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Sandra January

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Factors that affect and influence condom use among young black men during sexual intercourse



UNIVERSITY OF THE WITWATERSRAND, JOHANNESBURG

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Abstract

HIV/AIDS is a social epidemic that continues to impact the lives of countless young people in Southern Africa and possibly poses one of the biggest threats to adolescent health and sexuality; and is one of the main challenges faced by youth in their transition to adulthood. However, despite the fifteenth year running of the South African government's HIV/AIDS programme, prevalence rates continue to increase annually pointing to disjuncture between government intervention and the causal mechanisms involved in the spread of HIV/AIDS. Furthermore, literature on men's sexuality in Southern Africa remains embedded within a 'predatory masculinity and female vulnerability' paradigm which results in a gendered analysis of HIV/AIDS and a side-lining of the male perspective which then places young men at a high risk of HIV infection. Therefore, in an attempt to understand the disconnect between literature and high prevalence rates; and to contribute to a better understanding of men's health and sexuality, a qualitative study using focus group discussions and in-depth interviews was conducted amongst young black heterosexual men (19- 25 years old) to discover the factors that determine condom use among young men living in an RDP housing settlement in Daveyton on the East Rand of Johannesburg.

The research findings show that condom use in the sample is predicated upon the young black heterosexual men's definition of masculinity, the nature of the sexual relationship and sexual partner, and – to a lesser extent - the social accessibility of the condom. As they move from adolescence to adulthood, there is a transition of their understanding of masculinity from one characterized by promiscuous sexual behavior where the use of condoms is seen to diminish the degree of one's masculinity, to a masculinity fostered by responsible sexual behaviour and accompanied by condom use. The study also found that young men expressed a distance from the supposedly hegemonic view of violent masculinity and male dominance in sexual relationships and that the search for love and the ability to provide for one's partner was what was most valued in young men's self -conception of masculinity and sexuality. This then negatively impacted condom usage in romantic relationships as such relationships were perceived to contain less risk and it was assumed that they are predicated on trust; positing love as the biggest barrier to condom use. Furthermore, the study found that although condoms are physically and economically accessible, they are not socially accessible due to the stigma attached to sexual activity among adolescents – which results in a barrier to condom usage. Therefore, findings suggest that the government's condom promotion programmes - based on the tenets of education (on the subject of pregnancy and sexually transmitted diseases) and

physical accessibility of condoms - are largely inconsistent with the factors that determine condom use among young men. This implies that there is a need to develop tailored condom promotion programmes targeted at male sexuality.

Key words: Masculinity, Sexuality, Condom use, HIV/AIDS

Rationale

HIV/AIDS is a social epidemic that continues to claim the lives of countless people across the country. Stats SA's 2016 mid-term population estimates highlights that there are approximately 7,03 million people living with HIV in South Africa, comprising 12,7 % of the total population. Government policy highlights lack of access to preventative measures and lack of knowledge as the main factors involved in the high prevalence rate. However, despite government's many efforts to bring the epidemic to a steady decline by means of the widespread distribution of condoms and sexual education programmes, the prevalence rate continues to increase annually such that close to half a million new infections continue to occur in the 2 years and older population during 2012 (Shisana et. al. 2012). This points to a disconnect between government policy and the situation on the ground, and calls for an investigation of the underlying reasons for this disconnect and the mechanisms by which the epidemic expands its impact. A substantial amount of literature on the topic remains embedded within a 'sex-as-risk' discourse and a gendered analysis of HIV/AIDS, which sidelines the male perspective and 'sex-as-pleasure', and the pleasurable elements of sexuality involved in sexual intercourse. Therefore, in an attempt to understand the disconnect between literature and evidence, my research aimed to contribute to uncovering some of the underlying factors that shape and influence condom use among young black men. It also sought to contribute to understanding some of the hidden and less articulated meanings attached to sex and masculinity and how this affects condom use.

