

01 **Chapter 4**
02 **Masculinity and HIV/AIDS**
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13 **4.1 Introduction**
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15 In the early stages of the HIV/AIDS pandemic, it was primarily men who were
16 infected with HIV, but that trend has now reversed (WHO, 2003). In many coun-
17 tries the infection rates for young women are five times higher than young men
18 (RHO Archives, 2005), and young women are generally infected at an earlier age
19 than young men (Walsh cited in RHO Archives, 2005) (see Jewkes, Chapter 3 of
20 this volume). In South Africa, over 50% of new infections of HIV occur among
21 the 15–24 years age group, with black women affected significantly more than
22 other demographically defined groups (Health24, 2006). Further, more women are
23 dying of HIV/AIDS than men (Matlin and Spence cited in RHO Archives, 2005).
24 In South Africa, the mortality rate for young women in the 25–30 years age group
25 has increased 350% over the past 10 years, almost exclusively as a result of AIDS-
26 related deaths.

27 There is a growing realization that it is not only biological differences in suscep-
28 tibility that result in these gendered differences in HIV transmission, incidence and
29 prevalence (RHO, 2005), but gender inequalities of all kinds (see Jewkes Chapter 3
30 of this volume for further details). It is increasingly apparent that the social con-
31 struction of masculinity plays a major role in putting women (and men) at risk of
32 HIV infection and that gender-related interventions, including and especially among
33 men, need to be an integral part of HIV prevention campaigns. This perspective also
34 suggests that effective intervention requires far more than information transmission
35 and technological solutions (such as increased use of condoms) to modify male
36 behaviour. Rather, we suggest, it is the construction of masculinity and the iden-
37 tity of men as gendered persons which needs to be challenged if there is to be any
38 effective and sustained intervention in the HIV pandemic.
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42 **4.2 Introducing Masculinity**
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44 The dominant theoretical framework for understanding gender in general, and
45 masculinity in particular, is social constructionism. This theoretical perspective

46 proposes that, although integrated with biological sex, gender is primarily a socially
47 constructed phenomenon, through which men are broadly privileged over women
48 in most domains (Connell, 2008). Connell, one of the most influential theorists
49 in the field of masculinity research, argues that male privilege and social power
50 is produced and perpetuated through the construction of hegemonic masculinity,
51 which refers to the production and maintenance of a nexus of ideas, institutions and
52 behaviours that generate, normalize and, in fact, demand male dominance. As such,
53 the power of hegemonic masculinity is deeply embedded in forms of social activity,
54 giving it the appearance of inevitability and ensuring that it is 'naturally' produced
55 and reproduced in ordinary social interaction. In this sense, hegemonic masculinity
56 is 'an ideal or set of prescriptive social norms, symbolically represented, (and) a crucial
57 part of the texture of many routine, mundane, social and disciplinary activities'
58 of men (Wetherell and Edley, 1998, p. 336).

59 While the social construction of gender undoubtedly produces a 'patriarchal
60 dividend' that privileges men over women in most respects, Connell (2008) suggests
61 that men benefit from this gendered set of privileges in very unequal ways,
62 with some men benefiting greatly and others not at all. Connell argues that there are
63 multiple masculinities, each of them existing at the intersection of race, social class
64 and history. These versions are arranged hierarchically, and there is considerable
65 pressure for young men to avoid subordination by aligning themselves with hegemonic
66 masculinity – which results in the perpetuation and maintenance of masculine
67 hegemony (Edley and Wetherell, 1997). However, Wetherell and Edley (1998) argue
68 that as well as being complicit with, subject to or resistant to hegemonic versions of
69 masculinity, boys/men might adopt multiple parallel positions in different contexts
70 and for different audiences.

71 The pressures on men to attempt to live up to the demands of hegemonic forms
72 of masculinity are ubiquitous and powerful. Seidler (2006) argues that, ironically,
73 the pressure to enact the physical and emotional toughness required by hegemonic
74 masculinities results in fundamentally vulnerable positions for individual
75 men and, simultaneously, obstructing acknowledgement of emotional vulnerability.
76 This, according to Seidler, leads young men to 'an instrumental [functional] relationship
77 with their bodies' and to 'deflect these emotions into anger and violence,
78 which affirms their male identities' (p. 117). The emotional vulnerability of young
79 men and the concurrent emphasis on emotional control also makes it difficult for
80 young men to deal with intimacy, so that they tend to construct 'sex as performance'
81 (Seidler, 2006, p. 120) rather than as a relationship.

82 83 84 85 **4.2.1 Masculinity, Risk Behaviour and HIV/AIDS**

86
87 Many elements of hegemonic masculinity (Connell, 2008) are closely related to the
88 typical high-risk behaviours associated with HIV transmission. These behaviours
89 include multiple sexual partners, unprotected sex, use of alcohol before sex and, in
90 some cases, sexual violence. This association is so strong that, in some places, being

91 HIV-positive itself has become a badge of manliness (e.g. Brown et al., 2005). Boys
92 and men recognize the importance of these behaviours as markers of successful mas-
93 culinity, and therefore feel considerable pressure to perform them, and to be seen to
94 be performing them. Ironically, girls and women play a critical role in the appraisal
95 and maintenance of these hegemonic behaviours, despite the fact that they are often
96 subordinated by them (e.g. Talbot and Quayle, 2008). Although there are variations
97 in specific forms of hegemonic masculinity, there is remarkable empirical consis-
98 tency in constructions of hegemonic masculinity related to high-risk behaviour for
99 HIV transmission across geographical, cultural and linguistic divides in Africa and
100 elsewhere.

101 *First*, and underpinning many other elements, is the importance of risk-taking
102 to the construction of hegemonic masculinity (Barker and Ricardo, 2005; Pattman,
103 2005; Tshabalala cited in Peacock, 2005). Since taking risks is a marker of suc-
104 cessful masculinity, increased knowledge of risk has not resulted in decreased risky
105 sexual behaviour, as it has imbued it with more symbolic power as an enactment of
106 hegemonic masculinity.

