constructed based on the definition of the situation as the actors see it according to the most appropriate response to the social interaction. "In defining the situation, actors are then able to practice the arts of impression management more effectively, which, as we discussed previously, is a central ingredient of social interaction", state Appelrouth & Edles (2008:482). This is evident from the literature review on how often these young men perform as a man with reference to the different pathways of manhood such as older men, women and their peers. They often act out different parts of their imaginations of being a man in each one of these pathways in different contexts.

The reaction or behaviour of people, therefore, is not automatic but is grounded on social constructions based on the meaning each actor brings to the situation (Appelrouth & Edles 2008:480; Dillion 2010:265). This does not exclude the subjective meanings of individuals based on past and current experiences, feelings and imagination. Often people use pre-existing definitions of situations to determine the best and meaningful outcomes of their interaction with other people. The socio-cultural and socio-economic understanding of manhood when interacting with women may not be the best way to interact with older men or even with one's peers. People socialise with one another in order to internalise and adopt the perspectives of others, for instance, how the people around define a man in an urban setting. "Thus the self is formed and maintained through on-going interaction with others", maintains Dillion (2010:260).

If a person defines a situation as real and derives meaning from it, it is also real in the consequences or outcomes of the interaction. Fundamentally, it means that behaviour and consequences of interaction are shaped by the definition of the situation like what defines a man when interacting with older men versus with one's peers. In essence, people define situations as acceptable and appropriate based on their interpretation of the situations and the way people perform in the situations.

Although the Symbolic Interaction Theory provides an interpretive understanding of the complexity of the different socio-cultural and -economic pathways of manhood in an urban setting suitable for this study, the theory is slightly too broad and vague. This makes it difficult to provide a conceptual framework for how these pathways ultimately define manhood within the roles of social functions and structures in shaping people's everyday lives. Other criticism includes the overemphasis of interpretation as a more internal process rather than an externally constructed process of reality by other social agencies such as in this study the different pathways to define what is meant by *a man* or manhood in urban settings.

### 3.3. Feminist Theories and Hegemonic Theory

Often the role of women is underscored in the understanding of social life according to Appelrouth and Edles (2010:314). This is done despite several liberation and



women's empowerment movements across the world. The school of feminist theories explores the situation between men and women, the manner in which it affects social reality. On the other hand the conflict theory's understanding of the tension between class and gender by also looking at body (nature) and sexuality (nurture) of the relationship between men and women (Connell & Messerschmidt 2006: 829-830; Dillion 2010: 313-316; Lindsey 2011:1-2).

According to Ritzer and Goodman (2004:203), there are three core assumptions within the feminist theory including the important role women play in society. The current situation of women in society must be reviewed and certain changes need to happen to provide equal place for women and all people. Women form one of the critical pathways to manhood based on the socio-cultural and -economic demands made of young adult African males in urban settings and it is for this reason that the researcher decided to use feminist theories.

Feminist theorists place a great deal of emphasis on the empowerment of women worldwide and critique the heterosexual male supremacy over women and other men (Hearn & Morrell 2012:3-10; Dillion 2010:314; Lindsey 2001:1-2). They also believe that women should be treated equally in all social institutions including family and married life. Liberal feminists maintain that often people are denied equality of opportunity because of their gender, for instance, women or different types of men from the predominantly heterosexual male society. On the other hand, Marxist feminists argue that labour in society is constructed based on gender role expectations set by men to oppress women and other men (Bowleg 2004:166).

The feminist sociological theory attempts to represent the voice of women and other men which is often oppressed by the predominantly heterosexual view of gender roles. This theory provides a theoretical base for exploring the complex socio-cultural and -economic pathways to manhood of young adult African males with regard to older men, peers and women in this study. According to Gardiner (2005:35-27), the feminist theories use different approaches to gender which include various perspectives on men and masculinities.

It is within this focus that the researcher decided to focus on the Hegemonic Theory of Feminist Theory to provide a theoretical base for exploring the complex socio-cultural and -economic pathways to manhood of young adult African males with

regard to older men, peers and women in this study, which explains how often boys and men are the gatekeepers of gender equality.

According to this theory, gender tolerances and patterns of practices allow some men to be dominant over women and other men (Hearn & Morrell 2012:3; Appelrouth & Edles 2010:319;; Robertson 2008:9; Connell & Messerschmidt 2006:829). This is a culture of hegemony or the dominance of men over women and other men. It highlights the view that there is only one kind of masculinity in society and that is the one of the dominant male, heterosexual dominance such as that experienced by the young adult African males and that is often in conflict with the socio-economic demands of the urban city. Most men do not live according to this frame of reference of what their relationship with women and other men is as they are often caught in a historical and traditional socio-cultural understanding of what distinguishes a man from a boy (Hearn & Morrell 2012:3-5; Connell & Messerschmidt 2006:838-839; Courtenay 2001:387). This not only influences these relationships but also affects how they experience other pathways to manhood such as health, media, religion and violence which often re-enforce this heterosexual dominant masculinity of social reality.

Connell (2013:1), the main theorist of the Hegemonic Theory, explains that masculinities are not the same as being men as they refer to gender positions and relationships which men occupy in a certain space and time. She argues that the notion of a single masculinity in society must be disregarded as it changes over time. Different interpretations by cultures and societies are often influenced by how women interact with boys and men. It is also evident that masculinities are diverse among young adult African males in the cities and informal settlements. The pathways to manhood are even more complex owing to the socio-cultural and -economic demands on what distinguishes men from boys.

This male dominance or hegemony must be reviewed in the context of social power, patterns of dominance and socio-cultural values supporting this dominance. Most men are still in conflict regarding these values and the values of a modern man especially in urban settings which are based more on the socio-economic demands of being a man than on those in rural settings (Gardiner 2005:43;

Plummer 2005:178; Bowleg 2004:170). This conflict is further fuelled by other pathways to manhood including the media, religion and violence.

“Connell’s conceptualisation of ‘hegemonic masculinity’ has the central advantage of locating male dominance not solely in the micro-level and the interpersonal dynamics of the family, but also in the macro-level and the public sphere” (Appelrouth & Edles 2010:360). Therefore, hegemonic masculinity or the dominance of one masculinity over other masculinities and women also recognises the gender characteristics of social institutions and society such as urban settings in which there is also a hierarchy that distinguishes men from boys. Often social agencies like families, politics, sport and workplaces play a key role in re-enforcing this dominance.

Connell (2013:16) uses two major concepts to illustrate the hegemonic masculinity in societies. The first concept is *patriarchal divisions* in society, which divide gender power relationships based on gender inheritance like the relationship between a man and a woman or even a man with another man. The second concept is *hegemonic masculinity* which refers to the costs and benefits of the gender order of male dominance of maintaining certain patterns and values at a cultural and structural level to re-enforce this dominance such as crime, substance abuse and violence. It is more important to construct masculinities at an individual rather than at a social structural level as masculinities exist within different social contexts and settings as well as time. This applies also to the pathways to manhood that are often more personal experiences than social constructions of a single notion on manhood. It motivates the need to use a qualitative research design in order to capture this personal experience as opposed to a social experience.

This male dominance of women and other men often oppresses other forms of masculinities. These other masculinities often feel less a man if they do not meet the requirements of the dominant masculinity. There are often several gatekeepers that influence men’s understanding of their masculinity and their relationships with women and other men. Some of these gatekeepers include antidiscrimination movements, homosexual liberation movements and recently the AIDS pandemic (Appelrouth & Edles 2010:362). Some of these gatekeepers are also the pathways to manhood as illustrated in the literature review.

### 3.4 Conclusion

In this Chapter the researcher summarised some key assumptions of two selected sociological theories and applied them to the context of the research purpose, objectives and problem statement. These theories were used not only to address the above, but also to motivate the reasons for the researcher's decision to use a qualitative research design, as will be explained in the next Chapter.

## **CHAPTER 4: Research Design**

### 4.1 Introduction

Based on evidence from the literature review in Chapter 2 which showed that there are few interventions targeting young adult African males on the pathways to manhood as well as the two selected theories, symbolic interaction and hegemonic theories, the researcher decided to use a qualitative research design to explore the perceptions of HIV prevention practitioners on how they address this subject matter in the design and implementation of their HIV prevention programmes in Gauteng.

The qualitative nature of the research allowed the researcher not only to explore more deeply the experiences, feelings and perceptions of the practitioners about these pathways, but also to obtain the voices of young adult African males who were within the age group of 20 to 35 years as the participants in the research. Qualitative research allowed the researcher to gain insight into and understanding of the research topic (Babbie 2010: 296; Bell 2010:18-22; Holiday 2007:1-3).

### 4.2 The research process

The research was implemented by using three methods to obtain as rich as possible data for data analysis.

#### 4.2.1 Key informant interviews

Key informant interviews were conducted to explore the appropriateness and relevance of the research topic with key experts in the field of HIV prevention programme design targeting especially the youth and young adults in Gauteng.

According to Parsons (2008:408) and the University of Central Los Angeles's Center for Health Policy Research (2005:1-3), key informant interviews are conducted with people who can assist you to decide how appropriate and applicable your research is within the communities. Furthermore, key informant interviewees are people who are knowledgeable about the research topic, which provides the opportunity to explore the research questions and to gain additional

access to the targeted audience of the research. Often key informant interviews are done prior to conducting field research in order for the informants to advise you on the best way to approach what you are intending to research, as well as to validate your interview guide as credible based on the purpose and objectives of the research. World Heart Federation (2013:1) describes key informant interviews as face-to-face interviews conducted with persons who can provide detailed information and opinions based on their knowledge of a particular issue.

The researcher decided to conduct key informant interviews with three experts in Gauteng because he needed an understanding of the topic broader than that provided by the literature review and the theories; issues about how the targeted audience could be gathered; about how to access participants; the language to use, and all the key elements of the research covered in the research instrument (the interview guide); how to explore ways to overcome some socio-cultural barriers and refine the data collection methods (FHI 2007:8).

The participants were purposively sampled based on their expertise in the field of HIV prevention. They are programme managers and live in Gauteng. Interviews were conducted per scheduled time and at a place of convenience to them. The interviews were not more than 90 minutes long using an interview guide and they were conducted during September and October 2012. Please see Appendix A for the letter of invitation to the key informant interviewees.

#### 4.2.2 Focus group sessions

Focus group sessions were held with three groups of HIV prevention programme developers and implementers in Gauteng. These groups of participants consisting mostly of peer educators were brought together in a private, comfortable environment to engage with the research as well as with one another (Babbie 2010:322-323). This was done to promote group discussions, observe verbal and non-verbal behaviours among the participants and to gain as diverse a view as possible.

Invitation letters were sent to each of the three organisations which host these programmes to assist with inviting a group of a minimum of 8 participants. In one group, eight participants were expected but in the end the researcher had to

conduct the focus group session with four participants. Participants were then sampled purposively based on their involvement in the development and/or implementation of HIV prevention programmes. They especially work with young adult African males and live in Gauteng.

The structure of the focus group sessions included an introduction to the research, an explanation of the research ethics, obtaining permission to audio-record each session, starting with broad research questions and then moving to the sub-questions, and finally closing the session by asking for any additional comments or remarks. Probing questions were also used to allow the participants to unpack their answers in more detail. The researcher continually ensured that all participants participated equally and freely.

The advantages of conducting focus group interviews as Krueger in Babbie (2010:323) and Bell (2010:166) indicate is that they allowed the researcher to capture real-life conversations among different people to gain different responses. The environment was flexible to allow group dynamics and allow the research process to unfold according to this dynamic. This method is rich for obtaining data in a concentrated way of space and time and the cost is minimal opposed to conducting face-to-face interviews. However, the researcher must acknowledge that it was more difficult to analyse the data on these focus group sessions because of simultaneous responses or participants interrupting one another. Although the sessions were very dynamic, the researcher did try to keep a level of control by using an interview guide. Please see Appendix C, the interview guide.

The strength of using focus group interviews for the purpose of the study was that they allowed group interaction, provided clarity on the diversity of understanding and rich information about the focus of this study. No individual answers were used in the final capturing of the research findings as the interviews were more a reflection of the group's perceptions and experiences. According to Babbie and Mouton (2008:289-291) focus group sessions provide an interactive way of looking at a single phenomenon through the different lenses of the participants. They can also generate thoughts and ideas, facilitate peer learning and build some grounded theory from the key findings.

Each of the focus group sessions lasted 1 ½ to 2 hours.

These focus group sessions were conducted during October and November 2012.

Both key informant and focus group interviews were conducted in English.

#### 4.2.3 Field notes

Throughout the research the researcher kept field notes as an observation research method. Wagner, Kawulich and Garner (2012:154) explain that field notes are used to record what the researcher observes during the research and include some notions, observations and verbal and non-verbal behaviours of the participants (See Appendix D).

These notes were done within a short period of time after each interview to ensure that the researcher's memories of the sessions remained fresh and he could reflect on some observations and verbal and non-verbal behaviours during each interview (Thorpe & Holt 2008:98-100). Brief notes were taken and then used during the data analysis procedure to enhance the descriptions and explanations of some of the findings, as captured in Chapter 5.

#### 4.3 Brief profile of the three participating HIV prevention programmes

A detailed profile of all the participants is provided in Chapter 5.

Three HIV prevention programmes were selected to recruit the participants for the focus group sessions. These programmes were all in Gauteng and implemented HIV prevention programmes that targeted the youth and young adults, including young adult African males.

Two of the key informant interviewees were also programmes managers of these programmes such as LoveLife and Future Leaders Programme of Centre for AIDS Studies at the University of Pretoria. The third programme was a men's health programme targeting mostly men living with HIV called Progressive Men Organisation. LoveLife is a national programme focusing on mobilising the youth for HIV prevention, care and support through peer learning processes, while the Future Leaders Programme at the University of Pretoria targets students especially undergraduate students. Progressive Men Organisation provides a platform for



community members and men in Thembisa, especially those men living with HIV, to get support through dialogues and mentoring as well as to mobilise men to become involved in community projects, particularly social problems like crime, substance abuse and violence.

There were two female and one male key informant interviewees while collectively thirteen males and four female participants took part in the focus group sessions. Fortunately for the research, most of the participants were young adult African males in their twenties, living in urban settings in Gauteng which further enriched the findings not only from a programme practitioner's point of view but also from their personal experiences on the socio-cultural and -economic pathways to manhood in these settings. The female participants further enriched the data by bringing in a gender dynamic during the focus group sessions, often validating what the men were saying.

#### 4.4. Data analysis

The researcher used thematic data analysis to systematically analyse the data based on the transcribed key informant and focus group interviews. Wagner, Kawulich and Garner (2012:231) explain thematic data analysis as a qualitative data analysis which involves a systematic analysis by identifying patterns and themes based on the research questions but that also tries to identify emerging or new themes that arise from the data and that enrich the findings through additional information.

This was done to draw upon the manner in which each participant expressed his or her emotions, feelings and perceptions about the research topic as well as to provide detailed analysis of the conversations that took place by identifying patterns of agreements and disagreements as well as being able to link key quotes from participants to these patterns and themes to enhance the authenticity and creditability of the findings.

The researcher used the transcribed interviews and then coded or themed them using open, axial and selective coding methods based on the overall research and sub-research questions. Then another level of thematic analysis was carried out by

identifying sub-codes or themes that could be compared with the initial themes. This procedure was repeated three times, always comparing each thematic analysis with the previous one to try to construct a meaningful flow of data into findings. This included identifying applicable and appropriate quotations from the original transcriptions to bring in the voices of the participants during the final stages of the thematic data analysis.