Research Aims

My research aimed to understand how sexuality is shaped and affected by notions of masculinity. It sought to understand how masculinity is acquired and enacted; how young men negotiate the exchange between stereotypical gender expectations and sexual risk; and to explore the alternative ways in which masculinity may be conceptualized to foster safe sexual practices. I wished to look at what sex means in different sexual interactions and what condoms represent, their viability as a protective measure within such interactions and the dynamics during intercourse that invariably shape condom use. Furthermore, I wished to understand what it is about condoms (despite high HIV/AIDS rates) that accounts for low usage nationwide. I wished to unpack sex beyond risk and to understand how young black men negotiate the balance between sexual risk and pleasure and why (as suggested by statistics) sexual pleasure outruns risk, and the factors that are at play in this process. The following is the main research question:

What are the factors that affect and influence condom use among young black men during sexual intercourse?

Drawing on the implicit information contained in the research question, the aims of this study are:

•To understand what sex means in different kinds of sexual interactions among young black men,

•To interrogate what condoms, represent and symbolize within such interactions,

•To investigate the factors that affect condom use during sexual intercourse,

•To ascertain the viability of condoms as a protective measure within such interactions,

•To explore how masculinity in relation to sexuality is conceptualized and negotiated among young black men,

•To establish how masculinity in relation to sexuality is acquired among young black men, and;

•To identify alternative ways in which masculinity may be conceptualized to foster safer sexual practices

Introduction

An argument that is put forward here is that condom use is influenced by two main factors: masculinity and trust. This paper presents five main chapters centered on this narrative. The first part of this report will present a literature review outlining government's interventions and various researches that have been done on masculinity and condom use. This section outlines six main factors cited in literature on the factors that influence condom use, namely: low risk perception, condom availability, adult views on sexuality, unequal gender relations and socio-economic factors. It then moves on to outlining a historical perspective on the spread of HIV/AIDS and problematizes the ways in which men are represented in literature. The second chapter outlines research methods used in my research, namely focus group discussion and in-depth interviews. It then gives a description of the context and the background of the 10 participants involved in my research; and some brief personal reflections on the research process. The report then proceeds to a discussion of my main findings outlined in chapters 3 to 5. The third chapter will look at masculinity and how this intersects with sexuality. It further explores the popular depiction of masculinity that posits men as the problem and negates other forms of masculinity that reinforce positive sexual behaviour. The fourth chapter will look at condom use and the various factors that affect it. It also unpacks how condom use is centered on the nature of one's sexual partner and social accessibility. Finally, the last chapter will look at the intersection between love, sexuality and condom use, and explore how love is the biggest barrier to condom use. The report then closes off with some possible recommendations on how condom use may be encouraged among young men.

Literature review

South Africa is a country endowed with numerous possibilities for growth, economic development and expansion. It is commonly known as the rainbow nation and has been one of the leading countries in terms of economic development on the African continent. However, despite government's numerous efforts to mitigate the spread and growth of HIV/AIDS, it remains a disabling factor and continues to claim the lives of countless individuals across the country. South Africa has the largest Anti- Retroviral Treatment (ART) programme in the world with about 3 million people estimated to be taking antiretroviral drugs in 2014 making up a total of 47% of the people living with HIV in the country (South African National Aids Council, 2015).

Despite government efforts to curb the incidence and high rates of the infection, HIV prevalence continues to be widespread across the country. According to Stats SA's 2016 mid-term population estimates, the total number of people living with HIV is estimated to be approximately 7.03 million. For adults aged 15- 49 years an estimated 18.9% of the population is HIV positive and of the South African women within their reproductive ages, approximately 22.3% of this cohort is HIV positive (Stats SA, 2016). Furthermore, statistics show that the total number of people living with HIV has increased over the years. In 1994, 7% of adolescents aged 15- 19 years of age were HIV positive; this figure tripled to 20% in 1998 and declined to 15% in 2002. However, statistics show that even though HIV rates are declining it is only happening in relation to children below the age of two, as in 2002 over a third of those aged 25-29 were HIV positive, rising from 31% in the year 2000 (Kaufman, Clark, Manzini & May, 2004); and currently close to 20% of adults aged 15- 49 years are HIV positive (Stats SA, 2016). Furthermore, studies show that women are more likely to get infected than men such that in 2008 it was suggested that one in every three women in South Africa is HIV positive by age 21. This was reflected in a 2005 nationally representative HIV/AIDS study among 15- 24-year olds which noted an abrupt rise in HIV prevalence among young women such that more than one third of women within the above-mentioned age group were infected by age 21 (Robinson & Seiber, 2008). Women continue to bare the highest rates for HIV prevalence such that 22.3% of women within the ages of 15- 49 are HIV positive (Stats SA, 2016).