107 *Second* is the centrality of an essentialized and uncontrollable sex drive. One
108 expression of this is that hegemonic masculinity is often constructed around and
109 through sexual conquest (Barker and Ricardo, 2005; Simpson, 2008; WHO, 2003)
110 and the desirability and number of sexual partners may be an important indicator of
111 masculinity. This is well demonstrated in South African *isoka* or *ingagara* identities,
112 which refer (with admiration) to men who are highly successful in demonstrating
113 their masculine potency with multiple sexual partners (Selikow et al., 2002; Walker,
114 2005). (See further details in Chapter 2.) Men who fail in this regard are othered
115 through labels such as ‘cheeseheads’ or *isithipa* (ibid). However, if Seidler (2006)
116 is correct, then these sexual enactments of masculinity are more likely to be instru-
117 mental or performative activities than relational engagements.

118 *Third*, hegemonic masculinity is defined in terms of compulsory heterosexuality
119 in spite of considerable evidence that even heterosexual men may engage in sex
120 with other men. Such practices are usually highly stigmatized, for example, being
121 considered ‘un-African’ (Barker and Ricardo, 2005; Varga, 2001), making them
122 very difficult for men to acknowledge and to talk about in ways that reduce their
123 own risk and the risk of their sexual partners (Potgieter, 2006; WHO, 2003).

124 *Fourth*, hegemonic masculinity requires male dominance and the appearance of
125 physical and emotional toughness, strength and stoicism (Erasmus, 1998), as well
126 as independence and self-sufficiency. These demands make it difficult for men to
127 acknowledge vulnerability. In medical terms, this may translate into a failure to
128 access medical and other forms of help (Peacock et al., 2006). In personal rela-
129 tionships ‘love becomes problematic, as emotions [with the exception of anger]
130 are a sign of weakness’ (Seidler, 2006, p. 70). Therefore men come to ‘relate to
131 their [own] bodies as machines they need to control’ (Seidler, 2006, p. 100) and
132 to the bodies of others as objects in relation to their own masculinity: such as the
133 demonstration of sex-drive by penetrating them; or the demonstration of strength by
134 dominating them. Thus, even the most intimate of interactions, including sexuality,
135 become performative and instrumental rather than relational.

136 *Fifth* is the pressure for men to be materially successful and to be able to ‘pro-
137 vide for’ girlfriends, wives and families (Khunou, 2008; Luyt and Foster, 2001;
138 Waetjen and Mare, 1999). The increasing equality of women in the labour mar-
139 ket and high levels of unemployment in the region undermines the ability of many
140 men to adequately satisfy this requirement of hegemonic masculinity. While this
141 expectation provides men with social powers, it may also be a source of intense
142 vulnerability because it, firstly, subordinates poorer men to richer men (cf. Pattman,
143 2002) and (most often) younger men to older men (Barker and Ricardo, 2005). Sec-
144 ondly, it produces anxieties about obtaining enough money to access women and
145 may result in worries that women may be ‘loving’ them only for material benefits
146 (Pattman, 2005). However, even where women may be financially superior, it seems
147 that hegemonic masculinity still demands – and allows – men to control financial
148 affairs (Silberschmidt, 2004; Smuts, 2006).

149 *Sixth*, since masculinity is constructed around the subjugation of women, the
150 reproduction of hegemonic masculinity requires men to control sexual decisions
151 (Horizons Report, 2004) including if, when and how sex takes place and whether
152 or not condoms are used (Bujra and Baylles, 2001; Foreman, 1999; Noar and
153 Morokoff, 2002, cited in Peacock, 2005; Scalway, 2001; Shefer and Ruiters, 1998;
154 Simpson, 2008). (See Jewkes Chapter 3 of this volume for further details.) It has
155 been suggested that this is especially the case for married men, as social construc-
156 tions of marriage – including cultural practices such as *ilobola* (Hunter, 2004) –
157 bestow on men the right to be in control of all aspects of their wife/wives, including
158 and especially their sexuality (WHO, 2003) (see Leclerc-Mdlala et al. Chapter 2
159 for further details). Men may have a similar sense of entitlement whenever relation-
160 ships involve material transfer from men to women (Campbell et al., 1998; Selikow
161 et al., 2002). Then, when masculine power intersects with entrenched beliefs, such
162 as the idea that condoms reduce men’s sexual potency (Doyal, 2002; Simpson,
163 2008; WHO, 2003), or that ‘regular “flesh-to-flesh” sex is necessary for a man’s
164 good health in order to maintain balanced levels of blood/sperm within the body’
165 (Campbell et al., 1998, p. 52), it becomes difficult for the behaviour to be resisted or
166 negotiated. Many aspects of hegemonic masculinity which are associated with high
167 risks of HIV infection are related to this imperative for men to dominate women
168 (see Jewkes, Chapter 3 of this volume), ranging from apparently benign, patriar-
169 chal decisions such as whether women should undergo HIV testing (WHO, 2003)
170 to male-on-female violence and rape.

171 There has been considerable empirical evidence for the association between
172 these behaviours associated with hegemonic masculinity and HIV risk. For exam-
173 ple, there are reports that the highest incidence of HIV-related health-risk behaviour
174 are among young men aged 15–24 years (Panos/UNAIDS, 2001; Selikow et al.,
175 2002), and that these behaviours include having multiple sexual partners, treating
176 women as sex objects and using sexual conquests as a means of proving masculinity
177 (Panos/UNAIDS, 2001). Endorsement of hegemonic masculinity has been shown to
178 be empirically related to negative attitudes to condom use and decreased condom use
179 (Noar and Morokoff, 2002, in Peacock, 2005). The Horizon study (2004) in Brazil
180 revealed high levels of ‘detrimental gender norms’, including male dominance of

181 women, lack of emotional expression, high levels of risk taking and the norms that
182 men should have multiple sexual partners and maintain control over female partners.
183 The findings showed a definite association between support for traditional gender
184 norms and HIV risk, such as correlation with STI symptoms. Similarly, the Hori-
185 zons study in Tanzania (Horizons Report, 2004) found that HIV-positive women
186 reported significantly higher level of partner violence and that the most frequently
187 reported triggers for violence were suspicions of infidelity by men or accusations of
188 infidelity by women.