The open coding was done based on the raw transcriptions of the interviews and the researcher's field notes by clustering them into the research questions as indicated in Chapter 1. Then specific units of analysis were identified to organise the data based on meanings, feelings and actions. All these codes were then back integrated into themes and sub-themes. Axial coding was used for further data analysis by identifying relationships among the different themes and comparing them with the theoretical framework of the study based on the literature review and the two selected theories of the study (see Chapter 3). These finding summaries were then compared with the open code or initial coding of themes to identify patterns and themes. Finally, specific coding was done by identifying a systematic method of presenting the findings in the context of the purpose and objectives of the research (Wagner, Kawulich & Garner, 2012:234-235; Bell 2010:221; Babbie 2010:338-340).

Although this is mostly done for the development of grounded theory it was a suitable data analysis method not only to explore and describe the research topic but also to present the findings in a collective presentation of all the interviews conducted. Please see Chapter 5 for the research findings.

#### 4.5 Validity of the study

Specific measures were put in place to ensure the quality and validity of the research process and findings. Babbie (2010:153-155) explains that validity is the extent to which a researcher will go to ensure the placing of measures or steps that reflect the empirical findings of what was intended to be measured through the research purpose and objectives.

Three main types of validity were implemented.

#### 4.5.1 Creditability

The study continually validated its creditability by using a qualitative research design, by conducting the research and analysing the data. This was done by further validating the research results with findings from the literature review and selected theories.

#### 4.5.2 Authenticity

The researcher audio-recorded all interviews to ensure that they captured the real life experiences of the participants on these interventions and programmes. During the first phase of transcriptions, word-by-word transcription was done in order to capture the exact words of the participants. This was then used to include citations or direct quotes from the participants to further enhance or emphasise key findings as well as a few theoretical assumptions from the Symbolic Interaction and Hegemonic Theories as discussed in Chapter 3. This allowed for the insider-outsider voices to emerge in the study.

#### 4.5.3 Content

According to Babbie (2010: 155), content validity refers to the extent to which the study measures the ranges of meanings within a systematic relationship between concepts. Because of the diversity in the literature, the research and the interview participants, the study illustrated the richness evident in the different meanings, a concept dependent on the angle from which it was observed.

### 4.6 Ethical considerations

Throughout the study, the researcher ensured the following ethical considerations concerning the participant and data management (see Informed Consent Form as Appendix D and Letter on Ethical Clearance as Appendix F):

#### 4.6.1 Confidentiality

All personal information of the research participants was treated with the utmost confidentiality by using pseudonyms for both individuals and the programmes. Data was also kept in a safe place and only used for the purpose of this research.

#### 4.6.2 Informed consent

Each participant provided informed consent prior to being interviewed either through face-to-face or focus group interviews. This included giving permission that interviews could be audio-recorded. These consents were given verbally to the researcher.

#### 4.6.3 Voluntary participation

Participants were informed that they could withdraw from the study at any time and that there would be no negative implications for them personally or for their organisations.

Those participants were throughout the study encouraged to participate and provide their insights and understanding freely. They were also invited to seek further clarity on the research questions without any prejudice.

#### 4.6.4 No harm and protection

All interviews (both key informant and focus group interviews) were conducted in safe environments where participants could fully engage with the research and were protected from possible harm. There was no real harm to any participant owing to the nature of the explorative study.

#### 4.6.5 Debriefing

Participants were debriefed after each interview. They were asked for their views on their experiences of the interviews and whether they wanted to add any additional comment or suggestion.

### 4.7 Conclusion

In this Chapter, the qualitative explorative research design of this study was explained. Furthermore, validity was discussed by highlighting the three main types of validity (credibility, authenticity and content) used in this study and the main ethical considerations were also explained.

## CHAPTER 5: FINDINGS

### 5.1 Introduction

The purpose of the study was to explore the perceptions of HIV prevention practitioners on pathways to manhood among young adult Black men aged 20 to 35 in urban settings in Gauteng. Furthermore, the study aimed to gain insights into and understanding of these pathways to recommend to the three participating HIV programme managers how to incorporate the findings of the research into their programmes.

The objectives of the study were:

- To explore the perceptions of HIV programme practitioners on some of the different socio-cultural and socio-economic pathways to manhood among young adult African men in urban settings in Gauteng;
- To explore how these pathways should be incorporated into designing HIV prevention programmes for these young men; and
- To draw conclusions in order to make recommendations on how to enhance the three HIV prevention programmes which participated in the research.

The broad research question for the study was:

What were the perceptions of HIV prevention programme practitioners on the pathways to manhood among young adult African males aged between 20 and 35 in urban settings in Gauteng?

Sub-questions:

- What are some of the socio-cultural pathways to manhood among young adult African men in urban settings in Gauteng according to HIV prevention practitioners?

- What are some of the socio-economic pathways to manhood among young adult African men in urban settings in Gauteng according to HIV programme practitioners?
- How can these pathways be incorporated into existing HIV prevention programmes for these young men according to HIV programme practitioners?
- What recommendations can be made to enhance the three participating HIV prevention programmes?

## 5.2 Profile of the participants

The following profile of the participants (see Section 4.4 for a summary of the profile of the participants and programmes) was based on two types of interviews conducted including key informant and focus group interviews. Pseudo names were used to maintain the confidentiality of the participants.

Key Informant Interviews with three participants who are actively implementing and managing (two females and one male)

*Key informant 1:* Paul, middle aged White male, AIDS programme manager at a higher education institution in Gauteng

*Key Informant 2:* Nkgadi, middle aged African female, AIDS programme manager at a metropolitan city in Gauteng

*Key Informant 3:* Marie, an adult Coloured woman, AIDS programme manager at a non-governmental organisation in Gauteng

Three focus group sessions were conducted through three HIV prevention programmes (see Section 4.4 for a detailed description of the selected programmes) in Gauteng and seventeen participants (thirteen males and four females).

*Programme 1:* Community based organisation of male volunteers in a semi-urban area of Gauteng

*Programme 2:* National community-based youth programme whose head office is in Gauteng

*Programme 3:* A gender leadership programme at a higher education institution

The profile of the interviewees per programme was as follows:

In Programme 1: In this group there were mainly men above 30 years of age.

*Themba*, African male, community activist, programme manager and implementer

*Simon*, community activist programme implementer

*Loselo*, African male, community activist, programme implementer

In Programme 2:

All the participants were either in their early or late twenties. There were two female and six male participants in this group.

*Lungi*, African male, programme implementer

*Sibongele*, African female, programme implementer

*Ismael*, African male, programme developer and implementer

*Thwala*, African female, programme implementer

*Abebe*, African male, programme implementer

*Maserame*, African female, programme developer and implementer

*Busi*, African male, programme implementer

*Dube*, programme developer and implementer

In Programme 3: There were one female and four male participants between the ages of 20 and 30.

*James*, African male, programme developer and implementer

*Susan*, White female, programme implementer

*Kgomotso*, African male, programme developer and implementer

*Msuzi*, African male, programme developer and implementer

*Thabelo*, African male, programme implementer

All the participants participated in focus group sessions which were scheduled at a place and time convenient for them.

### 5.3 Key findings

As the purpose of the study was to explore and describe but not to compare, the findings will be presented as a collective of these three focus group sessions as well as of the three key informant interviews.

Although English was for most participants not their first language, all the interviews were conducted in this language and direct quotes without any editing are included in the following section.

#### 5.3.1 African men, masculinities and manhood in the cities

Almost all of the participants from the key informant interviews and the focus group interviews indicated that in order to understand men within the African context one needed to look at manhood rather than masculinities. *Masculinities* according to them was a fairly new concept that described the sexuality of a man in relation to other people and was not a socio-cultural concept that originated from any of the African cultures in South Africa. Barker and Ricardo (2005:viii) echo this sentiment and indicate if one wants to address social issues related to men, the concept of *manhood* or *being a man* would be better understood by African men than *masculinities* especially in the rural and traditional settings.

According to some participants, manhood was what was perceived as indicating what distinguished a man from a boy based on socio-cultural beliefs, rituals and values; while others thought it was what defined a man or being manly. It gave him a status among his people and for others it meant being taken seriously as he could now make decisions about his life, family and community. Pathways to manhood refer to the different ways in which being a man is affirmed, confirmed, validated



and valued by these others. It also includes affirmation, confirmation and validation by a wider range of people and sources of social influence that within a traditional process and ritual especially men in urban settings. Nkgadi, one of the key informant participants, explained it as follows:

*Most African cultures in South Africa and Africa have specific practice and rituals to tell a boy he is now a man. In our traditional (African) culture men had to go to the mountains for initiation rituals which in some cultures included circumcision in order to be called a man by his tribe. This is very important as the tribe then see him not anymore as just a boy without any responsibilities but he can then be part of the decisions about the future of the tribe.*

Loselo, a focus group participant, also explained:

*Men are not men until they called a man from a boy something or someone must happened for him to be called a man who can make decisions and who can get married and be responsible ... Often men in our (African) culture had to undergo some kind of ritual like initiation school or circumcision to not be any more called a boy who is reckless and irresponsible but a man who can go out into the world to be responsible for protecting and providing for his family, community and society.*

This notion is further supported by Hargreaves et al (2007:40) that manhood is a more familiar concept in the African context as it is part of most African cultures in which there are some kinds of practices and rituals which a boy must undergo to become a man. These practices and rituals are also based on specific gestures and symbols which are mostly within a socio-cultural definition of African situations in which the men find meaning in what defines a man and his manhood. According to the Symbolic Interaction Theory, it is important to have a shared understanding of social reality like manhood to facilitate interaction between the genders as well as with other individuals (Aksan, Kisac, Aydin & Demirbuken 2009:902; Hearn & Morrell 2012:4).

Dube, another focus group participant, described the issue of manhood as an important part of the relationship between young and older men by giving the example of the relationship between President Jacob Zuma and Mr Julius Malema, youth leader:

*You can see the importance of being called a man by an older man in the case of Zuma and Malema. Throughout their arguments Zuma has never called Malema a man but always refer to him as a boy or the boy...This made that other leaders did not either take him (Malema) serious as he was seen speaking like a boy – talking without thinking.*

It was clear from all the interviews that masculinity or masculinities were seen as a new concept that defined the sexuality of a man rather than defining him as a man within a socio-cultural and -economic context. Manhood refers also to behaving in a manly fashion or like a real man according to most of the male participants. UNAIDS (2012:37-40) indicates that in most African cultures men, as the decision makers on the future of their families and sexual matters based on their socio-cultural positions, are the dominant gender based on the notion of being a man.

Participants from the focus group interviews were in consensus that in order to understand African men, especially young adult African men, it was important to distinguish between the two concepts to help men to understand themselves and the changing social world they lived in. Some participants further described the differentiation between manhood and masculinities as key to ensuring male involvement and participation in any form of HIV or community intervention. Lungi, a focus group participant, explained the differences as follows:

*Masculinities are something we now introduce to our young men when talking about sex and sexuality but manhood is something which exists much longer in all African cultures. Masculinities allow men to understand who they are in their own sexuality and to some extend as a man too but a boy being called by others a man and validated is about a man feeling he is now a man. As a man he can now participate in decisions which affect his family and community. He has a role to play and is not anymore just a boy that no one take seriously.*

According to Connell (2013:1), the concept of *masculinities* is not the same as being a man or his manhood but it speaks about the gender relationships between men and women and between men and men. She explains further that it is about the social positions men occupy in their gender relationships with others which provide some patterns or practices for men to engage with others based on this position in society. The Hegemonic Theory according to her further explains that the tension between hegemonic masculinity and other masculinities is more present in urban socio-cultural and socio-economic diverse settings than in rural areas. Male dominance is still evident in these areas but there are different ways to express oneself as a man and be in relationships with other men and women without this dominance (Appelrouth & Edles 2010:360; Hearn & Morrell 2012: 3-10). UNAIDS (2012:7) indicates that hegemonic masculinity is still the main gatekeeper when addressing HIV prevention and perceiving the involvement of men when addressing social problems like crime, substance abuse and violence.

Men, especially young adult African males in the cities often experience serious conflict and frustration as they live in diverse communities and societies which do not always practise traditional cultural practices and rituals which provide these pathways to becoming a man. There was a level of agreement among most participants in the focus group sessions that the roles of men in cities were often different and the pathways or ways of acknowledging manhood were complex. Greater diversity was also evident in the pathways to manhood and masculinities. The World Bank (2000:vi-viii) argues that HIV prevention programmes must go beyond masculinities in order to understand how African men see themselves with regard to change and the role they have to play in it.

Urban men were often still trapped in a predominantly heterosexual understanding of male dominance over masculinity and manhood based on traditional socio-cultural male role expectations such as providing and protecting. According to Paul, a key informant participant, often these perceptions of what makes a man beyond his own masculinity were in conflict with the changes he experienced in his community and family.

He provided some background to this statement by saying:

*Often young men in general in the cities feel frustrated and confused in what is expected from them being a man. On the one hand he must embrace a new way of being a man and been told about his masculinity or sexuality away from tradition and values while on the other hand he still needs to act like a man by being dominant, provide and protect in his life.*

This was also supported by Themba, a focus group participant, when he explained:

*On the one hand it (manhood) is expressed within socio-cultural expectations while on the other he must also meet the socio-economic expectations of being a modern man living in a diverse urban area.*

Most young adult African men living in urban settings embraced the modern view of what being a man was, a view that was often influenced by other social agencies like the media, their peers and public role-models like celebrities, politicians and other social leaders in their community and in society; or even international role-models like the United States President, President Obama, civil rights fighters like Martin Luther King and Jesse Jackson and others according to most participants from the key informant and focus group interviews. Colvin (2011:9-11) argues that often these role-models emerge through exposure to access to education and mass media. Stine (2010:191-193) also emphasises the importance of incorporating these socio-cultural contexts and expectations in male role-models when implementing HIV prevention programmes for young adults.

However, this acceptance often brings them into conflict with their families and older men who do not accept the modern version of manhood. Nkgadi, a key informant participant, highlighted this conflict as follows:

*Boys and young men in our cities wants to be modern, look modern and want to work with changes. But then their parents and other family members do not like it and put unnecessary pressure on them to follow the traditional cultural way of being a man who must be always in control, dominant and provide and protect his family and community ... This cause often young men to move*

*out from their families even dropping out of school and go to stay with other likeminded men or groups ... They then become rebellious towards their families and even get violent or abusive.*

There was no common definition or understanding among men in the cities of what defined them as a man and often each one had his own ideas of what was seen as his manhood. There was a need to create a platform through which young adult African men could engage with one another and with older men to find the commonalities of what defined a man in urban settings.

Men in general must be acknowledged and valued as men and key role-players in addressing problems in their communities, families and in society in general. According to SANAC (2012:14), men are still perceived as the gate-keepers for gender and HIV prevention. In addressing social problems men must be involved and emphasis must be placed on recognising and validating both manhood and masculinities as key drivers for male involvement in HIV prevention programmes especially in urban settings like the ones from which almost all the participants came.

### 5.3.2 Role of men in changing communities, families and society

There was a level of agreement between both female and male participants that one needed to revive the key role men play in a changing society like South Africa by providing positive male role-models and values. Men must be challenged to explore their own views about society and its problems. UNAIDS (2012:35) indicates that men must become more active in addressing social problems like crime, HIV, substance abuse and violence by participating in key interventions at household and community levels. Traditionally men played a leadership role in mobilising people to identify and solve problems but in recent times men had tended to withdraw from this and become part of the social problems, according to Marie a key informant participant. Lungi, a focus group participant, maintained that this was specifically visible in urban settings like cities and informal settlements.