It is against this backdrop that government has intensified and magnified its HIV/AIDS campaign. Throughout various renditions of government's national HIV/AIDS policy, from the 1994 National AIDS plan to the 1997 National AIDS control programme to the 2000 national strategic plan for South Africa, government has primarily tackled the problem by

means of a two-pronged approach: addressing health services accessibility, and education. Under its second main objective of the current revised edition of the national strategic plan government has sought to prevent new HIV and STI infection by: 1) maximising opportunities for testing and screening; 2) increasing accessibility to a package of sexual and reproductive health services for people living with HIV. They have achieved this by means of preventative measures such medical male circumcision and the widespread provision of both male and female condoms in non- traditional outlets. In addition, they have sought to address behavioural change by means of a nation-wide educational campaign to address ignorance and misconception about HIV/AIDS and to promote healthy sexual behaviour which is primarily centered on condom use. This they have achieved by means educational programs such as the Love Life campaign primarily targeted at the youth and the ABC (abstain, be faithful or condomise) campaign targeted at behavioural change. Government has also attempted to address social and structural drivers of HIV/STI's such as socialisation practices that encourage gender inequality, unsanitary living conditions, areas exposed to migration and mobility, and alcohol and substance abuse, by means of educational re- engineering of gendered social norms and by means of increasing access to post school education and work opportunities to advance upward economic mobility. However, despite the fifteenth year running of government's HIV/AIDS programme, the reality on the ground reveals a startling disjuncture between government intervention and the causal mechanisms involved in HIV/AIDS. The South African national HIV prevalence survey reveals how close to half a million new infections occurred in the population 2 years and older during 2012 (Shisana et. al., 2012). This startling revelation suggests other factors beyond condom accessibility are involved in the spread and transmission of HIV/AIDS. Literature suggests six main factors that negatively shape condom use, namely: risk perception, condom availability, adult views on sexuality, gendered sexuality, unequal gender relations and socioeconomic variables.

Condom knowledge and usage

The vast majority of literature on condom use in South Africa highlights a disconnect between knowledge of HIV/AIDS and condom use. Studies conducted across various parts of the country suggests that most youth in South Africa are in fact highly knowledgeable about HIV/AIDS and have an awareness of condoms as a protective measure, but that nonetheless they report low condom use. Results from cross-sectional studies conducted in South Africa in 2001 report a low condom ever use ranging from 22% to 29% among black adolescents nationwide (Myer, Mathews & Little, 2001). This is correlated by the South African National

HIV 2012 survey which highlighted that of all respondents aged 15 years and older who were sexually active in the last 12 months only 36.2% indicated condom use. Furthermore, the literature suggests that most youth have a variety of sources of condom supply and accessibility but that only a small portion make use of condoms (Macphail & Campbell, 2006). In a study done in the Western Cape that traced the use and wastage of public sector condoms across four municipal clinics that serviced small rural towns, it was found that 52% of the condoms procured from these clinics had been used in sex, 14% were given away before use, 18% were discarded before use and 24% were unused (Myer et. al., 2001). Therefore, this begs the question as to why despite high infection rates there is such a reported low condom use among youth?

Factors affecting condom use

Risk perception and perceptions of condom use

Studies point to the low risk perception prevalent among youth and show that most South African youth do not perceive themselves to be at risk of infection (Everatt & Orkin, 1993; Friedland et. al., 1991; Govender et. al., 1992; NPPHCN, 1996; Perkel, 1991; Ratsaka & Hirschowitz, 1995; Richter,1996). The threat of infection is often externalised and associated with rape, commercial sex or excessive alcohol consumption (Macphail & Campbell, 2000). Eaton, Flisher & Aaro (2003:158) point to how "*perceptions of risk are unrealistically low in some groups with high rates of sexual activity and low condom use*". In a study done on HIV risk perception and initiation of intercourse among youth in Cape Town it was found that the majority of the youth in the study perceived themselves as being at little or no risk of HIV infection, which then often shapes their participation in unprotected sex (Anderson et. al., 2007). Attached to low risk perception are the negative perceptions (among both men and females) associated with condom use such as reduced sexual pleasure where condoms are perceived as reducing sexual sensation and arousal (Higgins, Tanner & Jansen, 2009; Khan, Hudson, Sagger, Bhuiyan & Bhuiya, 2004; Randolph, Pinkerton, Bogart, Cecil & Abramson, 2007). In a study done in North West Township in Durban on the sexual decision making of youth between the ages of 15- 26, it was found that condoms were avoided because they made sexual intercourse an impersonal and uncontrolled experience and were rejected on the grounds that they made sexual intercourse less pleasurable (Varga, 1997).