189 What evidence has there been for these patterns of hegemonic behaviours in
190 contemporary African and South African contexts, and for their association with
191 HIV risk? *First*, many recent studies (Bhana, 2005; Brown et al., 2005; Bujra,
192 2000; Burnard, 2008; Davies and Eagle, 2007; Hunter, 2004; Kent, 2004; Khu-
193 nou, 2008; Luyt and Foster, 2001; Moletsane, 2004; Mork-Chadwick, 2007; Mtutu,
194 2005; Naidoo et al., 2004; Pattman, 2002; Pattman, 2005; Pattman and Bhana, 2006;
195 Selikow et al., 2002; Sikweyiya et al., 2007; Silberschmidt, 2004; Smuts, 2006;
196 Thorpe, 2002) have found that masculinity in the region is strongly characteristic of
197 hegemonic masculinity, including elements such as: risk-taking and audacity with
198 respect to rules; male dominance that often justifies coercion; a demand for tough-
199 ness and strength that may be expressed violently; stoicism and aversion to signs
200 or expressions of weakness or vulnerability; exclusively heterosexual and frequent
201 sex with multiple partners; and pressure to achieve material success and demon-
202 strate it by the display of high-status items such as fashion, cellphones and cars.
203 These norms are unlikely to be experienced as identity *choices*, but as essentialized
204 and inviolable biological or cultural imperatives (Thorpe, 2005). Even blind ado-
205 lescent boys (Joseph and Lindegger, 2007) strongly aspired for exactly the same
206 hegemonic masculine norms as their peers despite the enormous challenges they
207 faced in attempting to attain them.

208 *Second*, there has been much evidence in Africa of peer norms, which involve the
209 'proving' of masculinity through early sexual conquests and having multiple sexual
210 partners (Buve et al., 2002). Reference has already been made to *isoka* and *ingagara*
211 masculinity in South Africa. Lindegger and Maxwell (2005; 2007) found that late
212 adolescent boys experience extreme peer-based pressure to demonstrate their mas-
213 culinity through claims of multiple sexual partners, and that inability to measure
214 up to these expectations produces enormous anxiety. Exposure of such failures may
215 result in immensely shameful experiences (Zakwe, 2005), which play a key role in
216 policing behaviours associated with hegemonic masculinity.

217 *Third*, male denial of vulnerability and the construction of masculinity around
218 power, strength and control may be key factors that contribute to health risk and
219 gender-based violence in South Africa (see Jewkes, Chapter 3 of this volume).
220 Related risk behaviours include substance abuse and risky sexual practices (Black-
221 beard, 2008; Leclerc-Madlala et al., Chapter 2 of this volume), such as resistance
222 to condom use because of issues of dominance, control and fidelity (MacPhail,
223 1998). These features of masculinity also contribute to limiting male help-seeking
224 behaviour, which is an obstacle to creating norms of health-protective behaviour
225 amongst men (Hoosen and Collins, 2004). Additionally, men are less likely to

226 undergo HIV testing in the early stages of infection and tend to seek anti-retroviral
227 treatment later than women (Magongo et al., 2002; Hudspeth et al., 2004, cited
228 in Peacock et al., 2006; Pinnock, 2007). These features are also associated with
229 high rates of violence against women and exploitative or coercive sexual practices
230 (MacPhail, 1998; Strebel and Lindegger, 1998). Recent studies in South Africa have
231 revealed that between 15 and 20% of men acknowledge that they have used force
232 to get women to have sex with them (Jewkes et al., 2006; Kalichman et al., 2007;
233 Sikweyiya et al., 2007) (further details are provided in Jewkes, Chapter 3 of this vol-
234 ume). MacPhail (1998) argues that social norms and practices that endorse gender
235 inequality and coercive sex as expressions of love place South Africans at particular
236 risk of HIV transmission.

237 Walker (2005) claims that current gender violence in South Africa, ironically, is
238 related to the intensification of traditional constructions of masculinity in response
239 to the perceived threat of human-rights-based gender norms. (See Jewkes, Chapter 3
240 of this volume, for other threats to traditional norms of masculinity.) There are also
241 indications that changes in cultural structures governing courtship, marriage and
242 intimacy have resulted in a shift in power towards men in that idealized notions
243 of traditional masculinity are now operating without their traditional complemen-
244 tary restraints (See Leclerc-Madlala et al., Chapter 2 of this volume). For example,
245 although historically the *isoka* – the young Casanova – was admired by men and
246 women alike, unplanned pregnancies were punished by requiring the young man's
247 family to pay a fine to the family of the young woman. This practice required young
248 men to share responsibility for contraception and pregnancy (cf. Hunter, 2005).

249 There are two features of these HIV-related features of hegemonic masculinity
250 that we would like to explore further. The first lies in the pressure to conform to
251 hegemonic patterns in the midst of the contest of masculinity that all boys and men
252 face and is well explained by the work of Connell (e.g. 1995, 2008). To date, most
253 of the work around masculinity and HIV risk, as described above, has focussed on
254 these hegemonic patterns of behaviour. To modify the behaviours associated with
255 masculinity in this paradigm, gender issues must become part of the mainstream
256 of HIV intervention, which would require challenging beliefs and assumptions
257 about masculinity based on biology and culture; the psychological empowerment
258 of women to resist control by men and to play an active role in sexual decision mak-
259 ing; and the economic empowerment of women to reduce their dependency on men.
260 Like the Horizons project, such interventions would ideally also involve creating
261 spaces for boys and men to critically reflect on the social construction of gender and
262 consider alternate patterns of masculinity.