Paul, another key informant participant, argued that men must reclaim their role in communities and families in the cities by becoming actively involved and participating in interventions to address social problems in their communities. They

needed to step forward and become active in changing and finding solutions for their communities' social problems by mobilising local resources to assist in solving them. Men in the cities were key to ensuring that communities tackled their own issues within their own local socio-cultural and -economic contexts and together found solutions, but currently there were more women than men involved in community interventions like HIV/AIDS programmes. Van Dyk (2012:223-225) stresses the importance of incorporating gender issues especially masculinities into HIV prevention programmes to move HIV and AIDS beyond a health perspective into a more development understanding. Her belief is that this shift may increase male involvement and participation in HIV prevention programmes across all communities especially in urban areas.

According to most participants, men in the cities had become less involved and were often withdrawn as they were not always respected and validated as men.

Themba, a focus group participant, explained:

*Men are in a tight corner, not much to do than to act out by drinking, not working, violent activities or withdraw from his family or friends. Men will not do any more talk with their children and wives as he withdraw. Women take over the control of the family.*

Men could make a difference in addressing problems and helping their communities and families by facilitating community conversations and devising actions to solve problems. Men were more task-orientated than women according to some participants and they should act to work with communities and women in addressing these social issues like gender violence and substance abuse. Petersen (2009:112-113) stresses that men still have the decision-making power in most communities and households.

One thing they could do, especially older men, was mentor boys and young men as most of them came from absent father or fatherless families in the cities. These families did not have positive male role-models to help boys and young men know what was right and wrong as they often depended on their mothers to tell them. Simon, a focus group participant, explained that most young adult African men in

the cities came from fatherless families as their fathers were often either not much at home owing to long working hours or had abandoned their families to seek employment elsewhere. These men had never properly experienced relationships between their parents, and between their fathers and other men and women. This made it difficult for them to be in relationships with other men and women. Ismael, another focus group participant, described the situation as follows:

*I did not had any relationship with my father as he was never home. And when he was home he sat and did not talk to any of us as children or even my mother. It was actually more peaceful when he was not at home as he came home sometimes in a terrible mood under the influence of beer.*

Nkgadi, a key informant participant, further explained:

*Most African men in the cities were raised with absent or no father at all. So they could not see how a father treat his children and wife. Now they have to learn from other older men in the cities.*

According to Sibongele, another focus group participant, fathers were often regarded as the parents who disciplined the children. She remembered how she was often threatened by her mother that she would be punished as soon as her father arrived and then when he arrived he was the one who had to punish her. She could never have a proper conversation with him because of the fear of punishment. Abebe, a participant from the same focus group, explained that as a boy he was told to fear and respect his father so much that they could never talk to each other. Barnett and Whiteside (2006:41) acknowledge that many young African men in South Africa were raised without a father or even a positive male role-model.

As a boy, Abebe had to listen when his father spoke and made decisions about his and the family's life. His father frequently used the traditional expression:

*Children should be seen and not heard!*

Often fathers and men felt devalued in their communities and by their families because they were not the main breadwinners, providers and protectors any longer.

Women in urban settings now also worked and contributed to the family income and became involved in community services to help communities with their problems (Reddy, Sandford & Rispel 2009:xvi). Margaret, a key informant participant, agreed with most of the focus group participants that this changing role of women was often the biggest reason for men withdrawing from communities and society.

There was a level of consensus among all participants that in the cities it was not about the traditional division of labour in families any longer, but was more about what each member could do to help to maintain family life. Some young men, according to Lungi, a focus group participant, were now fathers who were taking care of household chores like cleaning the house, raising the children and cooking meals as their wives were the ones who were working far from home and for longer hours. Van Dyk (2012:6-7) highlights these changes as crucial in unpacking the changing role of men in society. This has a lot to do with the manner in which gender equity in the workplace has also changed communities and families according to Paul, a key informant. African women were often favoured in employment equity above men for highly paid positions and then they had to work harder and for longer hours to keep their jobs in a male dominant workplace. Lungi, a focus group participant, further explained:

*African women benefited a lot from the employment equity because of gender equity and that they are easier to work with. This has affected their family and community lives as they are no longer depending on their husbands for providing.....often it is actually the opposite where the men now depend on what women bring home. They (Men) are now the ones who look after the children and cooks.*

According to Maserame, a focus group participant, most men and women were victims of equity and women's empowerment made the gender field uneven with regard to encouraging men to become involved in gender and health programmes (Sada 2005:185). Men often felt threatened by women at these events and then they either withdrew or became defensive.



This view was reiterated by Themba, a focus group participant, when he said that these changes regarding families and women made men feel that they were not validated and valued as a man any more. Because of these changes, young African men tried to compare themselves with their fathers or other older men to gain a sense of what made them a man and a husband. But because they had often grown up in fatherless homes, they tended to look at other sources of social influence like the media, their peers and other public role-models like politicians and sport stars. He agreed with Simon and Loselo, participants in the same focus group session, that men often felt unappreciated and devalued in their homes because women had become so dominant and even challenged their sense of being the man of the home. They then often withdrew from any responsibilities by engaging in substance abuse or getting involved in community violence in order to assert themselves in other ways. Or they tried to over-compensate in order to gain respect and value by being good husbands and fathers by providing additional material resources. This behaviour often made them vulnerable to crime in the cities, according to Dube, a participant from another focus group. UNAIDS (2011:64) highlights this vulnerability among men as a key area of intervention towards HIV prevention.

Being a man in the traditional cultural sense includes a physical expression of a man's manhood and masculinity through different forms of aggression, sexual expression and dominance. This is often different from what is expected of young adult African men in urban settings and informal settlements today. Brooks (2011:viii) highlights the importance of men being able to express themselves sexually to illustrate their manhood and masculinity. Marie, a key informant participant, described this role-conflict as follows:

*Often men comes to me for counselling around their HIV status. They tell me that they just want to know do it make them a lesser man and can they have still sex. They often fear that they will be seen as weak by older men and women.*

Kgomotso, from the same focus group further explained:

*Men who are emotional and express their emotions are seen as softies or weak men by other men. Going for help or recognising*

*that man has a problem makes him weak and disrespected by other men and women. A man must be rough and tough. In most African culture these man (emotional) are seen as failures and are not respected.*

Young adult African men in the cities and informal settlements often felt inferior to older men and women as they were often unemployed and semi-to-low skilled. They could not find long-term or permanent jobs to enable them to feel proud of themselves and could not assert their manhood by providing for their communities and families. The Human Sciences Research Council (HSRC; 2011:45) stresses the importance of employment as a factor reinforcing a sense of manhood. Some of the participants from both the key informant and focus group interviews expressed their concern about the high level of unemployed young adult African men in urban settings as a main reason for crime, substance abuse and violence. Nkgadi, a key informant participant, explained:

*Men are used to be the one who goes out and find a job. Now in the cities jobs are scares especially for young black men and then they start to do wrong things like heavy drinking or be part of crime. That let them feel like a man as the people he do it with compliment and praise him a lot while in his own home he does not feel welcome.*

Margaret, who was also a key informant participant, argued that bored and unemployed young adult African men turned to crime, substance abuse and violence in urban communities to express their dominance and power as men. She highlighted that most criminals involved in violent crimes were these young men and often the victims were children, older men and women. Themba, another focus group participant, agreed with this.

Then the weak education system had failed most young adult African men according to some participants, while others blamed the legacy of apartheid. Lungi, Themba and Dube, three of the focus group participants, felt that the weak education system of the past few years in the communities especially in urban settings did not embrace the changes involved in being a man in modern society. Too many boys and young men dropped out of school to seek employment as they

were not being strongly motivated to complete their schooling. It was more acceptable for boys and young men to drop out of school than girls. Most of these boys did not find jobs and became part of gangs or other antisocial activities according to Simon, a focus group participant. This view is supported by Rolls (2009:63-64) and Sivaram, Latkin, Solomon and Celentano (2006:126).

Dube, a focus group participant, provided a description of the situation and the manner in which their programme assisted these boys as follows:

*Boy child mentoring ... focus on the gap boys in urban areas are not taken care by older men but often they are on their own, no guidance from older men, outcomes how he behaves without any male role-models, need to go back to our roots, my child is all child, look at problem behaviour, issue of single parenting, absent father, peer pressure is still there to make decisions beyond the family, fathers are not working makes them powerless, power of a man is to responsible and taking care of the family. Try to play a role in the lives of young boys to act as father role-models.*

The apartheid regime changed rural and urban communities and was still changing the relationships between men and women, old and young. The history of the apartheid regime (Hargrave 2007) did not only influence race relationships, but also disrupted many African communities and families because of migration to urban settings for a better life, according to most of the participants from the focus group sessions. Ismael, one focus participant from these sessions, explained:

*The legacy of apartheid is still there like in diversity and some resources – access. What is the priority of communities. We need to priorities our issues. We need to make sure that we forge these issues. Young boys. If we are neighbours if our children will play together and become friends and it is only adults who are separate. The kids want to survive how do we intervene as men to support these young boys.*

Kgomotso, Msuzi and Thabelo, all focus group participants, further explained the impact of the apartheid regime on their lives

Kgomotso said:

*During the apartheid years our fathers was away for work. It put a lot of pressure on my mom as she had to look after us alone most of the time ... We called him our holiday dad as he only come to visit us when he was on work holiday.*

Msuzi, another focus group participant, described his time with his dad during these times as:

*My dad was an angry man and he never looked happy. When he comes from home we left him alone as we were very scared of him. He told us he was working very hard to look after us even sometimes when he did not come home for days. I asked my mother but she just said we should not ask him anything.*

Thabelo, another one, told the group:

*All I remember from those times that my dad had to leave home to find work in the cities. We received money from him but he was never home. When he was home he was with his friends often drunk and complaining about the government and how bad it is for black people in this country ... he often participated in protest marches against the government and he one day died while marching. I was still a boy.*

It was important to consider all these changes when addressing men, manhood and masculinities in urban settings. So many changes were involved in these three concepts that often men and in particular young adult African men had to find other pathways to express their manhood, frequently more socio-economic pathways than the socio-cultural pathways found in traditional cultural settings in rural communities. These pathways to manhood were very complex and often multi-layered because of the social diversity and economic pressures men experienced in urban communities to gain respect and value as a man. Men often had to go

beyond the traditional socio-cultural pathways to express their masculinity and manhood to other children and other men and women.

In the next section, the findings focus on the different pathways that these young men need to find in order to determine what defines a man and manhood.

### 5.3.3 Pathways to manhood for young adult African men in urban settings

Often the pathways to manhood in urban settings like cities and informal settlements were more determined by the socio-economic status a man had in his community among family, older men, peers and women than by his socio-cultural status.

#### 5.3.3.1 Economic independency as a pathway to manhood

There are a significant number of unemployed men especially young adult African men in the cities and informal settings (HSRC 2011:45-47). This inability to find a job and become economically independent played a key role in a man's feeling that he was respected and valued by his community and family. Often these unemployed men withdrew from being involved in their communities and engaged in antisocial behaviours like crime, substance abuse and violence, according to Paul and Nkgadi, two key informant participants.

To worsen the situation, many of these young adult African men also lacked schooling or higher education owing to a lack of finances. Themba, a focus group participant from the focus group interviews, explained that many young men did not complete their schooling as they dropped out of school to support their families.

The role of breadwinner, provider and even protector fell now onto women who often owned the house the family lived in, were employed and provided for most of the financial and material needs of the family. The International Labour Organisation (2011:10) states that in most African households, men are employed and are the main providers for their families. This role as provider according to most male participants in the focus group sessions for men to assert themselves as not only fathers and husbands, but also as men in general (Hargrave 2007). These participants across all the focus group sessions agreed that it was a very important

part of being a man to be economically independent and provide and protect his family and look after himself.

Ismael, a focus group practitioner, explained that this was specifically visible when young or middle aged men were retrenched. They often started to disengage and withdraw not only from their families but also from the community. They did not see their role in society as important any longer.

These unemployed young men then tended to become involved in antisocial activities to feel appreciated, gain acknowledgement and a sense of belonging, and these group activities helped them to assert their manhood (Rispel et al 2011:69-75). These activities were often not positive as explained by Kgomotso, a focus group participant:

*And of course we know for young men there is that expectation to be protector and provider for family. So we have realised that this is a big pressure on all young men and in fact they all raised it but research from focus groups is that they feel somehow responsible or blamed for the fact that they cannot be economic active and get employment and not being useful in society. And that downwards spiral is something we see a lot on the feedback we are getting especially among young men.*

This view was echoed by Thabelo, another focus group participant:

Thabelo said:

*Looking for a job, counting coins and gets frustrated and angry and really wants to be employed but no one wants to give him the opportunity. But in fact we will next year we will look at how in your immediate environment opportunities to compete for a job like building a resume and how to gain experience without a formal employment and get opportunities within your immediate communities and what is there for you ...*

Marie, a key informant participant, echoed this view:

*We see a lot of unemployed young men coming to our programmes in the hope they will get a job or learn how to have a job. Then they leave the programme if they do not get a job because either they have to go to other places to seeking more job-opportunities or they feel attending workshops with us is meaningless as it does not helps them to get a job.*

Women who often had better opportunities for employment then took control of the households and raised the children which further isolated these men. Young African fathers with families found it difficult if they could not economically contribute to the family and often questioned their own manhood in the process, according to Nkgadi a key informant participant.

It was important that a man be proud of his ability to provide for and protect his family, but often in the urban setting more material and social diverse values impacted on the socio-economic status of men. Some of these values were based on the way women valued men, frequently on the basis of their ability to look after their material needs and assist them to acquire social status in their community and peers (Barnett & Whiteside 2006:138; Bowleg 2004:168-170). These values often disempowered men, especially young men, as they could not provide while seeking for work or establishing their careers. Young adult women then started dating older men in order to meet these material needs, according to most of the participants.

Sibongele, a focus group participant, illustrated this:

*Often young men cannot provide to be the materialistic things I need. I need to have a good place to stay and nice clothes. He must have a car and lots of money. We young girls wants men to provide to us this lifestyle in the cities to go out and party. We are not anymore beautiful dolls sitting at home waiting for our husbands.*

Lungi, a focus group participant, expressed his concern about this as follows:

*The problem is often young women becoming sexually active or transactional sex with older men and not with peers. They cannot afford to buy all the luxuries these girls want or even*

*compete with the older men. And that really impedes on the men's self-esteem.*

Often young adult African men were set up for failure by both older men and women as they could not become economically independent and were not then valued as a man. Older men, according to Msuzi a focus group participant, often belittled these men who were unemployed or did not have formal employment as lesser men because they could not provide and protect themselves, their families and women. These older men then often called these young men *boys* as a way to be derogative.

Women on the other hand tended to humiliate these unemployed men in front of their peers and older men by making negative remarks. One example was provided by Abebe, a focus group participant:

*We were the other day at a friend's house. My girlfriend then started to complaint that I do not earn enough to look after her and she wonders if she must get a better man. I did not know how to respond and just left her there ... I was agree and frustrated!*

Another example was also provided by Kgomotso, a focus group participant:

*We as men talk often about how difficult women has become. They just want more goods and things which costs money and demand it from us. Women are now much more selfish and materialistic. If you do not have a car, cash and property they do not even look twice at you.*

Often what then happened was that young adult African men started to date younger girls and older women as they were less demanding. The families of these young girls met their economic needs and dating these men often established a social status among teenage girls (Hearn & Morrell 2012: 3-10). According to most participants, this explained the reason for the rise in teenage pregnancies as these men often could not date or even have a relationship with women their own age. These girls were so vulnerable to male dominance and protection that they did not resist when a man did not want to use a condom during sex, according to Van



Vuren and Von Der Marwitz (2012:238). Most participants in the focus group sessions acknowledged that these girls believed that falling pregnant was a way to keep men as the men would stay with them for the sake of the child.