263 However, we argue that problematizing negative features of masculinity is not
264 enough – we must also explore the private vulnerabilities of boys and men. As
265 argued by Hunter (2005, p. 156) 'Gender is more than simply the one dimensional
266 expression of male power but, as historical analysis of the *isoka* masculinity demon-
267 strates, it is embodied in male vulnerabilities and weaknesses.' These vulnerabilities
268 have been exacerbated since 1994 in what Reid and Walker (2005a) describe as 'the
269 troubled, unsettled world of masculinity and sexuality in a country in transition'
270 (p. 2).

271 It is striking that most studies referred to above are silent about the vulnerable
272 subjectivity of boys and men, and about the issues faced by men in dealing with
273 the powerful and unattainable demands of these constructions of masculinity. In
274 the process, men and masculinity are only seen as part of the problem and not an
275 integral part of the solution (Seidler, 2006) to HIV/AIDS. Many might agree with
276 Connell that, given the power and privileges accruing to men from their enactments
277 of hegemonic masculinity, their precious subjectivity is an irrelevant consideration.
278 However, we have already argued that many of the negative outcomes of hegemonic
279 masculinity are due to its demands that engagements with real people are stripped to
280 their functional or instrumental value, for example, by reducing sex to a performance
281 and accomplishment. Most research and intervention in masculinity, sexuality and
282 HIV has emphasized functional aspects of sexuality such as condom use while chal-
283 lenging sexuality as a means for boys and men to prove their masculinity through
284 multiple sexual partners and the sexual conquest and control of women. This is
285 understandable, since there must be a change in these high-risk sexual behaviours if
286 there is to be any real influence on the HIV pandemic. However, by concentrating on
287 the negative aspects of functional sexuality such as sexual conquest, or failure to use
288 condoms, these projects and interventions may unintentionally reinforce the notion
289 for men/boys that 'their bodies (are) machines that they need to control' (Seidler,
290 2006, p. 100). Even campaigns focussing on abstinence treat sex as an event (in this
291 case to be avoided), thereby stripping-off the vulnerability and relational complex-
292 ity of sexuality and reinforcing the instrumental construction of sex so central to
293 South African masculinity. It is here that Seidler's work becomes especially helpful,
294 because he suggests that the over-commitment to the structural aspects of gender
295 relations (relying especially on the work of Connell) has tended to overshadow the
296 personal struggles of individual boys and men, and especially struggles with per-
297 sonal emotion, sexuality and the capacity to relate.

301 **4.3 Changes in Patterns of Masculinity**

302
303 A range of socio-political and legal changes have played a major role in initiating
304 changes in the gendered order of South African society since 1994, and have trig-
305 gered 'a rethinking of masculinity which offers new ways of imagining masculinity
306 and, for men, suggests new ways of being a man' (Morrell, 2001, p. xiv). While
307 this especially refers to forms of African masculinity, this does not only refer to
308 African men. Major legislative changes during the first 15 years of our democracy
309 have played an important role in contesting the established and privileged position
310 of men and masculinity and have opened the door to new forms of masculinity in
311 South Africa. The new South African constitution embraced a liberal understand-
312 ing of sexuality, incompatible with many traditional aspects of masculinity, such as
313 the unacceptability of gay masculinity. Forms of masculinity that were patriarchal,
314 violent and often authoritarian have increasingly been called into question in South
315 Africa (Reid and Walker, 2005a). Sideris (2005) argues that a culture of revelation

316 and ‘confession’ facilitated by the development of a free press has led to the large-
317 scale exposure of abuse by men on women, especially rape. The intolerance of such
318 abuse has been further reinforced by a growing human rights culture in South Africa.
319 The increased importance of women in public space, and the growing economic
320 independence of women, has probably also played a major role in unsettling many
321 of the traditional assumptions and practices of masculinity.

322 However, the response to these changes is variable and ambivalent. For exam-
323 ple, Sonke Gender Justice (2007) reports that a recent survey of men in Johannes-
324 burg found about equal numbers of men for and against government attempts to
325 promote gender justice. Morrell (2002) argues that there have been three general
326 responses. *First*, there are many who fought to preserve male privilege, such as the
327 South African Association of Men (Lemon, 1995) and less organized but proba-
328 bly more powerful voices who fear that the erosion of male privilege is part of an
329 onslaught against traditional culture (Ndlazi, 2004) and against men themselves,
330 such as the respondent in Attwell’s (2001) study who said that ‘women have stolen
331 men’s place in society.’ *Second*, some men have reacted to changing gender roles
332 as an emerging ‘crisis of masculinity’ – a position that has been criticized by fem-
333 inists as yet another attempt by men to foreground and privilege masculinity at the
334 expense of women. *Third*, there have been those groups of men who have identi-
335 fied with the transformation of masculinity and fought for gender justice, and some
336 examples of these will be discussed later in the chapter. We add that *fourth*, and the
337 least visible in the masculinity and gender literature, there are many women who do
338 not welcome all of the shifts that changing patterns of masculinity require of their
339 own gender identities (Talbot and Quayle, 2008) or the encroachment by men on
340 previously female domains such as maternity wards (Mullick et al., 2005).

341 While the factors outlined above are playing major roles in changing the gen-
342 dered structure of society, we argue that the HIV pandemic has also begun to play
343 a role in escalating or facilitating these changes by forcing acknowledgement of
344 the importance of misogynistic masculinity in public and private life and facilitat-
345 ing public conversation about sex and sexual practice. Additionally, Hunter (2005,
346 p. 151) argues that HIV/AIDS is challenging *isoka* masculinity in South Africa by
347 ‘transform[ing] some of the most virile and popular bodies into barely living skele-
348 tons, shunned by friends and neighbours. . . . previous ‘players’ are buried by their
349 friends who were once envious of their ability to attract women.’

350 Our concern in this chapter is specifically with the link between gender and
351 HIV/AIDS, or more specifically the constructions of masculinity and patterns of
352 HIV risk. We are especially interested in whether there is evidence of changes in
353 the construction of masculinity, and more specifically, whether new forms of mas-
354 culinity, which are likely to be associated with reductions in HIV risk behaviour, are
355 emerging either spontaneously or as a result of organized interventions.

356 The Sonke Gender Justice (2007) in the *South Africa Country Report* claim that
357 there is evidence in South Africa of growing numbers of men taking a stand against
358 gender-based violence, and challenging many of the customs endangering the health
359 of women, and standing for greater gender equality. This report quotes the research
360 by EngenderHealth and the *Men as Partners* NGO showing that the majority of

361 men participating in their workshops supported gender-based rights and opposed
362 control and abuse of their female partners. Walker (2005, p. 173) conducted a study
363 of young men in Soweto, and she reports that ‘present in all these narratives was
364 the interviewees desire to have an alternative experience of being a man – an experience
365 different from their fathers, uncles or elder brothers. For these men, the costs
366 of hegemonic masculinity – certainly of male violence – outweighed the benefits.
367 Indeed, all explicitly rejected the use of violence.’ Such findings are hopeful signs
368 of the transformation of masculinity, but she goes on to say that these young men
369 did not find the process of change to be an easy one, as they were caught between
370 ‘traditional masculinities’ and ‘being a modern man who is in control, respectable,
371 rational and responsible’ (Mullick et al., 2005). This conflict between ‘traditional’
372 and ‘modern’ masculinities seems to be a common experience in South Africa and
373 is echoed by a group of men who participated in a study with Sideris (2005) who
374 were highly motivated to embrace and live out a more just and equitable form of
375 masculinity, but reported feeling caught between these conflicting versions of masculinity.
376 (See Leclerc-Madlala et al., Chapter 2 of this volume, for fuller discussion
377 of culture and masculinity in Africa.)

378 Despite the evidence of a growing number of men engaging with issues around
379 the construction of masculinity (critically or otherwise), there are a number of obstacles
380 to further transformation. *First*, there are elements of the ‘transformed’ masculinity
381 that are not much changed, such as ‘control’ and ‘responsibility’ in Walker’s
382 (2005) study quoted above. Other examples of this type of sanitization can be found
383 in the commitments that came out of the national men’s *imbizo* held in 2002 that
384 included ‘to respect and protect every woman as our own mother, wife, daughter,
385 sister and friend’ and to ‘organize ourselves to be able to provide’ (Gobind,
386 2005). All of these ‘transformations’ are discursive wolves in sheep’s clothing that
387 allow the most powerful aspects of hegemonic masculinity to persist in apparently
388 progressive masculinities. Burnard (2008), in his study of young men in the
389 Shosholozza soccer movement, found that their motivation to make changes to traditional
390 hegemonic behaviours was primarily motivated by their interest in their
391 own self-protection, rather than because of agreement with egalitarian gender-rights
392 arguments. Similarly, Sikweyiya et al. (2007) found that Eastern Cape men opposed
393 gender violence and rape because of the negative consequences (such as prosecution)
394 for men.

395 *Second*, Thorpe (2002) notes the emergence of a brittle and thin ‘education
396 responsive’ masculinity that may briefly emerge in formal settings such as school
397 life-skills programmes and HIV interventions. This identity draws upon the language
398 of human rights and knowledge of the ‘correct’ answers but does not engage
399 with personal experience or extend outside of the educational context. If this identity
400 is widely accessed by participants in gender research and interventions, then their
401 masculinities in other contexts may be more profoundly patriarchal and misogynistic
402 than we realise. *Thirdly*, in the discursive struggle with patriarchal (e.g. ‘traditional’)
403 versions of masculinity, it may be that the human rights discourse is losing
404 momentum, or at least failing to penetrate in meaningful ways beyond bounded contexts
405 such as schools, universities (Mork-Chadwick, 2007) or workplaces. *Fourthly*,

406 changes in idealized versions of ‘traditional’ masculinity, economic and cultural
407 shifts, and genuine advances in gender rights may destabilize socio-cultural limits
408 that have previously held those versions of masculinity in check. For example, as
409 already mentioned, the erosion of traditional social institutions, along with advances
410 such as increased access to female contraception, have allowed men to revise ver-
411 sions of ‘traditional’ masculinity to completely abdicate responsibility for pregnan-
412 cies that historically they would have been held accountable for. This, in turn, has
413 impacted on the actual practices as well as the symbolic meanings of courtship and
414 sex (Hunter, 2004; van der Riet, 2008). On the other hand, some socio-cultural struc-
415 tures have failed to adapt to the rapidly changing social conditions. For example, the
416 traditional practice of *ilobola* has not adapted to the extreme rates of unemployment
417 in South Africa, thereby disqualifying a vast number of men from many of the pos-
418 sive features of traditional masculinity.

419 Although many people talk of ‘traditional’ and ‘modern’ masculinity as fixed
420 constructs, it should be clear from this discussion that neither can be taken as fixed
421 or static entities. Rather, they are simultaneously social resources that are exploited
422 to produce or police particular instantiations of identity and, at the same time, sites
423 of intense contestation within individual men and also within and between social
424 groups. Individual men, then, can be seen as ‘entrepreneurs of identity’ (Reicher,
425 2004; Reicher et al., 2005) and, specifically, entrepreneurs of masculinity and need
426 to have the skills to evaluate the identity resources available to them and to con-
427 test the attempts of others to police them into particular masculine norms. This has
428 been hinted at by studies that have found that HIV interventions are more effec-
429 tive in changing behaviours if they involve a critical gender component encouraging
430 reflection on the construction of masculinity (Hoosen and Collins, 2004; Strelbel
431 and Lindegger, 1998). Given the fluidity of these constructs, and their importance in
432 producing individual and group identity, leaders in groups that are important to men
433 and those with influence over media such as advertising, sports and entertainment
434 also have a massive responsibility to reinvent both ‘traditional’ and ‘modern’ mas-
435 culinities to incorporate gender equity and simultaneously respond to the challenge
436 of HIV/AIDS.