According to Simon and Loselo, both focus group participants, older women provided financial and material resources in exchange for sexual and social favours. Furthermore, these women provided emotional and social support to these young men by allowing them to talk about their problems and introducing them to other women who sometimes included their daughters (Plummer 2005:178-179). Most of these older women were married but did not have good relationships with their husbands and children because of the long hours their husbands worked away from home and the children had their own lives.

James, a focus group participant, explained from personal experience:

*I like going out with older married women. They are not fuzzy as long as I let them feel good and give them good sex. They even give me money to go and buy nice things like clothes or to take out my girlfriend ... but my girlfriend do not know about this relationship.*

Themba, another focus group participant, shared what was happening with the young men in his community as follows

*Young girls dating older men. Older women dating younger men is a serious problem. Women are more independent who want to do what they are pleased. Young men who are not working often looks at older women as a source of income.*

Most male participants believed that older men should mentor younger men regarding life and job skills. Training opportunities should be offered by older men to provide skills for employment or even self-employment. Young men frequently felt angry with older men as these men were often socially withdrawn from them and society. Older men often did not believe it was their role to mentor and support younger men in their communities on how to become economically independent and a man as many of them battled to keep employment, or they were afraid that

young ones would take their jobs, according to Dube, a focus group participant. He explained:

*A lot older men compete with younger men for the job-markets. Society today often is looking for us younger men as we know technology, can be mobile and are willing to learn which often older men cannot do.*

Young adult African men must be more validated beyond their economic independencies as key role-players in promoting positive behaviour change in preventing HIV and other social problems. Other forms of incentives for these men must be provided to get them involved in these kinds of interventions like learning more about manhood and masculinities in the city or being trained for possible employment or even having access to food to take to their families.

#### 5.3.3.2 Older men, boys and peers as pathways to manhood

Avert (2012:5) asserts that it is clear that older men, boys and peers play a critical role in affirming, validating and valuing young adult African males' manhood, especially in urban settings.

All the participants from the key informant and focus group interviews felt strongly that older men were still one of the most important pathways to manhood for young adult African men especially in cities. Older men must still validate and value these young men in order for them to be self-actualised and have self-worth. However, the role of older men was usually more complex in urban settings than in traditional cultural settings where there was a practice or ritual to follow as a pathway to manhood.

Simon, a focus group participant, explained:

*We do not like older men as they steal our girls. They often think they are better than us because they can treat us still as boys ....But most young men look still up to older men for approval of being a man. This older man is sometimes one's boss or sport coach but this relationship is different than tradition.*

Paul, a key informant participant, illustrated it as follows:

*Often older men are well-established in the cities and often competes with younger men for jobs and women as well as being valued in their communities. He is seen as mostly employed, well-resourced and a family man which the community and his family respects and values ... But often these older men are not the fathers or uncles of these young men and does not much care about them. They are often very selfish and just want young men to grow up and be a man by himself.*

This was also echoed by Lungi, a focus group participant, that most of these older men were so career-orientated to provide for their families that they often did not have time for their own boys or other young men. Older African men also tended to be even less approachable as they felt they had earned their manhood through the hardship and struggles during the apartheid years, something that the modern young ones did not understand (Stine 2010:232). They felt there was a generation gap between young and older men in the cities.

Often young adult African men were not well-disposed to older men owing to the absence of a father or any other male family member in the urban environment. Most African families in the cities were predominantly female-headed households because of migration and socio-political conditions (Hargrave 2007). This had led to these young men being confused and even conflicted about the socio-cultural expectations in terms of being a father and a man versus the socio-economic demands of urban settings like unemployment, materialistic values, and a changing society.

According to Marie, a key informant participant, older men did still play an important role in the lives of young adult African men:

*The approval of older men to young men is still important for our young men ... it is important that an older man must treat young men as a man with respect. The problem is that these men cannot get this approval from their families like dads or uncles so we look towards other older men like our sport coaches, teachers and community leaders.*

There was also a level of jealousy between younger and older men owing to the socio-economic demands of urban settings like competing for jobs, women and wealth. Older men often felt threatened by younger men because of the changing and demanding employment world with regard to knowledge of new ways to manage business, introduction to technology and the necessity for higher qualifications whereas most of them had only nearly completed or completed schooling. According to UNAIDS (2012:38), education is one of the most effective ways for HIV prevention. This according to Paul, a key informant participant, was a very sensitive area for older men as they often experienced younger men as very ambitious and selfish and not socially orientated and family conscious.

It was also important to examine how older men behaved as role-models for young African men as they often exhibited antisocial behaviours like substance abuse and violence especially towards children and women. Kgomotso, a focus group participant, said that often older men were the culprits regarding child and women abuse as an effort to assert their dominance and power in their families and communities. This was supported by Thwala, who indicated that she was a victim of her father abusing her mother and herself when he was under the influence of alcohol, but when he was sober he was a very weak man who could not even protect them from abuse by other men in the community. She explained that even now as a young African female she did not easily trust men as she was afraid they might at some stage become abusive and violent towards her.

Younger men on the other hand also felt jealous of older men because of the intergenerational relationships older men had with younger women the same age as the young men. Young adult African women in the cities were more career-orientated and materialistic in their ways of life. They did not want to get into serious relationships with men until their careers were well-established or they could provide for their material needs. Barnett and Whiteside (2006:46) indicate that most older men are seen as wiser, well-experienced and established in life versus young men who are still risk-seeking, socially unreliable and often socio-economically unstable, according to some of the participants.

Margaret, a key informant participant, illustrated this:

*Most young men are often still on the path of self-discovery and establishing themselves as men amongst their families, peers and women. He is often seen as unreliable and unstable as he may not have yet a permanent or steady job so he cannot provide for young women what they need like nice clothes, drive them around, go to social events and even help them to pay for place to stay. Young men often withdraw from these women as they are seen too demanding and not valuing them as men.*

Often young adult African men did look up to other older men like celebrities, public leaders and sport stars as role-models. These other men were not always positive role-models for these young men to identify with. Some of these other men tended to have flashy lifestyles with many sexual partners, financial problems and used violence as a way to prove their manhood in society and with regard to women. Young men then saw these kinds of behaviour as pathways to their manhood and either aspired to behave in the same way or totally rejected these kinds of lifestyles by engaging their own pathways according to their own understanding of manhood.

All three key informant participants were in agreement that more needed to be done to assist young adult African men in their relationships with older, other men or peers and even with boys. Paul, a key informant participant, indicated that there must be a space where young and older men could discuss what made a man in urban settings and modern times. These kinds of dialogues according to him should be facilitated in informal settings in the communities at social gathering places such as bars and other public events such as community meetings and sport events. UNAIDS (2011:64) refers to the importance of setting up dialogues for men to talk about their health, HIV and other social concerns they have as men. Margaret, another key informant participant, reiterated these points raised by Paul but felt strongly that there should be more direct interventions such as at the workplace where platforms should be created for these two types of men to discuss their own concerns and issues of manhood. Nkgadi, another key informant participant, felt more should be done by politicians and public leaders to recognise and validate young adult African men as key role-players and as men in solving problems in their communities and society. These men needed assurance and respect from older

men to reinforce their feeling that they were man enough to be part of and valued by society.

Older men should mentor young adult African men in a more meaningful way by motivating them to get out of their negative environments and change their antisocial behaviours. These older men should also guide these young men to more positive pathways to express their manhood in the cities by mentoring boys who were fatherless and by being part of the community in solving problems.

Ismael, a focus group participant, stressed this point:

*Must approach our young men in a positive way by letting them know they are very important in our communities and families even if they do not have a father. Older men in the communities must also treat younger men with respect and a positive attitude. Do not talk down to him but rather praise him for being a good man.*

Sibongele, another focus group participant, echoed this view:

*We need to encourage our young men to be positive about their futures.*

Simon, Themba and Loselo, who were participants of the focus group sessions, felt it was important to guide young adult African men by means of good role-models of manhood and fatherhood. They believed that it was older men's biggest role to show these young men how a father and husband should behave as well as how to be a community leader. At the same time older men should listen to younger men's views on what defines a man in modern and urban settings. Certainly, more socio-economic challenges faced young than older men with regard to proving their manhood in their communities, families and among women.

Often there was tension between young and older African men in the urban areas such as cities and informal settlements as there were more young women living or coming to these areas in the hope of a better life. Squire (2007:319-320) indicates that often girls are vulnerable as they leave their homes to go to the cities in order to improve their lives in a socio-economic way. Sibongele, a focus group participant,

told the group that she came to the city to escape from her family who wanted her to marry a man she did not even know or love. She elaborated on how on a daily basis she was approached by older men for a sexual relationship, even if some of them were married. This was also supported by the experiences of the other four female participants who told different versions of the same story, of being in situations in which older men approached them for relationships.

On the other hand, most of the male participants in the focus group sessions felt that young women frequently wanted to be in relationships with older men because of materialistic needs in the cities like clothing, cars and other sources of financial support. Msuzi, a focus group participant, recognised the importance of young women wanting to prove their independence by dating older men as they could then have access to experienced, well-established and knowledgeable men opposed to inexperienced, unreliable and unstable young men. He thought that the need for young men to gain access to material resources to meet the needs of same-age women was the reason for so many young men engaging in crime.

More discussion will follow below on these intergenerational relationships in the discussion of women as pathways to manhood.

Young adult African men in the cities still required recognition from older men that they were no longer boys but men. These young men looked to older men to validate their manhood by treating them as equals as well as by getting them involved in more serious matters like politics and/or solving social problems. Paul, a key informant participant and Lungi, a focus group participant, felt that there should be more dialogue between these two generations of men regarding what defined a man within the modern context in urban settings as well as how they could help one another to survive change and society. Lungi explained:

*Our primary source of manhood is the previous generation on what to teach us to be a man. Most of the time because of absence we get wrong information from ourselves. What aspires to be a good man is about how we view older men or role-models.*

Both young and older men should also learn how to express themselves without aggression, dominance, sex, substance abuse and violence and embrace a more fluid sense of manhood and masculinities.

James, a focus group participant described it as follows:

*I do believe it is time that all men of all ages, races and cultures should sit together and talk about what makes a man in our times. We should learn from each other and find the similarities in our experiences, knowledge and values beyond the very traditional man who was dominant, rough and tough. Men need to learn from each other how to be in touch of who they are and to understand their role in society beyond the drinking and violence...The question remains what makes a man a man today?*

This was echoed by Ismael, another focus group participant, who stated that too little had been done to encourage men to talk to one another about their manhood and masculinities. Often in gender training a lot of emphasis was placed on masculinities from a sex and sexuality point of view for young men. GHPWG (2008: 24) highlights this too by stating that these two concepts must be dealt with in dialogues among men. Most of these sessions did not engage in dialogues between young and older men on the notion of manhood or what defined them as men according to Dube, a focus group participant.

Most young African men were raised without fathers or any other positive male role-model especially in the cities. This meant that they often defined their manhood based on their peers' opinions of what defined a man.

According to Lungi, a focus group participant, most of these young men were under the influence of their peers and other men who now often define their manhood. He explained:

*Moving away from the ways and rituals it shift more to peer acknowledgement of what is a man. When it was a ritual it was when men reach a certain age which ritual was performed but*



*since we moved a way it makes it difficult to know when am I a man – often depending on the peers.*

It was often easier for young adult African men to mix with their peers on issues of being a man through activities like drinking, socialising and being part of a group. Often the peer group gave them a sense of belonging and validation as long as they adhere to what was expected from them as men, but the peer group could also sanction negative behaviour by isolating the person from the group. Most of the male participants felt it was easier to talk to their peers about men's issues than to talk to older men or women. They felt less judged and more valued by their peers.

Sometimes a typical man was portrayed by the peers as one who was sexually active, had many sexual partners and was tough as explained by Themba, a focus group participant:

*When I am with my friend a feel like a man as I can tell them about my sex life, my girlfriend and what bad things I have done. I feel so tough then and they like it.*

This was supported by Thabelo, another focus group participant, who said that often the young adult African men they dealt with were very outspoken and tough when they were in a peer group but when they were alone they were insecure and withdrawn. According to him there was a tendency for these young men to exaggerate their sense of manhood when they were with their friends and peers by sharing their sexual adventures about how many women they had conquered but in real life this was not happening.

James, a focus group participant, agreed with this:

*Young men must always try to impress his buddies especially being sexually active and how many women he has had sex with. Sometimes the pressure is so high that we have to exaggerate our sex life to our friends tell them explicit things and make it up as we go along. We then do also read from the Internet about this and make it as it is our own lives.*

Being a man as a young adult African male was often based on instant satisfaction and living for the moment according to Nkgadi, a key informant participant. She explained that many of these young men wanted to spend their salaries according to the lives portrayed by their peers as free, irresponsible and going with the flow of the group. Colvin (2011:11) indicates that the mass media like advertisements, movies and television series portray this kind of image of young men and encourage the desire for luxury items like branded clothes, cell phones, lavish lifestyle and others. This often creates a lot of conflict and tension as these young men have to compete with one another in a sexual and socio-economic way, for example, to see who can drink the most at an event.

For unemployed young adult African males this was often much worse as their peers tended to engage in a lot of antisocial behaviours like crime, substance abuse, social disruption and violence to prove their manhood to one another. Van Dyk (2012:38-42) regards peer influence as one of the major causes of these anti-social behaviours. Dube, a focus group participant, indicated that it was very difficult for him to spend time with his friends as he was unemployed and they often did things he did not like, such as these antisocial behaviours.

Peers of young adult African men regarded a youth as becoming a man when he reached the age of 25, had a job and could settle down with a family. In the cities this was regarded as maturity and it came with a high sense of independency according to both economic and social bases as told by Kgomotso, a focus group participant. Young men also continually needed to affirm their sense of being a man or their manhood against their peers.

Loselo, a focus group participant, felt that it was important to recognise the socio-economic influences of peers on these young men. There should be on-going discussions with these men and their peers on what identified a man in modern and urban settings apart from the traditional socio-cultural values.

All the participants from both key informant and focus group interviews were in agreement that it was important to start with boys when addressing pathways to manhood in general but specifically in the cities. Most boys were still raised in fatherless homes, many were orphaned or had been abandoned by their parents and many needed to be mentored by other men about what defined a man. Thomas

et al (2009:113) stresses that the biggest impact of the apartheid regime was that most boys and young men were raised without fathers or even any other male member of the extended families.

Young adult African men should get more involved in the lives and raising of boys outside their families as many parents worked and the children did not have much time with them.

Maserame, a focus group participant, explained:

*A lot of our boys are alone at home as their parents are working. They are bored and then they go into the streets and being naughty. We need to bring these unemployed young men in our communities to help families especially where there is just a mother as a parent. They can then mentor these boys to be one day a good man and father.*

Young adult African men and even older men who had not completed their schooling should be encouraged and motivated to finish in order to become better men, find jobs and help society in solving social problems, believed both Abebe and Dube, who were focus group participants. Young successful men could help to motivate them by sharing with them their struggles about having a decent life without education in the cities.

Often boys and young men were forced to leave their homes and schools to contribute financially to their families in order to have better lives. Themba, a focus group participant, explained that this happened often, especially if there was only a mother heading the family and she could not maintain their socio-economic needs in the city. He further said that often girls were protected and frequently forced to finish school so the family could have a better life.

Ismael, another focus group participant, highlighted the fact that many Model C schools had more female than male teachers which could influence boys regarding their manhood and masculinities. Squire (2007:320) emphasises that most young men are living in a world with a predominantly female care-giving population like health care workers, social workers and teachers. This was the same with community support services like after-school care which was mostly provided by

female care-givers or teachers. Thabelo, a focus group participant, shared the following story:

*As a boy I was surrounded by women ... At home it was my mother and sisters, at school it was my female teachers, at my social clubs it was more girls and even when I was trying to do sport my coach was a female. I often felt like I cannot associate with the other boys when they talk about boy things like their fathers, being rough and tough and even sex..I felt like an outcast and different!*

Similar stories were told by Ismael, Lungi and Dube, focus group participants, as they all were raised by their mothers while their fathers were absent during most of their lives because of work commitments or even other lives somewhere else in the cities. They were guided by their mothers on what defined a good father and man by punishing some of their typical male behaviours and rewarding more female or soft behaviours like being emotional and expressing feelings.

The manner in which mothers raised their boys played a key role in understanding the pathways to manhood among young adult African men in the cities. Often the mothers taught their boys to look after them before looking for a girlfriend or wife. That was the reason for so many young men staying with their mothers or parents as they could not afford to leave them owing to the family's socio-economic dependency on them. Girls as Marie, a key informant participant explained, were often raised with more materialistic values than the boys and often boys were sent out to help support these values.

As boys grew up in the cities they were often exposed to other socio-economic pathways to manhood than the traditional socio-cultural ones such as being exposed to the radio, television and other media (UNAIDS 2012:39). Other male role-models also influenced these boys in their understanding of what defined a man in a modern and urban setting. According to Marie, a key informant participant, the other role-models were:

*Boys get now different toys like action figures, books and even computer games which teach them about being manly. Some of*

*these boys start to act like these role-models even if they are wrong and destructive like some superheroes and men in violent computer games. I know this as I can see it from my brother.*

Simon, a focus group participant, reflected also on his own upbringing:

*I liked to watch a lot of TV when I was from school especially soapies, violent movies and stories about tough men. Often these men were portrayed as always in control and being dominant over women and other people ... .He did not care much as long as he can get his way.*

Children were traditionally raised by not only the family but by the whole community, but in the urban areas children had to learn very young how to survive the socio-economic demands of life. This was happening with boys in particular as they were left alone while girls were often still protected by their parents and/or other men. There was consensus among all the participants that most communities currently had a lot of children on the streets, many like beggars on street corners. There was a need to return to community care for all children especially boys in cities and informal settlements.

All participants also agreed that it was very important to get both parents involved in the raising of boys especially regarding issues of what defined a good father, husband and man. Other interventions were also needed for boys to teach them other pathways to express their manhood apart from aggression, crime, dominance, substance abuse and violence. Positive male role-models should come from young adult African males.

Issues of manhood, sex and sexuality intertwined from a very young age in a boy's life. Boys should learn at an early stage that being a man did not only mean being dominant, sexually active and tough but was much more about understanding one's own masculinity or masculinities in relationships with other people. All the participants were in agreement that issues of manhood began with boys as maturity did not happen overnight.

Lungi, a focus group participant, summed it up as follows:

*Need to raise boys in the cities outside the standard traditional cultural expectations by focusing on his own understanding of who he is as a man .... need to also teach them how to survive the socio-economic expectations of the modern urban life. Teach them other ways to earn respect rather than being dominant and violent ... But we need to also validate and value our men in our communities as important especially boys and young men.*

#### 5.3.3.3 Sex and sexual expression as a pathway to manhood

Sex was often a key pathway in distinguishing a man from a boy as it was also a way for a man to express himself as a man among his family, peers and women. According to most participants many young adult African men in the cities believed that they had to express their manhood through sex and pleasuring their sexual partners (Van Dyk 2012:38-42).

Kgomotso, a focus group participant, illustrated this point:

*What defines a man is that the one is most consistent across all cultures is metroman. A man's ego and identity is invested in sexual performance. That is why often women fake orgasms as if he does not perform sexually as a man that is what will shatter. I spoke to girls and they said that is why they fake orgasm. Like the one said that her first time and it was terrible but had to fake it as she knew that if he does not perform his ego will be shattered. Then relationship will be affected and if he knew he could not perform it would lessen his image as a man and that is why they want to fake. The girls have to fake it and men with small penisses have to overcompensate it as the sense that women wants more and there they are aggressive to show manhood in other ways. If sexually feel insufficient the feeling must come from somewhere else. Like it must come from multi-women or claim of multi women and even though if I cannot*

*sexually satisfy you you have to fake it or I will hit you to show manhood. Issues of manhood and sex and sexuality is almost intertwined from a very young age.*

There were many socio-economic pressures on both young adult African men and women to engage in sex as early in their adult life as possible. Some of these pressures came from their families, the media, peers and public role-models according to Sibongele and Lungi, who were both focus group participants. They were in agreement that the pressures were there for both genders but the types of pressures were different for men and women. Most young men were under pressure as it was an expression of their manhood while most young women regarded sex as a form of socio-economic security. UNAIDS (2012:36-38) explains that men often measure themselves and their peers against the number of sexual partners they have and good they are at pleasuring a sexual partner.

Often young adult African men experimented with many sexual partners on ways to please their sexual partners. Themba, a focus group participant, explained that the reason for this was that they are exposed to the Internet and movies which often portrayed a man as an experienced lover.

If he could not sexually pleasure his partner he often felt like a failure or a lesser man and then behaved by either withdrawing or becoming violent.

Nkgadi, a key informant participant, said:

*I can see a lot of young men having sex all over. This is to give them experiences as well as to brag with their friends. My own son is now a young man and he often comes home with different women per night. We try to talk to him but he often says it is his own business and we should not worry as the woman he brings home will not be his wife.*

Paul, the other key informant participant, explained:

*Many young African men are today feeling they are the man because they has so many sexual partners. They brag with each other and also tell each other how to please a women through*

*different sex positions. They see these sex adventures as concurring over their manhood.*

According to most male participants, women, especially young women, often put additional pressure on young adult African men by expecting them to be sexually experienced. They often humiliated or mocked the man if it seemed that he did not have any experience in sex or know how to please a woman. They even called him a *boy* according to Dube and Msuzi, two of the participants in the focus group sessions.

The ability to give a woman an orgasm was often a measure of how successful a man was in pleasuring them. This often put pressure on them to perform as well as women to reach orgasm. Sometimes women faked their orgasms in order to let the man feel good about himself or to avoid violence. Thwala, a focus group participant, explained that often during sex she had to pretend she enjoyed the sex even if she did not because she was afraid he might become aggressive and violent. This happened to her once when a young man violently attacked her because she told him he was not good sexually.

The language and terminologies of young men and women often formed part of the problem as many men believed they had to be crude while women wanted emotional and sensitive words.

Simon, a focus group participant, elaborated on this matter:

*Men like using crude words during sex as it let them feel manly and in control. Many women do not like it but bear it because she is scared he will hit her.*

Abebe and Ismael, both focus group participants, confirmed that often pornographic material on the Internet or in movies portrayed women enjoying crude language. Using this kind of language is also portrayed as a part of a man being a man or of his manhood. Some of the terminology was often so socio-culturally strange that men memorised it.

Abebe, a focus group participant, said:



*I like to talk dirty when I have sex ... it let me feel good as a man and I do belief it pleases my woman. She has never told me that it bothers her.*

Ismael, a focus group participant, said:

*In the pornographic movies on the computers men always talk dirty and crude. They express themselves through these words and it looks like it is also showing his dominance towards the woman during sex by using them.*

*I do belief that crude language turn on some women but have heard that a lot of women complaint to their girlfriends that they just tolerate it to please her man otherwise he may beat her up.*

Sexual expression in the modern and urban settings was often complex as young adult African men had to learn from social sources of information like the media and their peers other than from their elders. Most of them were raised without fathers or uncles to talk to about these things. Sometimes they also learned by experimenting with different sexual partners or when under the influence of substance abuse by scraping up the courage to ask a woman for sex. Most of the male participants indicated that they knew that when they went to public places to pick up women for sex they often had to have some alcohol. It helped them to feel confident and free to approach a woman as well as to forget about other problems like pregnancy, HIV and STIs according to Van Vuren and Von Der Marwitz (2012:239). Loselo, a focus group participant, thought that it was about living for the moment and not having to worry about the next day.

Often fathers and older men took boys and young men to brothels or sex workers to gain experience about sex. Older men often argued that this was what happened in traditional cultural practices regarding manhood.

James, a focus group participant, illustrated this point by saying:

*I had to go with my father to this place where there many women. I was forced to have sex with one of them and my dad*

*called me a man ... I did not like it but felt I cannot say no as he will beat me up or laugh at me calling me a softy or gay.*

Similar experiences were shared by Thabelo and Abebe, both focus group participants, as a sign that they were no longer boys but were now men. This caused a lot of anger and resentment towards their fathers as the boys felt they were not sexually ready or did not want to do it. In some cases this was done by fathers to prove their sons were not homosexual.

The media also played a key role in how young adult African men saw their sexual expression especially in popular media and movies targeting women. James, a focus group participant, stressed that this often put additional pressure on men to perform sexually as sex was portrayed as the ultimate pleasure of womanhood.

*Remember sexual satisfaction and men are so bad as they have to think that they have to satisfy women if not then not man enough. But what role do women play in that particular situation as it is both responsibility as there are many women who have not experienced orgasms. They have to the fact that men has the perception that they have to satisfy the women the more stress is the situation on both sides. The more the expectation the more stress are women to they cannot perform. And often men have to overcompensate and even abuse her. If I do not hear that I was the best thing she ever had then like slice bread I will find other ways to get sense of belonging like abuse or other women. If my wife say to today was it was not good then I can have figure out that i did not do this or that. But if it is faked and more often done with your partner and one day you sleep and as you have one day orgasm. Need communication that this could have be held and this could have been done better. You would have been in a situation where you can discuss it in the relationship rather that looking outside. Young people who is responsible to give each other orgasm. You often hear young girls saying that they left that guy – why – he was not giving me orgasm. Did not know he was an orgasm giver.*

There were also a lot of bisexuality practices in urban settings as men explored diverse ways to express themselves sexually or because they were not sexually validated at home by their wives, according to Lungi, a focus group participant. He believed that bisexuality in the cities was often a symptom of the complexity of manhood and that it needed to be explored in-depth. Issues of manhood including bisexuality should be discussed during training for men on sex and sexuality. UNAIDS (2009:4) estimates that nearly 20% of all men are having sex with another man while being married to a woman.

There was a need to mentor boys and young men that defining a man was not only about sexual expression or having sex with many sexual partners, but it was also about knowing a good man's role in society, communities and families.

The relationships young adult African men had with boys, older men and their peers were more complex in the cities than in the rural areas where these relationships were dominated by socio-cultural expectations. Often socio-economic demands defined more the nature and types of relationships that these young men had with other men than how they saw their manhood through sexual expression.

#### 5.3.3.4 Women as a pathway to manhood

The relationships between young adult African men and women were complex and diverse in urban settings like cities and informal settlements. Avert (2012:19) highlights the importance of recognising this complexity when implementing HIV prevention programmes by urging that these programmes not be designed from the traditional perspective of manhood versus womanhood.

According to all the participants the changing role of women in the cities, communities, families and society had impacted on how men defined themselves. Marie, a key informant participant, stressed that often women's empowerment had had a negative impact on men as it made them feel like culprits or failures as they could no longer fulfil their socio-cultural role expectations of being dominant, providers and protectors of their families and communities.

In the cities women often earned more than men, were economically independent and very self-assured. This caused men especially young adult African men to feel inferior to both mature women and young women as they could not compete in this

socio-economically demanding world (World Bank 2005:vii). Often the values of young women in urban settings were more materialistic and socio-economic by nature which made it difficult for the young men to gain access to these women or even be able to provide and protect them. Lungi, a focus group participant, told the group that often he had a problem dating young women of the same age as they demanded so much and had more socio-economic needs which he could not meet because he was too young and unemployed.

He elaborated:

*Young women in the cities are totally different from those in the rural towns. They are very difficult to please and very demanding. Often they do not want to recognise a man unless he can provide to her materialistic needs like money and a sense of security ... They often call us still boys when we try to date them and do not have yet a boy. They then tell us to come back when we are older or have a real job. It is really hard!*

Sibongele, another focus group participant, explained from a woman's perspective as follows:

*When I want to date a man I do not want to worry if he can provide for me my needs. He must be able to give me money for the things I need and I will stay with him. These young men are often unreliable and unstable as they do not have income or proper jobs. So, we should I be interested in them.*

Young adult African women often had relationships with older men because they were seen as more stable, economically as well as socially as they could provide needs such as being able to study or having a place to stay and providing them with the social status of having a man who was experienced, well-established and wise (Avert 2012:5). Older men often abused this advantage over younger men by encouraging young women to have relationships with them in exchange for the socio-economic resources mentioned above according to Busi, a focus group participant.

These young women frequently had these relationships as they had witnessed the hardships and struggles of their mothers and families as children and wanted to avoid poverty. In other cases some of the socio-cultural practices and rituals around womanhood like paying *lobola* or a bride price in the cities had become so commercialised and economic that young adult African men could not afford these women in marriage. Often these practices were used to give socio-economic status to the woman's family as well as to the man who could afford it. There was a growing lack of interest by young African women in this practice as they believed it devalued them as an economic commodity for the family and the man, according to Marie, a key informant participant.

She explained:

*I do see more and more women who do not want men to pay lobola as most men including young men cannot afford them or because once he paid it he feel he owns me as a women. Then he treats me as he likes.*

Thwala, a focus group participant, contributed to this point:

*Sometimes it is important for a man to pay lebola so that he feels like a man and the woman feels like he respects her by paying it. But often it is more to the benefit of her family than to the young couple. Fathers tend to ask more if their daughter has different levels of education – when having a degree you pay more sometimes up to R100 000.*

Most of the participants agreed that young urban women were more career-orientated and believed that having a material image was more important than adhering to traditional socio-cultural expectations like being submissive to a man. They were often incensed by the way their mothers were treated by their fathers at home. Many young adult African men still had to meet these socio-cultural expectations while competing with the socio-economic demands of women and society in urban settings. Ismael, a focus group participant, stressed this point by explaining that often as a young man he was confused by what these women really wanted. On the one hand they wanted a man who could provide for and protect them, but on the other hand they wanted to be independent and self-reliant.

This left men feeling fragile and less manly as they could not dominate women or expect them to be passive and submissive, according to Themba, a focus group participant. All the male participants agreed that often young adult African men were caught between these two value systems of traditional socio-cultural and urban socio-economic values. This often causes role confusion between men and women, especially in urban settings. Men then either withdraw or engage in antisocial behaviours towards women like substance and women abuse.

In the cities young adult African women tended to use other psychosocial support services to provide and protect them from any form of abuse like lawyers, social workers and others as stated by Maserame, a focus group participant. She explained that often these young women did most of their fighting with their boyfriends either through other girlfriends or by means of these psychosocial support services. Divorces according to her were mostly dealt with through lawyers and often it was men who had to pay them.

Busi, a focus group participant, elaborated:

*Young couple are divorcing as young girls often make their own decisions to divorce in the urban areas. They often will not discuss not with their families. Rather go parents but lawyers.*

Younger women in the cities tended to be more aggressive and even dominant according to some of the male participants while other participants (both male and female) felt that young women, especially young adult African women, were as confused as their male counterparts about what was expected from them as women and what they could expect from men. Often these young women wanted to save their resources including finances and settle down when they felt it was time and they were ready for it, according to Marie and Nkgadi, who were both key informant participants. They said that many young women were independent and decided on their own what they required from life, men and society.