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440 4.4 Conclusion

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442 As important and effective as many of the campaigns and interventions have been,
443 levels of violence and coercion against women are still unacceptably high, and
444 there is still much to improve, including: generating greater clarity on the goals
445 of working with men (Sonke Gender Justice, 2007); more coordination between
446 organizations working to change patterns of gender injustice, and its effects of HIV
447 risk; more systematized efforts to involve boys in achieving gender equity from an
448 early age (Sonke Gender Justice, 2007); more widespread penetration compared
449 to the reach of the relatively small workshops and groups currently targeted by
450 most interventions, including greater community involvement and follow-up and

451 the use of other strategies such as advocacy for policy change or rights-based
 452 activism (Sonke Gender Justice, 2007). There is also ongoing need for the organi-
 453 zation of sexual and reproductive health services, and HIV-related services such as
 454 VCT or treatment of STIs in such a way that they are more accessible and attractive
 455 to men.

456 Changes in masculinity and patterns of gender equity in South Africa require
 457 much greater involvement with three broad intellectual projects. *Firstly*, activists,
 458 leaders (especially cultural, traditional and religious leaders), politicians, those with
 459 influence on media messages, celebrities and ordinary South African men need to
 460 actively engage in re-inventing ‘traditional’ and ‘modern’ masculinities to accom-
 461 modate the rights of women and children, to reduce HIV risk and to give men a
 462 platform to engage in satisfying egalitarian relationships with women, children and
 463 other men. *Secondly*, and as a pre-requisite for the first, the notion that masculinity
 464 is essentialized or unchanging (e.g. in cultural, biological or religious discourses of
 465 masculinity) must be undermined in everyday and common-sense understandings.
 466 For example, histories of cultural practices (Thorpe, 2002) demonstrate that ‘tra-
 467 ditional’ masculinity is neither stable nor fixed. Until this reality is accepted and
 468 widely disseminated by people who have the power to shift and define social iden-
 469 tities (such as politicians, religious leaders and traditional leaders), men will still
 470 have recourse to arguments of essentialism to avoid engaging with change and to
 471 continue to produce new and even more misogynistic versions of traditional mas-
 472 culinity. Although this is a particularly problematic issue when ‘modern’ forms of
 473 masculinity intersect with ‘traditional’ forms (and especially so when issues of race
 474 are also invoked) as they do in many interventions, essentialization is also a key-
 475 stone of ‘modern’ constructions of dominant masculinity (Talbot and Quayle, 2008).
 476 *Thirdly*, the vulnerability inherent in hegemonic masculinity – such as the constant
 477 threat of shame – must be acknowledged and addressed in society and in interven-
 478 tions. Critical engagement with and reflection on these vulnerabilities, as well as the
 479 skills for managing them, are essential for men, individually and collectively, to live
 480 out more positive masculinities, and so reduce the risk of increased HIV transmis-
 481 sion and infection.

482 483 484 **References**

- 485
 486 Attwell, P. (2001). *Real boys: Concepts of masculinity among school teachers*. Unpublished mas-
 487 ter’s thesis, University of KwaZulu-Natal, Pietermaritzburg.
- 488 Barker, G., and Ricardo, C. (2005). *Young men and the construction of masculinity in Sub-Saharan*
 489 *Africa: implications for HIV/AIDS, conflict, and violence*. Social Development Papers, Conflict
 490 prevention & reconstruction. World Bank.
- 491 Bhana, D. (2005). ‘I’m the best in maths. Boys rule, girls drool.’ Masculinities, mathematics and
 492 primary schooling. *Perspectives in Education*, 23(3), 1–10.
- 493 Blackbeard, D. (2008). *Adolescent boys living with HIV*. Unpublished manuscript, University of
 494 KwaZulu-Natal, Pietermaritzburg.
- 495 Brown, J., Sorrell, J., and Raffaelli, M. (2005). An exploratory study of constructions of masculin-
 ity, sexuality and HIV/AIDS in Namibia, Southern Africa. *Culture, Health & Sexuality*, 7(6):
 585–598.