James, a focus group participant, indicated that some of these young women were so assertive that they often threatened men's manhood and masculinities. He pointed it out as follows:

*I do believe modern women want to take over from men by being also dominant and masculine not only at home but also during sex. To them we as men have become just an accessory which they use us when they feel the need to. This devalues a lot of men and men often tend to then withdraw from these women and families.*

He was supported by Dube and Abebe, also focus group participants, who stated that many men felt demasculated by these women and tended to start dating girls and older women. School going girls, liked to date these young adult African men and regarded them as older men who did not have many material demands as most of the girls were still at home with their parents who provided financially for them. According to Paul, a key informant participant it was often easy for these young men to dominate these school girls as they were often inexperienced and could still be influenced.

James, Kgomotso and Msuzi, focus group participants, shared how they had also dated young girls while they were young men but soon realised that these relationships did not last. They said young adult African men frequently felt entrapped by these girls as they fell pregnant to force the men into long-term relationships or ensure their socio-economic future through financial obligations like child maintenance.

Mothers played a key role in providing role-models for young adult African women about their relationship with men. The way these mothers responded and treated their fathers often set examples of how these young women viewed men. Most of the male participants had experienced that young women were very similar to their mothers in relating to their fathers. They either acknowledged them as heads of the family and supported them or devalued them as men as mothers were in control of family decisions like spending, raising the children and the future of the family.

James, a focus group participant, explained:

*I can see how my girlfriend treat me as a man is like her mother treats her father. There is so much respect and value for being the man of the house and he is important to her and the family. We, her father and I often talk about this and it is so positive.*

When mothers were dominant, the father was either socially withdrawn or very aggressive, according to Thabelo, a focus group participant. He saw this at home as his mother was so dominant and in control of his father that he started to withdraw and stayed away from home longer and longer. He often came home under the influence of alcohol and then he demanded attention by becoming aggressive and violent to his mother, siblings and him. That was why he had left home at an early age to get away from his father and his family.

Young adult African women in the cities tended also to use their peers and social media to control men. If a man behaved badly women told all their friends or broadcast it on social media like Facebook or Twitter. Thwala, a focus group participant, explained that these women often used social media to negatively influence others towards young men by posting derogative and humiliating remarks on these media.

Kgomotso, a focus group participant, explained:

*If women are angry (and they) post (it) on internet and tell all her friends about how bad the man was.*

There was a need to re-educate and socialise young African adult women about the changes which men experienced regarding their manhood and masculinities in urban settings. This involved getting these young people to talk to one another and to facilitate a young and older men-women's dialogue on these pathways to manhood in urban settings, which were largely based on socio-economic demands.

#### 5.3.3.5 Other social diversity pathways to manhood

##### 5.3.3.5.1 Men's health, HIV and well-being:

Traditionally men are not health-seekers as it is often seen as a weakness or being out of control if a man goes to a health facility seeking health or medical support. In general men tend to go to these facilities only when they have exhausted all home remedies or if they cannot any longer handle the symptoms of the disease.

According to most male participants young adult African males felt under pressure by older men and their peers not to seek health or medical support as it was seen as a sign of a lesser man. Lungi, a focus group participant, indicated that often he



did not go to the doctor as he was concerned about what other men would think of him. According to him, being ill or sick was a sign of a soft or weak man.

James, another focus group participant, stressed the importance of men becoming more health conscious as follows:

*As men we need to take our health more serious. We have other demands than our fathers which makes us easier sick. We have also our families and children to worry about.*

Simon, also a focus group participant, agreed that more men were going to health and medical facilities, but often with their girlfriends or wives. They were still too afraid that they would be stigmatised if they went alone.

However there were often challenges for young adult African men to talk or seek advice about their health as most health practitioners were women and often older women (Saba 2005:178-180). These women tended to be very judgemental and treated men without respect according to most of the participants. Even the information and posters at these facilities were more geared towards women's ailments like reproductive health issues. James, a focus group participant, asked why there was not much information about illnesses and diseases that affected men like prostate cancer while so much was done about breast cancer for women.

He raised his concern:

*Cancer month – challenge clinic staff about prostate cancer they could not answer basic symptoms but they could answer about breast cancer. If I had cancer, no one could help. Our previous president went to the US to get tested for prostate cancer, why did we not take it as an opportunity to address this. In our clinics we need more male health education. Only men when get sick go to clinics must change. By next year – need more men to attend to the nurse.*

Even health and medical practitioners did not want to assist fathers regarding the health of their children without the presence of a mother. Ismael, a focus group participant, shared his story about this:

*I had a huge fight when my doctor when my daughter was 2 years old and taking her to a hospital. Wife was away and take her to the waiting room. Waited my turn and then the first question (from the doctor) asked was where is the mother? ... told him that she is away. He responded by saying how can he help the child if the mother is not here. You know how I explain what to do? You know these women who neglect their kids. And that was the moment when I drawn the line. I said that do you think that I am stupid to bring the child and not being able to answer the questions. Of course she is two years old and cannot speak. Why did I come? What is this. I cannot be a father without a mother and this is often the perception in health institutions.*

Even if young men did go to the clinics they were often pushed aside to give preference to older men or women according to Lungi, a focus group participant. He explained that one day when he was at a clinic, he waited in line but when a woman came in he had to make way for her to be attended to first. The health practitioners told him that she was sicker than he and therefore she was moved to the front.

Even during pregnancy classes men were often treated as an accessory as emphasis was placed on how to support women during pregnancy; and not much about the psychosocial support which men needed in order to understand what it means to become a father, according to Ismael and Abebe, both focus group participants. They both experienced this during these classes with their wives and would have loved to have been informed about what it meant to become a father and how pregnancy influenced their relationships with their wives.

Ismael explained it best:

*During these classes (pregnancy classes) I was told how to support my wife but nothing was told how it will affect my life. It was only when I became a father that I realised that I would have liked some support.*

The impact of HIV and AIDS on men's health had been significant as it had forced men to take their own health more seriously and to look after themselves, according to Paul, a key informant participant. This was especially true because so many

young adult African men were being infected with HIV and dying at a very young age owing to AIDS-related diseases.

One of the major challenges of convincing men to go for HIV testing or to receive treatment was that they were often portrayed as the culprits or transmitters of HIV and that they were the ones who resisted change.

Lungi, a focus group participant, said:

*Talking about HIV ... men as transmitters and women are the carriers. Issue of young girls with older men. Transmit to older men as they are more positive to transmit to other young girls*

Men were often portrayed as always taking risks especially young adult African men because of their socio-economic situations in urban settings. Marie, a key informant participant, explained:

*I see often young men coming to our programmes with an attitude that HIV and AIDS does not concern them. But halfway through some of our trainings they start to realise how important it is and why they must change their behaviour.*

Themba, a focus group participant, elaborated on this:

*For us (a) big matter is risky sexual behaviour and often it is linked to substance abuse. For boys very strongly it is linked the economic participation and risk is part of their lives and them using (it) as a yardstick on their relevance it is important.*

Most of the messages concerning HIV and AIDS were still orientated towards women and socio-cultural views about manhood and masculinities. They portrayed men needing to change their behaviour in order to stop HIV but did not show that women could also infect men with HIV. According to Busi, a focus group participant, young adult African men were often excluded from HIV awareness and prevention campaigns as they focused too much on women's empowerment and did not represent these young men within their own socio-economic and urban contexts. Messages of prevention were often not adjusted to accommodate the different pathways to manhood and masculinities which existed in the cities.

As Kgomotso, a focus group participant, said:

*We do gender and HIV training but do not talk about what defines a man in the city and how to prevent HIV as a man. Our trainings are often preconceived about a typical man and women often from a traditional socio-cultural perspective ... I do believe it is time to change this by having more dialogues between young men and women and young men and older men about HIV and AIDS .... we need to hear their voices.*

When dealing with men about health and HIV it was important to incorporate the different pathways to manhood as well as the manner in which some of these pathways could lead to self-destructive behaviours like crime, substance abuse and violence. Most of the participants felt that HIV prevention programmes should seriously examine these behaviours and how they interrelated with the risk perceptions of men and how men, especially young adult African males, saw themselves as men. Working with men about their health and HIV should be done with deeper understanding about the well-being of their communities, families and themselves. Young adult African men often sought different socio-cultural and socio-economic pathways as discussed above in order to define, affirm and validate themselves as important in society. More emphasis should be placed on men's involvement and participation in prevention programmes to solve the social problems in their communities. Men, especially young men, needed to be validated and valued by all significant role-players on their paths to manhood including their families, other men and women.

#### 5.3.3.5.2 Media, religion and violence

Many young adult African men in the cities and informal settlements were exposed to the radio and television. Most of these young men were also very well versed in social media like Facebook and Twitter in expressing their issues of manhood and other social problems.

Most of the participants felt that social media played an important role in the manner in which young adult African men and women communicated and expressed themselves. According to Kgomotso, a focus group participant, this ability was often a big advantage for these young men over older men as they could more effectively

communicate via cell phones and social media. The use of social media had become a social status symbol as it also showed how well-established a young man was in his life. He explained also that often these young men felt more comfortable to express their concerns and feelings through the use of social media like posting messages on Facebook or Twitter or just communicating through the different cell phone chat applications like SMS, Black Berry Messenger and Whatsapp applications.

The use of media and technology had even changed family lives like using cell phones to communicate with children or spouses, technology being used to protect families and families spending many hours, including having their meals in front of televisions.

The media had also changed the way men in general engaged with public and social issues:

Simon, a focus group participant, explained:

*Look how the men used the media and other social media in Egypt ... to mobilise revolution. If it was not for this they would have battled to overthrow their leaders so quickly.*

The media like movies and televisions often portrayed stereotyped gender roles. Men's movies portrayed men as aggressive, rough and violent while women's movies were more about family life, personal stories and emotional issues, according to Maserame, Sibongele and Ismael, focus group participants. According to them, most young adult African men tended to watch a lot of other African and African-American stories and use the role-models to portray their own manhood. This was often visible in gang and violent behaviour as most of these stories provided an image of a man who must be aggressive, dominant and violent to assert himself as a man.

Msuzi, a focus group participant, provided an example:

*I like to watch these American movies but often the men are very angry and aggressive. They talk badly to the parents and (are) disrespectful. Their girlfriends are often the kinds of sleazy women who just backchat*

*to a man or just be with him because he has money ... there are also a lot of movies that show young men in the cities are always in gangs and that these gangs are always creating problems.*

Religion was still important to most young adult African men as it was part of their culture but the young men in the cities did not always value the role of religion as a pathway to manhood. Owing to the perceived oppressive role of many churches during the apartheid regime many of these young men did not trust the churches any more according to Themba, Simon and Loselo, who were focus group participants.

However, there were men, even these young men, who drew upon religion to justify their roles as head of the family, to provide and protect. There was even a level of revival among Africans to become more religious in the cities owing to the disconnection with their traditional socio-cultural values including gender role expectations. James, a focus group participant, explained it as follows:

*For some men in the city religion gives them support to be still the traditional man as in our cultures while for other men especially young men it teaches them to be a man as many of them were coming from families without fathers. I do believe religion can be used to create positive male role-models for your boys and young men especially around how to treat a woman and becoming a good father.*

Paul, one of the key informant participants, highlighted this view by stressing that often some religions like the African churches and some Christian religions still portrayed the old way of looking at what defined a man or manhood while it was important to reflect now more on the modern man in urban settings. He raised the concern that often religion was used by men who did not want to change.

He continued:

*However, I do believe religion has a role to play in defining what is a man in a more positive way as many people draw upon their religious beliefs in finding meaning and purpose in change. We need to have a frank discussion in our churches about manhood and masculinities and use*

*our religious leaders to influence men in the cities towards these positive role-models.*

Most of the participants felt that if religion were to be used as a pathway to manhood it should be through its church leadership. In many programmes including HIV prevention programmes, faith-based organisations were being targeted as key role-players, but it was important to facilitate deeper dialogue around gender, manhood and masculinity issues between and within these organisations.

Violence was still a part of life that affected most men especially young adult African men, even in the present day according to most participants. Violence in the cities and informal settlements came with the apartheid history and many men in these settings did not know how to deal with conflict or express themselves without some kind of aggression or violence.

Themba, a focus group participant, explained that most young adult African men had also experienced violence in their families as many of them had abusive fathers. He further explained that it was due to the long periods of fathers and husbands being away from home that they had difficulty being the disciplining parent. Mothers often re-enforced this image of fatherhood by threatening the children with punishment by the fathers.

Today in urban settings these images of violence as a way of defining men are still present in the games and toys boys are given, toys that often portray men as aggressors and reinforce the idea that the only way to survive in society is through violence. Thwala, a focus group participant, gave an example of this by referring to her little brother:

*When I look at the computer and video games my little brother take, I cannot believe the brutality and violence it portrays. Everything that the player through these games to is to beat up, attack and kill people even with gross effects of blood spattering all over the screen. No wonder our men are still violent.*

The rise of gangs in the cities and informal settlements was also a source of great concern in connection with substance abuse and violence among young adult African men. Often through gang initiation ceremonies these young men had to

prove their manhood to older men by engaging in crime or some kind of violent act according to Lungi, Abebe and Maserame, all focus group participants.

Young adult African men often engaged in these activities to gain access to other socio-economic resources like material needs to provide for their girlfriends or wives and their families as mentioned by Kgomotso, a focus group participant. In other cases, gangs were used to separate the men from the boys through several initiation activities, like car theft or hijacking. Once a man had passed the initiation challenge he was accepted and validated as a man by the gang members. This often provided a sense of belonging and that was why it was so hard for him to break away from the gang.

James, a focus group participant, further explained:

*The justice system in this country is not towards helping men but more towards women. Often a man is seen as the culprit or the criminal even if he did not do anything ... There are more male criminals than female criminals in the cities and often our prisons are so full that young boys share a prison cell with older and violent criminals. Then these boys learn from these men about violence and when they are back at home they continue this violent behaviour.*

Violence among boys and young men should be addressed at home and schools. All the participants felt that it was important to start implementing anti-violence programmes in communities and at schools for boys and young adult African men in the cities and informal settlements.

According to most male respondents, in order to promote a positive male role-model in the cities for boys and these young men the media, religion and other male groupings like gangs should be mobilised to promote behaviour outcomes that identified men as men without the necessity of the social illnesses of urban life like substance abuse, unemployment and violence.



#### 5.3.4 Incorporating these pathways to manhood into HIV prevention programmes design

Most HIV prevention programmes still focused on the vulnerability of women and it was without male involvement or a platform to incorporate the male voice. Even if men were involved they were often portrayed as the ones who caused HIV and who did not want to change their behaviours to prevent HIV. According to all key informant and focus group participants, it was important that programme designers of HIV prevention programmes scrutinised the way men, especially young adult African men, were portrayed and the role they played in HIV prevention. According to Paul, a key informant participant, this would have a big impact on how men saw their involvement in preventing HIV and other social illnesses.

James, a focus group participant, stressed that there should be a strong emphasis on communication between men and women about not only HIV prevention but also about their relationships in general with one another. He explained that men often felt that there was no space in these programmes to voice their concerns and views about HIV and AIDS. Even if they did speak, according to Maserame, another focus group participant, they were often dominated by women owing to the lack of knowledge they had about HIV and AIDS. In addition, most of these programmes were implemented by women or older men. In instances in which young adult African men were involved, they were often devalued and regarded as inexperienced, uninformed and often too outspoken by older men and women.