- 496 Bujra, J. (2000). Targeting men for a change: AIDS discourse and activism in Africa. *Agenda*,
497 44, 6–23.
- 498 Bujra, J., and Bayliss, C. (2001). Targeting men for change. www.id21.org/static/inisghts35
499 art2.htm. Accessed 10 April 2008.
- 500 Burnard, A. (2008). *The challenges of constructing a non-hegemonic masculine identity: A study*
501 *of Zulu speaking adolescent boys*. Unpublished Masters thesis. Pietermaritzburg, University of
KwaZulu-Natal.
- 502 Buve, A., Bishikwabo-Nzarhaza, K., and Mutangadura, G. (2002). The spread and effect of HIV-1
503 infection in Sub-Saharan Africa. *Lancet*, 359, 2011–2017.
- 504 Campbell, C, Mzaidume, Y., and Williams, B. (1998). Gender as an obstacle to condom use:
505 HIV prevention amongst commercial sex workers in a mining community. *Agenda*, 15(39),
506 50–57.
- 507 Connell, R. W. (1995). *Masculinities*. Polity Press, Cambridge.
- 508 Connell, R.W. (2008). *Masculinities and masculinity politics in world society*. [irw.rutgers.edu/
509 lectures/connellelecture.pdf](http://irw.rutgers.edu/lectures/connellelecture.pdf). Accessed 10 July 2008.
- 510 Davies, N., and Eagle, G. (2007). ‘Nowadays they say...’: Adolescent peer counsellors’ appreciation
511 of changes in the construction of masculinity. *Psychology in Society*, 35, 53–72.
- 512 Doyal, L. (2002). Sex, gender and health: Need for new approach. [http://archives.hst.org.za/gender-
513 aids/msg00032.html](http://archives.hst.org.za/gender-aids/msg00032.html). Accessed 10 April 2008.
- 514 Edley, N., and Wetherell, M. (1997). Jockeying for position: the construction of masculine identities.
515 *Discourse and Society*, 8, 203–217.
- 516 Erasmus, P. (1998). Perspectives on black masculinity: The abortion debate in South Africa. *South
517 African Journal of Ethnology*, 21, 203–206.
- 518 Foreman, M. (Ed). (1999). *AIDS and men: taking risks or taking responsibility*. London: Panos.
- 519 Gobind, R. (2005). South African men care enough to act against HIV/AIDS and general inequality:
520 the MIPAA experience [Special Issue]. *Agenda*, 30(8), 144–145.
- 521 Health24 (2006). Death stalks pupils: The impact of the HIV/AIDS pandemic on education means
522 that few pupils will make it as far as matric. *The Witness*, p. 11.
- 523 Hoosen, S., and Collins, A. (2004). Sex, sexuality and sickness: discourses of gender and
524 HIV/AIDS among KwaZulu-Natal women. *South African Journal of Psychology*, 34(3),
525 464–486.
- 526 Horizons Report (2004). Involving young men in HIV programs. (pp. 1–6). The Population Council.
527 www.popcouncil.org. Accessed 1 June 2007.
- 528 Hunter, M. (2004). Masculinities, multiple-sexual-partners, and AIDS: the making and unmaking
529 of isoka in KwaZulu-Natal. *Transformation*, 44(54), 123–153.
- 530 Hunter, M. (2005). Cultural politics and masculinities. In G. Reid and L. Walker (Eds.), *Men behaving
531 differently* (pp. 139–160). Cape Town: Double Story.
- 532 Jewkes, R., Dunkle, K., Koss, M.P., Levin, J.P., Nduna, M., Nwabusa, J., and Sikweyiya, Y. (2006).
533 Rape perpetration by young, rural South African men: prevalence, patterns and risk factors.
534 *Social Science and Medicine*, 63, 2940–2961.
- 535 Joseph, L., and Lindegger, G. (2007). The construction of adolescent masculinity by visually
536 impaired adolescents. *Psychology in Society*, 35, 73–90.
- 537 Kalichman, S.C., Simbayi, L.C., Cain, D., Cherry, N., Henda, N., and Cloete, A. (2007). Sexual
538 assault, sexual risks and gender attitudes in a community sample of South African men. *AIDS
539 Care*, 19, 20–27.
- 540 Kent, A. (2004). Living life on the edge: examining space and sexualities within a township
high school in Greater Durban in the context of the HIV epidemic. *Transformation*, 44(54),
59–75.
- Khunou, G. (2008). Paying your way and playing with the girls – township men and meaning of
manhood: in the community. *South African Labour Bulletin*, 31(5), 48–50.
- Lemon, J. (1995). Masculinity in crisis? *Agenda*, 15(4), 61–71.
- Lindegger, G., and Maxwell, J. (2005). *Gender analysis of targeted AIDS interventions*.
Melbourne, Australia: Oxfam.

- 541 Lindegger, G., and Maxwell, J. (2007). Teenage masculinity: The double bind of conformity to
542 hegemonic standards. In T. Shefer, K. Ratele, A. Strebel, N. Shabalala, and R. Buikema (Eds.),
543 *From boys to men* (pp. 94–112). Cape Town: UCT Press.
- 544 Luyt, R., and Foster, D. (2001). Hegemonic masculine conceptualisation in gang culture. *South
545 African Journal of Psychology*, 31(3), 1–11.
- 546 MacPhail, C. (1998). Adolescents and HIV in developing countries: New research directions. *Psy-
547 chology in Society*, 24, 69–87.
- 548 Magongo, B., Magwaza, S., Mathambo, V., and Makhanya, N. (2002). National Report on the
549 assessment of the public sector's voluntary counselling and testing programme. Durban: Health
550 Systems Trust.
- 551 Moletsane, R. (2004). Real men don't rape: HIV/AIDS by men. *Children First*, 8(54), 10–15.
- 552 Mork-Chadwick, A. (2007). *Constructions of masculinity and masculine identity positions within
553 a group of male university students*. Unpublished Masters thesis, University of KwaZulu-Natal,
554 Pietermaritzburg.
- 555 Morrell, R. (2001). Silence, sexuality and HIV/AIDS in South Africa. Gender, sexuality and
556 HIV/AIDS: Research and intervention in Africa. <http://jbr.org/articles.html>. Accessed 30
557 September 2007.
- 558 Morrell, R. (2002). Men, movement and gender transformation in South Africa. *Journal of Men's
559 Studies*, 10, 309–321.
- 560 Mtutu, R. (2005). Redefining masculinity in the ear of HIV/AIDS: Padare's work on masculinity
561 in Zimbabwe [Special Issue]. *Agenda*, 30(8), 138–143.
- 562 Mullick, S., Kunene, B., and Wanjiru, M. (2005). Involving men in maternity care: health service
563 delivery issues [Special Issue]. *Agenda*, 30(8), 124–135.
- 564 Naidoo, K., Matebeni, Z., and Pietersen-Snyman, M. (2004). Complexities and challenges: men's
565 responses to HIV and AIDS in Winterveld, South Africa. *Commonwealth Youth and Develop-
566 ment*, 2(2), 45–62.
- 567 Ndlati, T. (2004). Men in church institutions and religious organization: the role of Christian men
568 in transforming gender relations and ensuring gender equality. *Agenda*, 24(61), 62–65.
- 569 Panos Institute/Joint United Nations Programme on HIV/AIDS (Panos/UNAIDS). (2001). Young
570 men and HIV: culture, poverty and HIV risk (Report No. 41). <http://www.panos.org.uk>.
571 Accessed 20 May 2007.
- 572 Pattman, R. (2002) 'Men make a difference: the construction of gendered student identities
573 at the University of Botswana', special issue on education, youth and HIV/AIDS, *Agenda*,
574 53, 33–42.
- 575 Pattman, R. (2005). 'Boys and girls should not be too close': sexuality, the identities of African
576 boys and girls and HIV/AIDS education. *Sexualities*, 8(4), 497–516.
- 577 Pattman, R., and Bhana, D. (2006). Black boys with bad reputations. *Alternation*, 2, 252–272.
- 578 Peacock, D. (2005). Urgency and optimism: masculinities, gender equality and public health [Spe-
579 cial Issue]. *Agenda*, 30(8), 146–153.
- 580 Peacock, D., Khumalo, B., and McNab, E. (2006). Men and gender activism in South Africa:
581 observations, critique and recommendations for the future. *Agenda*, 69, 71–82.
- 582 Pinnock, D. (February 12, 2007). The big stick won't solve crime. *Sunday Independent*.
- 583 Potgieter, C. (2006). Masculine bodies, feminine symbols: challenging gendered identities or com-
584 pulsory femininity? *Agenda*, 67, 116–127.
- 585 Reicher, S. (2004). The context of social identity: Domination, resistance, and change. *Political
586 Psychology*, 25(6), 921–945.
- 587 Reicher, S., Haslam, S. A., and Hopkins, N. (2005). Social identity and the dynamics of leader-
588 ship: Leaders and followers as collaborative agents in the transformation of social reality. *The
589 Leadership Quarterly*, 16(4), 547–568.
- 590 Reid, G., and Walker, L. (2005a). *Men behaving differently: South African Men Since 1994*. Cape
591 Town: Double Story.
- 592 Reid, G., and Walker, L. (2005b). Masculinities in question. In G. Reid and L. Walker (Eds.), *Men
593 behaving differently: South African men since 1994* (pp. 1–20). Cape Town: Double Story.