Marie, a key informant participant, illustrated this point:

*There are a lot of young people and specifically young adult African men involved in our HIV prevention programmes, but often they cannot fully participate as these programmes are not flexible enough to address their daily concerns and needs such as seeking employment, getting an income and to feel validated as a man.*

Ismael, a focus group participant, stressed the importance of getting young adult African men involved in the design and implementation of HIV prevention programmes. It would help in accommodating issues of manhood and masculinities through peer learning and positive dialogues. Older men should also be part of the

implementation team to create dialogues between them and these young men concerning what defined a man in HIV prevention. If HIV prevention programmes were to be successful they should begin with boys and the young men in their relationships with older men, their peers and women.

Nkgadi and Paul, who were both key informant participants, stressed the importance of designing HIV prevention programmes that would assist young adult African men to understand how to express their manhood through different socio-cultural and -economic means without compromising their own views of who they were as men. They stressed that the programmes must be flexible enough to allow these young men to explore the different pathways to a positive manhood as well as to be validated as playing an important part in addressing HIV and AIDS and other social problems like substance abuse and violence.

*We need to see how we can make our programmes more flexible. Real men will go to circumcision and no accommodation for consistent across all programmes of what is malehood. None of these message are really hitting where it is supposed to happen as it is not consistent.*

HIV prevention programmes should not only be designed to transfer life skills but also skills for possible employment to young adult African males. These programmes should focus on empowering these young men in a holistic way, according to most of the participants. This included exploring different ways of training such as deeper dialogues between the genders as well as the different generations of men and women, integration of other incentives for involvement and participation like access to food or job-related skills training in order to validate and value them as men.

These programmes should be further customised and popularised within their local contexts of socio-cultural and socio-economic conditions, language and opportunities to raise and solve social problems in their own communities and families. Community and men's dialogues were important to empower men to become active in the solving of these problems according to Themba, a focus group participant. These dialogues should also be used to address family and gender issues and to mobilise community support, especially for families with only one parent and no males.

Themba, Simon and Loselo, all focus group participants, stressed the importance of setting up mentorship programmes between boys, young adult and older men regarding issues of manhood and masculinity. In the informal settlements there were too many boys and young men in the streets who were vulnerable to antisocial behaviours and group influences like street gangs. Older men should play active roles in assisting mothers in homes where there were no father-figures, in order to provide boys with positive male role-models away from these behaviours and groups.

Themba a focus group participant explained:

*Visit an orphanage home – boys who are orphans start with mentoring, basic stuff and they we told us what they went through, if mentored they start to open up and see older men as a father – take your number and see you in the street and greet. Some are writing exams and often call to discuss life choices, female parent appreciate this mentoring, other parents come to say thank you, especially those who are separated.*

Most prevention programmes did address male sexuality and masculinities, but often stereotypes were used rather than allowing men to talk about what defined them as men. Often these programmes were preconceived by other men and women based on prejudice and judgemental views on what a typical male was. Most male participants believed that there was a need to allow young adult African men to further unpack the pathways they thought were the best to help them feel validated and valued by men, women and society. This should also include issues of sexual diversity among men, including LGBTI issues which were often seen as less manly and un-African according to James, a focus group participant.

According to all the participants, socio-cultural and socio-economic appropriate HIV prevention programmes should be designed with the demands and dynamics of young adult African men in mind. They should be flexible enough to adjust to the changes involving manhood, masculinities and men in urban settings. Popular and traditional cultural diversity should be incorporated into the design and implementation of these programmes to assist these young men to explore different pathways to manhood and to define for themselves what made them a man within a changing society.

These programmes according to Paul and Nkgadi, two of the key informant participants, should also include working on the causes of antisocial behaviours such as substance abuse and violence among men. These programmes should according to them be more targeted than general interventions and reach men in social spaces like bars, sports, leisure, social gatherings and leadership events.

Some of the participants felt that more men should be encouraged to enter into mostly female-orientated programmes and services to provide greater access to men and men-friendly services as at clinics, hospitals, social care and support services. This would also ensure more men-orientated HIV prevention information and messages. It would furthermore encourage more men to be health-seeking as they would gain access to male health and social care practitioners. This according to Lungi and Thwala, both focus group participants, would also assist men to feel more confident and valued in general health issues and HIV prevention.

They also agreed that there should be messages of hope and positive recognition to good men who were actively involved in HIV prevention to encourage more men, especially young adult African men to participate in these interventions and programmes.

Special training should be done for health care practitioners on men's health and pathways to manhood especially among unemployed men according to most of the participants. This should also be the case with other social care and community services.

#### 5.4 Applying the two selected theories

Both the Symbolic Interaction Theory (SI) and the Hegemony Theory illustrate the complexity of the social interaction involved in people and gender. On the one hand, the SI theory provides a deeper understanding of the process through which people find meaningful interaction with other persons (Dillion 2010:263; Gardiner 2005: 35-38) while the Hegemony Theory highlights that these interactions are often constructed and influenced by some kind of dominant view of gender (Appelrouth & Edles 2010:36; Courtenay 2000:1387). The research findings illustrated that finding meaning through the sharing of gestures and symbols among older men, peers and

women often affirmed, confirmed, validated and valued young adult African men's views of their manhood and masculinities. Often these gestures and symbols were no longer based on socio-cultural expectations of being a man, but more on the socio-economic demands on the genders and of life in urban settings. Some of these gestures and symbols were also promoted through other sources of social influence like the media, sport and public leaders.

The Symbolic Interaction Theory highlights the process through which individuals' interpretation of their social world is formed by thinking about the definition of the situation. This is illustrated through the theory of hegemony showing that often the definition of a situation is based on pre-existing definitions of men, masculinity and manhood based on a dominant male masculinity such as patriarchy and heterosexuality. Furthermore, the Symbolic Interaction Theory indicates that individuals often respond to social interaction based on what they think is acceptable by others (Ritzer & Goodman 2006:203). In a hegemonic society both men and women try to behave according to the way they perceive the dominant masculinity and often compromise the way they define their own sexuality and personality. It was clear from the research findings that there was no clear definition of what distinguished men from boys in urban settings. While in traditional socio-cultural settings manhood was mostly based on a set of beliefs and rituals, in urban settings as in this study the definition of being a man or manhood was often influenced by the way men interacted with the generalised other, including older men, peers and women. The findings showed also the confusion and frustration felt by men when there was no clear definition of the situation resulting in their withdrawing from society and engaging in antisocial behaviours like crime, substance abuse and violence.

As this study dealt with exploring the perceptions of HIV prevention programme designers and implementers about the pathways to manhood among young adult African men in urban settings in Gauteng, these two theories provided some theoretical assumptions on which the research objectives and questions were based. They included providing an insight into and understanding of how these young men experienced the socio-cultural and economic pressures of being a man in a changing society, how different pathways gave different meanings to what was regarded as manhood. Furthermore it was about how the dominant traditional male

view often influenced these young men in a negative way which caused them to either withdraw from solving problems like HIV and AIDS, or become aggressive in order to adhere to the requirements of this dominance (Connell 2013:4; Rispel et al 2011:70). Hegemonic masculinity was still very clearly present in urban settings among young adult African males who were caught between traditional socio-cultural beliefs and modern socio-economic expectations of being a man in an urban setting. The findings illustrated this dichotic relationship and the manner in which this was often expressed through antisocial behaviours or reluctance to get involved in addressing concerns and problems in their communities.

The two selected theories provided a base for analysing the intensity of social processes and understandings of manhood and the different pathways to get it validated and valued by others in society. However, the purpose of the research was not to test any particular theory but rather to use the selected theories in order to enhance the understanding of the topic. Furthermore the application of the theories also motivated the research by contextualising it within a micro-sociological framework of human interaction which justified the qualitative nature of the study.

#### 5.5 Brief summary of the field notes

The researcher as a male himself was confronted with issues that were part of his daily life, as well as of his own pursuit of manhood. It was very clear that these issues involving being a man, one's own and others' manhood and masculinities were so intertwined. These issues around manhood did also underline the relationship between their social status, participation in solving problems and just being at peace with oneself.

Most of the participants were in their twenties while the researcher was in his forties. During the research, the researcher observed a generation gap between the research participants and himself with regard to issues of beliefs, social identity and values. He had sometimes to share some of his own views on what the research topic was all about to ensure that the younger participants felt relaxed and trusted him. A level of distrust among the younger generation towards the older generation was evident on issues of change and roles to play in society.

In the focus group sessions where both genders were present, stimulating discussions often led to agreements and disagreements. This provoked a deeper debate on the different roles and responsibilities of each gender as well as how they saw themselves in the modern, urban world. The young men were more expressive than the older men on issues of the challenges involved in being young, unemployed and uncertain of the future. They were also more optimistic about their futures than were the older male participants. It was also clear that the younger male participants were more instant-satisfaction orientated while the older participants were more careful or more conditionally optimistic.

It was also clear that the participants who lived in the cities were more confident than those in the informal settlements. However, they did not show much interest in community care, but were more favourable towards peer support or other professional kinds of psychosocial support.

Throughout all the interviews, it was evident that the selected HIV prevention programmes had not yet started to really unpack the development stage of being a young adult especially in the cities. Often the managers treated this very important group as part of a broader approach to the youth. This was misleading as the socio-cultural and socio-economic demands on this group were more complex and diverse because of the roles played by other factors such as economic independency, social diversity and an intensive level of change.

It was also evident that the concept of manhood was sometimes inter-changeable with masculinities especially by the young more educated group. This group had been more exposed to both terms during sexuality education at schools and peer education programmes in the communities. However, it was notable that the use of *manhood* for the purpose of this research was welcomed as most of the participants were Africans and males. It was a familiar concept to them, which could be explored through the research questions. It was observed that most of the participants (both male and female) were confused about the concept of being a man or manhood beyond the understanding of sexuality and socio-cultural expectations of what distinguished a man from a boy. This was often caused by the various socio-economic pathways to manhood in urban settings.

At the end the research was a very positive experience for the researcher as it showed the importance of academics and researchers engaging more informally with the younger generation through a conversational or dialogue format. Great opportunities often emerged after the interviews during which the participants were so relaxed that they wanted to continue talking about the topic in a more informal social context. It was sometimes difficult to end these conversations but the researcher did so as in some cases people had to return to work.

## 5.6 Conclusion

This Chapter focused on the key findings of the research based on the overall research purpose and objectives. It provided empirical evidence for each of the research questions as well as a base to try to apply the two selected theories, Symbolic Interaction and Hegemonic Theory.

In the next Chapter the researcher summarises the key findings to draw an overall conclusion of the study and to make recommendations.



## **CHAPTER 6: Conclusion and Recommendations**

### **6.1 Introduction**

As stated in Chapter 1 the purpose of the research was to explore the perceptions of HIV prevention practitioners on pathways to manhood among young adult African men aged 20 to 35 in urban settings in Gauteng. Furthermore, the study aimed to gain insights into and understanding of these pathways to recommend to the three participating HIV programmes how to incorporate the findings of the research into their programmes.

In order to accomplish this purpose, a qualitative research methodology was chosen based on the literature and selected theories to motivate an explorative descriptive research design. Three main research methods were used to collect data which included key informant interviews with three field experts, three focus group interviews with seventeen HIV prevention programme practitioners and implementers and by keeping field notes during the research. A thematic data analysis technique was used to code and summarise key research and emerging themes within the broader research questions.

The key findings of the research will now be summarised per research question in order to suggest research recommendations for further research and possible ways to enhance the implementation of the three selected HIV prevention programmes which participated in this study.

### **6.2 Summaries of the key findings**

The findings of the research are summarised based on the findings and comments of the participants said. Furthermore the summary will be divided into two broad themes based on the objectives of the research:

## 6.2.1 Socio-cultural and socio-economic pathways to manhood

### 6.2.1.1 Changing roles of men, manhood and masculinities

South Africa is a society in an intensive process of social change as communities, families and society in general are confronted with socio-economic and socio-political change from a very traditional society to an international contributor, not only at a country level, but also within a global context.

This is in particular very visible in the gender field where the role of men in families and society is changing and being challenged especially in urban settings. Traditionally, men were the ones who led and mobilised communities into addressing social problems, but the opposite is happening now. Men are starting to withdraw from social participation and are engaging in problematic social activities like crime, substance abuse and violence. According to most participants, this is happening because men feel that their voices are not being heard and that they are no longer validated and valued as men despite a perceived hegemonic or male dominant society.

Different socio-economic issues confront men living in urban settings including different gender roles and responsibilities; socio-cultural diversity; changing structures of family and division of labour within the family; lack of male role-models; poverty and unemployment. According to the findings, the apartheid regime is still to a large extent to blame for polarising relationships between men and women through migration, racial discrimination and segregation.

It is important to distinguish between the terms *manhood* and *masculinities*, especially among young adult African men in urban settings, according to the participants and the literature. Often the understanding of *manhood* from a traditional socio-cultural perspective is limited and not based on the socio-economic demands on men in a modern urbanised society. There are no practices or rituals in urban areas that assist men to define the transition from boyhood to manhood. No single definition exists for *manhood* or *manly behaviour* that is acceptable to men, women and society as no common value system exists in the socio-cultural and socio-political urban context.

There is a level of apathy or lack of involvement by men in addressing social concerns as highlighted in the research findings, especially at a household and community level. Social concerns like crime, health, HIV, substance abuse and violence are mainly addressed by women-led social movements or community-based organisations.

According to the participants in this research, it is time to revive and value men as key role-players not only to address social concerns but also to ensure that there is a better future for the next generation of men. This must start with boys and young men especially in the urban African communities where there is a lack of fathers and positive role-models.

#### 6.2.1.2 The different pathways to manhood for young adult African men in urban settings

##### *Role of other men*

It is evident from the literature reviewed right through to the findings of the research that the different socio-cultural and -economic pathways to manhood for young adult African males are very complex and diverse in urban settings such as cities and informal settlements in Gauteng.

Older men, according to all the male participants, do still play a key role in affirming, validating and valuing young adult African men as men, but the relationship between these two types of men is very complex. Because of a history of absent or uninvolved fathers in urban settings especially among the African communities, young adult African men struggle to identify themselves as being a man without some kind of validation or valuation by older men.

However, there are socio-economic tensions between young – especially young adult African males – and older men in urban settings. Some of these tensions include the impact of intergenerational relationships which older men have with young women; access to education, employment, health and social care; lack of

positive male role-models and the role of the media and technology in portraying men. According to the research findings, older men who are supposed to be role models often engage in antisocial behaviours like corruption, crime, substance abuse and violence. This means that young adult African men either aspire to be like them as they portray happiness and success or they want to break away from this image totally and be more modern men.

The role of peers must be incorporated into addressing issues of sexual expression, the practice of having multi- and concurrent sexual partners, substance abuse and gender violence among young adult African men. Peers are often the measurement against which young adult African men assess and then express themselves sexually by having multi-sexual partners as a way to be accepted and feel a sense of belonging. Peers in urban settings are often the social agency for change, modernity and valuing men. Despite the fact, according to the participants, that a young man is now accepted as a man by his peers when he reaches maturity at the age of 25 and can settle down and marry, he often battles because most young men at this age are still living with their parents and are unemployed in Gauteng, as the profile of the research participants illustrated.

There is a need to teach boys and young adult African men that manhood or being a man does not include aggression, dominance, risk-seeking and violence but embraces different types of masculinities to choose from to define themselves as men. Most boys and young adult African men are raised in a very female dominant environment against which they have to find their own assessment of being a man. Both parents play a key role in assisting boys to become responsible men as reported in the research findings. Community care must be mobilised to facilitate boys-men mentoring which could be a win-win situation. Boys could gain access to positive role-models while opportunities for possible employment could be created for unemployed young men as well as validating and valuing them as men.