- 586 RHO archives. (2005). Special *focus*: Gender and HIV/AIDS. www.rho.org/html/hiv_aids_special_focus.htm. Accessed 10 April 2008.
- 587 Scalway, T. (2001). *Young men and HIV: Culture, poverty and sexual risk*. London: The Panos
- 588 Institute/UNAIDS.
- 589 Seidler, V. (2006). *Young men and masculinities*. London: Zed Books.
- 590 Selikow, T., Zulu, B., and Cedras, E. (2002). The ingagara, the regte and the cherry: HIV/AIDS
- 591 and youth culture in contemporary urban townships. *Agenda*, 28(53), 22–32.
- 592 Shefer, T., and Ruiters, K. (1998). The masculine construct in heterosex. *Agenda*, 16(37), 39–45.
- 593 Sideris, T. (2005). ‘You have to change and you don’t know how’: Contesting what it means to be a
- 594 man in a rural area of South Africa. In G. Reid and L. Walker (Eds.), *Men behaving differently*
- 595 (pp. 111–138). Cape Town: Double Story.
- 596 Silberschmidt, M. (2004). Men, male sexuality and HIV/AIDS: reflections from studies in rural
- 597 and urban East Africa. *Transformation*, 44(54), 42–58.
- 598 Simpson, A. (2008). Men and masculinities in the fight against HIV/AIDS in Zambia. ESRC
- 599 Society Today. www.esrcsocietytoday.ac.uk/esrcinfocentre/viewawardpage.aspx?award-1673.
- 600 Accessed 10 July 2008.
- 601 Sikweyiya, Y., Jewkes, R., and Morrell, R. (2007). Talking about rape: South African men’s
- 602 responses to questions about rape. *Agenda*, 74, 48–57.
- 603 Smuts, J. (2006). Male trouble: independent women and male dependency in a white working-class
- 604 suburb of Pretoria. *Agenda*, 68: 80–87.
- 605 Sonke Gender Justice Network. (2007). *South African Country Report*. Johannesburg.
- 606 Strebel, A., and Lindegger, G. (1998). Changing discourses of AIDS. *Psychology in Society*, 24,
- 607 4–20.
- 608 Talbot, K., and Quayle, M. (2008). *Nice guys finish last: women’s narratives of ideal masculinity*.
- 609 Paper presented at the Critical Methods conference, Rhodes University, Grahamstown, South
- 610 Africa.
- 611 Thorpe, M. (2002). Masculinity in an HIV intervention. *Agenda*, 28(53), 61–68.
- 612 Thorpe, M. (2005). Learning about HIV/AIDS in schools: Does a gender-equality approach make
- 613 a difference? In S.A. Aikman and E. Unterhalter (Eds.), *Beyond access: Transforming policy*
- 614 *and practice for gender equality in education* (pp. 199–211). Oxford: Oxfam.
- 615 van der Riet, M. (2008, June). *But my system’s not in crisis!: Using an activity system analysis to*
- 616 *understand lack of behaviour change in the midst of HIV/AIDS*. UKZN School of Psychology
- 617 Research Colloquium Programme, Pietermaritzburg, South Africa.
- 618 Varga, C. (2001). The forgotten fifty per cent: A review of sexual and reproductive health research
- 619 and programs focused on boys and young men in Sub-Saharan Africa. *Africa Journal of Repro-*
- 620 *ductive Health*, 5(3), 175–195.
- 621 Waetjen, T., and Mare, G. (1999). Workers and warriors: Inkhatha’s politics of masculinity in the
- 622 1980s. *Journal of contemporary African studies*, 17(2), 197–216.
- 623 Walker, L. (2005). Negotiating the boundaries of masculinity in post-apartheid South Africa. In
- 624 G. Reid and L. Walker (Eds.), *Men behaving differently* (pp. 161–182). Cape Town: Double
- 625 Story.
- 626 Wetherell, M., and Edley, N. (1998). Negotiating hegemonic masculinity: imaginary positions and
- 627 psycho-discursive practices, *Feminism & Psychology*, 9, 335–356.
- 628 World Health Organization (WHO). (2003). *Gender and HIV/AIDS*. Geneva, UNAIDS.
- 629 Zakwe, M. (2005). The raising of a Zulu man. *Agenda*, 64, 142–147.
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631 **Chapter 4**

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Q. No.	Query
AQ1	Please sepll out 'VCT' in the sentence 'There is also ongoing need . . .HIV-related services such as VCT . . . attractive to men'.

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