The role of other men in urban settings is critical in successfully addressing social problems especially for young adult African men.

### *The role of women*

The research findings support that women in urban settings tend to play a significant role in providing a pathway to manhood. The relationship between young adult African men and women is complex, dynamic and based on the socio-economic demands of these settings. Women are more assertive, career-orientated and have a tendency towards a more material value system, according to most male participants. Intergenerational relationships between these women and older men also make it difficult for young men to have relationships with these same-age women.

Young adult African women are also more educated than their men counterparts because it is more easily accepted for a boy to drop out of school than for a girl and the higher the education level of a woman is in urban settings the higher the socio-economic value placed on her by her family and herself. According to the research findings, this often makes it even more difficult for young adult African men to have relationships with these women. They then turn to relationships with school-going girls to achieve a sense of acceptance or with older women, thus exchanging sexual favours for socio-economic resources.

Women's empowerment has serious long-term socio-economic implications for young men, especially young adult African men, owing to the preference given to women with regard to access to education, employment and psychosocial support services as was found in the research. These young men must often compete with the career and materialistic ambitions of young women in urban settings and their lack of socio-economic status tends to devalue their manhood.

Women also play a key role in confirming men as a man during sex and sexual expression as illustrated by the research findings and the literature. It is often women who have to confirm and validate a man's sexual performance not only with her but also other sexual partners. Often women fake their orgasms so as not to disappoint their male sexual partners or to avoid a violent reaction.

Most participants believed that it was crucial not to underestimate the role of women in confirming, validating and valuing men in society especially in urban areas.

Young adult African men often have to take into account diverse socio-economic values when trying to achieve access to same-age women. This tends to make them feel like failures or undervalued and they react by either violence or withdrawing from family and social participation.

### 6.2.2 Social diversity and manhood

Urban settings are very diverse and global. This has a major impact on the definition of *manhood* and *manliness* within the socio-cultural and socio-economic context of an urban setting.

The research findings illustrated that men are not as health-seeking as women as they are afraid of being regarded as lesser men should they seek health or medical advice or support from older men or their peers. Women sometimes also treat men differently when they are ill as if they are lesser men who are not in control and who cannot provide and protect. These health and social care services are also predominately female-friendly which makes it difficult for men to talk freely about personal issues regarding manhood, sex and sexuality. There is a need to integrate more men's health issues in general health education and information. Often information and posters provided at clinics and hospitals are also women centred.

HIV and AIDS have changed the way men look at health and themselves as many young adult men are being infected with HIV or have died as a result of AIDS-related diseases. Most men are still risk seekers, according to the research findings, but there has been a significant shift towards healthier lifestyles among young adult men in urban settings owing to better access to health care information and services like men's clinics, gymnasiums and a variety of health products.

The media play a critical part in defining *manhood* as it is frequently the source of role-modelling through computer games, movies and television shows. These role-models portray a modern well-adjusted man, which is sometimes in contrast with the real lives of young adult African men in cities and informal settlements. According to the focus group participants, social media have now become very important for men to communicate their concerns and issues. The media through

the different electronic platforms are often used by men to express their male problems and discuss or share opinions about issues that affect them. Technology has to some extent also taken away the protective role of men in urban settings as most houses have security systems, access to cell phones and other mobile devices. Men no longer wait for their wives to come home safely, but rely on these technologies to provide the necessary safety.

Religion still plays a major role as a pathway to manhood as it is in some ways similar to socio-cultural beliefs and values. It is also one of the major sources of affirming, confirming, validating and valuing a man as a man. Religious practices and rituals are often used in the urban settings as a replacement for traditional ones, for instance, a first communion symbolises that a man is now ready to take part in the decisions of the church. However, church leaders are among the major obstacles to male behaviour change as they still promote a patriarchal and socio-cultural society which does not incorporate some of the socio-economic values faced by men in the cities and townships.

The research findings suggested that in most urban settings violence is still a means for most young adult African men to deal with conflict and differences. This is due to their childhood during the violent times of the apartheid era as well as their ongoing exposure to violence through gangs and protest actions. In order to change this it is important to start teaching boys and young men anti-violent behaviours and values such as learning to express themselves in other ways different from aggression and dominance.

### 6.2.3 Incorporating the socio-cultural and socio-economic pathways of manhood into HIV prevention programmes

Many HIV prevention programmes are still dominated by a woman's perspective. Men are often portrayed as the culprits or transmitters while women are seen as the carriers or victims of HIV and AIDS. This creates a negative image about the key role men have to play in preventing HIV and promoting healthy lifestyles. Furthermore, it has become an obstacle in getting men involved and participating in HIV prevention programmes.

Men need the space to voice their own concerns and views about HIV prevention. This must be done by facilitating dialogues not only between men and women but also among men. Central to this should be a discussion on manhood and masculinities to mobilise the participation of men in these programmes as illustrated by the findings of this study. This should be done in urban settings not only from a socio-cultural but also a socio-economic perspective about the pathways to manhood and unpacking masculinities.

The concept of *manhood* and what defines a man is a sensitive one, especially in urban settings, where there are so much diversity surrounding cultural, religious and social values. It should be approached within a broader context of social change and be done within a local context of immediate communities and households. Local culture and socio-economic conditions which influence communities and families must be considered.

Older men still play a key role in distinguishing between boyhood and manhood and affirming the manhood of young men. The participants believe that these men should be encouraged to mentor boys and young men in the cities. HIV prevention programmes should facilitate space for this kind of dialogue and mentoring between these two groups of men.

It is important that HIV programmes targeting men, especially young adult African males, be dynamic and flexible to ensure that they based on the concerns and needs of these men in a changing society. Empowerment of women should be done alongside the upliftment of men to ensure gender equality, as some participants expressed in this research. Often men are disadvantaged by these empowerment interventions as stereotypes of men are used to portray them as resisting change. These interventions have also caused men to be careful in the company of women in order to avoid conflict and confrontation.

In conclusion, most HIV prevention practitioners confessed that they had not explored the issues and pathways related to manhood especially among young adult African males deeply enough.



## 6.4 Recommendations

The researcher would like to provide two broad themed recommendations:

### 6.4.1 Programme-directed recommendations

- a) It is important to ensure more male-involvement and participation in all HIV prevention programmes through men's dialogues and targeted interventions such as men's health programmes.
- b) HIV prevention programmes for men especially young adult African men should include skills development, especially entrepreneurial skills, involving both employment and self-actualisation.
- c) Community leaders and older men should be mobilised to provide positive role-models for young adult African men in urban settings. Special interventions such as boy-men mentoring, job-training by older men, and psychosocial support programmes for fathers, husbands and men in general must be implemented at community level.
- d) Sincere efforts should be made to encourage more men to enter into women-dominated careers like health care, social work, psychologists and others. This will enable men to utilise these services more freely.
- e) Current health and medical facilities should be men-friendly by incorporating male-based information and posters and by training health practitioners on men's health issues.
- f) Concepts of both *manhood* and *masculinities* should be incorporated into gender and HIV-training.
- g) Socio-cultural and socio-economic pathways to manhood as discussed in this research should be incorporated into all HIV prevention programmes targeting men especially young adult African men in urban settings.
- h) More comprehensive interventions including other socio-economic cross-cutting issues of crime, substance abuse and violence towards young adults on HIV prevention should be mobilised especially in the urban settings.

i) Media and social media should be strategically used to promote positive male role-modelling especially for young African urban men.

#### 6.4.2 Research-directed recommendations

As this was a qualitative inquiry, there needs to be more research in the following areas:

- a) A quantitative or even a mixed research method study must be conducted to determine possible generalisation of findings.
- b) Distinguishing concepts of *manhood* and *masculinities* especially among young adult African men in urban settings
- c) More in-depth analysis of the intergenerational relationships among young men, women and older men in urban settings
- d) The socio-cultural and socio-economic diversity of gender role expectations in urban settings
- e) Social agencies of change in cities and informal settlements

The link between understanding manhood and HIV prevention among young adult men and women

Further exploration of the applications of the two selected and other sociological and gender theories

Developing evidence-based guidelines for programme implementation and improvements

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## APPENDIX A: INVITATION LETTER TO KEY INFORMANTS

Dear Key Informant

I am writing to you as an MA student at the University of South Africa doing my dissertation research on EXPLORING THE PERCEPTIONS OF PATHWAYS TO MANHOOD AMONG URBAN YOUNG ADULT AFRICAN MEN BY HIV PREVENTION PROGRAMME PRACTITIONERS IN GAUTENG, SOUTH AFRICA. I would like to schedule with you as a key informant (key role-player in this field) an appointment to conduct a face-to-face or tele-interview or Skype interview of 30 – 35 minutes within the next two weeks.

The purpose of the interview is to explore with you the following research questions:  
The broad research question for the study is:

What are the perceptions of HIV prevention programme practitioners of the pathways to manhood among young adult African males aged 20 to 35 in urban settings in Gauteng?

Sub-questions:

- What are some of the socio-cultural pathways to manhood among young adult African men in urban settings in Gauteng according to HIV prevention practitioners?
- What are some of the socio-economic pathways to manhood among young adult African men in urban settings in Gauteng, according to HIV programme practitioners?
- How can these pathways be incorporated into existing HIV prevention programmes for these young men, according to HIV programme practitioners?
- What recommendations can be made to enhance the three participating HIV prevention programmes?
- Any additional comments or suggestions.

All information will be treated with confidentiality and final findings of the study will represent all the findings of the whole research process. Participation is voluntary and a safe place and time for the interview convenient to you will be scheduled.

Although all the data and findings of the research will only be used to complete my studies, I would like to facilitate a feedback session with you once final examination on the dissertation has been completed.

Would you please indicate any two dates and times convenient for an interview within the next two weeks (11 – 30 October 2012). Should you know of any other person who or organisation which may be appropriate for this study, please let me know.

Should you have any inquiries, please do not hesitate to contact me.

Your support is highly appreciated.

Leon Roets

MA Sociology

Student Number: 8239827

## APPENDIX B: INVITATION LETTER TO CONDUCT FOCUS GROUP SESSIONS

Dear participant

I would like to express my gratitude to you for participating in this very important research project. I am a Master's student in the Department of Sociology at the University of South Africa researching EXPLORING THE PERCEPTIONS OF PATHWAYS TO MANHOOD AMONG URBAN YOUNG ADULT AFRICAN MEN BY HIV PREVENTION PROGRAMME PRACTITIONERS IN GAUTENG, SOUTH AFRICA.

All information gathered during these interviews will be treated with the utmost confidentiality and you are also welcome to end or stop the interview if you feel that you do not want to continue. This action will not negatively influence you at any stage. The key findings of the study will be summarised and presented as a set of group findings.

The focus group session should last 60 to 75 minutes during which I will ask you broad research and probing questions. The probing questions will allow us to enjoy deeper discussions and to seek further clarity on certain concepts or matters. You will be free to ask questions. At the end of the interview I will provide you with an opportunity to add any additional comments and inputs related to the topic.

All information will be treated with the utmost confidentiality and participation is voluntary. You may withdraw from the research without any negative implications or harm.

You are welcome to contact me should any follow-up matters arise from this interview.

Your support is highly appreciated.

Yours faithfully

Leon Roets

Student number

E-mail: [roetshjl@unisa.ac.za](mailto:roetshjl@unisa.ac.za) Cell Number - 0824439545

## APPENDIX C: INTERVIEW GUIDE FOR KEY INFORMANTS AND FOCUS GROUP SESSIONS

### GROUP INTERVIEWS DRAFT INTERVIEW SCHEDULE

Dear participant

May I express my gratitude to you for participating in this very important research. I am a Master's student in Sociology at the University of South Africa researching EXPLORING THE PERCEPTIONS OF PATHWAYS TO MANHOOD AMONG URBAN YOUNG ADULT AFRICAN MEN BY HIV PREVENTION PROGRAMME PRACTITIONERS IN GAUTENG, SOUTH AFRICA.

All information gathered during these interviews will be treated with the utmost confidentiality and you are also welcome to end or stop the interview if you feel that you do not want to continue. This action will not negatively influence you at any stage. The key findings of the study will be summarised and presented as a set of group findings.

Our interview should last 60 to 75 minutes during which I will ask you broad research and some probing questions. Probing questions will allow us to enjoy deeper discussion and to seek further clarity on certain concepts or matters. You will be free to ask questions. At the end of the interview I will provide you with an opportunity to add any additional comments and inputs related to the topic.

You are welcome to contact me should any follow-up matters arise from this interview.

Your support is highly appreciated.

Yours faithfully

Leon Roets

Student number:8239827

E-mail: [roetshjl@unisa.ac.za](mailto:roetshjl@unisa.ac.za)

Cell Number: 0824439545

## **My overall research question is:**

### **Purpose of the Research**

The purpose of the study is to explore the perceptions of HIV prevention practitioners on pathways to manhood among young adult African men aged 20 to 35 in urban settings, Gauteng. Furthermore, the study aims to gain insights into and understanding of these pathways to recommend to the three participating HIV programmes how to incorporate the findings of the research into their programmes.

### **Research Questions**

The broad research question for the study is:

What were the perceptions of HIV prevention programme practitioners of the pathways to manhood among young adult African males aged 20 to 35 in urban settings in Gauteng?

#### **Sub-questions:**

- What are some of the socio-cultural pathways to manhood among young adult African men in urban settings in Gauteng according to HIV prevention practitioners?
- What are some of the socio-economic pathways to manhood among young adult African men in urban settings in Gauteng according to HIV programme practitioners?
- How can these pathways be incorporated into existing HIV prevention programmes for these young men according to HIV programme practitioners?
- What recommendations can be made to enhance the three participating HIV prevention programmes?
- Any additional comments or suggestions?

Thank you for your time and participation.

APPENDIX D: INFORMED CONSENT FORM

To whom it may concern:

I, (full name/s and surname) consent to participate in the research on EXPLORING THE PERCEPTIONS OF PATHWAYS TO MANHOOD AMONG URBAN YOUNG ADULT AFRICAN MEN BY HIV PREVENTION PROGRAMME PRACTITIONERS IN GAUTENG, SOUTH AFRICA conducted by Mr Leon Roets, an MA Sociology student (student number 8239827) from the University of South Africa.

I was fully briefed about the purpose and usage of the research as well as the ethical considerations which would be adhered to during the research.

I also consent to the interview being audio recorded for research purposes only.

.....

Signature

.....

Date

## APPENDIX E: FIELD NOTES OBSERVATION GUIDE

After every interview, the researcher should reflect on the following observations and make field notes:

1. What was the overall experience in conducting this interview? Explain more.
2. How was the group dynamics of the interview per age and gender?
3. What were the key concepts used most often by participants? Why?
4. What was the atmosphere during the interview amongst participants?
5. Where were agreements and disagreements about opinions amongst the participants?
6. What was the feedback from the participants about being part of the research?
7. Any other observations:



APPENDIX F: LETTER ON ETHICAL CLEARANCE



To whom it may concern

19 May 2014

RE: Ethical Clearance for Mr HJL Roets (Student Number 08239827) for Masters Dissertation titled EXPLORING THE PERCEPTIONS ON PATHWAYS TO MANHOOD AMONGST URBAN YOUNG AFRICAN ADULT MEN BY HIV-PREVENTION PROGRAMME PRACTITIONERS IN GAUTENG, SOUTH AFRICA

Mr Roets was registered for this degree prior to the period of compulsory ethical clearance at UNISA in 2010.

Yours faithfully

A handwritten signature in black ink, appearing to read "C Thomas", written over a horizontal line.

Dr C Thomas

Chairperson: Department of Sociology