Other concerns with condom use relate with how condoms are viewed as mitigating trust in relationships and are associated with infidelity and sexually transmitted diseases (Meyer-Weitz et. al., 1998; NPPHCN, 1996; Richter, 1996). This is because condoms are perceived to break the intimacy and romance of the moment (Meyer-Weitz et. al.., 1998; Wood & Foster, 1995). Therefore, according to Maharaj & Cleland (2005) this is the reason why there is significantly low or inconsistent condom use among married or cohabiting couples. This was highlighted in a study conducted in Kwazulu-Natal on risk perception and condom use among married and cohabiting couples where it was found that widespread resistance to condom use in stable long-term relationships was due to their association with a lack of illicit sex. Of the 238 couples interviewed in the study it was found that despite universal knowledge of condoms, low proportions of respondents reported consistent or occasional condom use with their spouse/ partner. Condoms were most likely to be used in situations where individuals felt at risk of HIV infection due to suspected infidelity from their partner (Maharaj& Cleland, 2005). Attached to this is the lack of trust in condoms as a preventative measure against HIV infection or pregnancy due to the fear of condoms breaking or slipping away and the awkwardness involved in purchasing condoms or retrieving them from a public outlet (Eaton et. al., 2003). Therefore government's current approach to HIV/AIDS proves inadequate as it fails to take into account what condoms mean in different sexual interactions, the different uses/non-uses of condoms and the possible gendered use of condoms, how in some instances condoms are not used by men because they prevent procreation which is used as a marker for fertility and hence masculinity; how condoms for women might not be used because they are not trusted as an effective contraceptive measure, and how they symbolize the breaking of trust and intimacy (Eaton et. al., 2003).

Communication with adults and peer pressure

Another aspect highlighted in the literature is how peer norms and adult views on sex shape youth sexual practices. Studies show how there is an alarming failure of communication on sexual matters between adults and/ or parental figures and children which results in risky sexual behaviour among youth (Delius, 2002; Boult & Cunningham, 1991; Kau, 1991; Kelly, 2000; Kelly & Parker,2000; Wood, Maepa, & Jewkes,1997). Eaton et. al. (2003:160) highlight the following regarding South African adolescents "*their parents refuse to talk to them, give them only vague injunctions rather than information, and may even punish them for raising the*

subject". Sex and condom use are taboo topics that are rarely discussed between parents and their children, since parents would perceive this as encouraging sexual activity. As such, adults use silence on the subject matter as a means of encouraging abstinence and refraining from sexual activity. However, this leaves youth largely dependent on their peers for sexual education which often results in misconceptions about condom use and risky sexual behaviour (Macphail & Campbell, 2000). Literature (Buga et. al., 1996; Cassimjee, 1998; NPPHCN, 1996) suggests that youth face considerable same-sex pressure to be sexually active but that peer norms do not seem to be as influential in fostering unsafe sexual practices among young females, but rather play a significant role among young men (Schubotz et. al., 2004). Macphail & Campbell (2000) as well as Blecher et. al. (1995) point to how peer norms associate masculinity with multiple sexual partners and asserting power over women and how men are subjected to teasing and jeering and perceived to be less masculine for using condoms. Young men are, therefore, left to navigate the balance between stereotypical projections of masculinity and safe sexual practices. However, not as much attention, in comparison to the female perspective, has been given on resolving this tension in the literature, how male gender socialisation in relation to sexuality occurs and is shaped by society and how stereotypical expectations of masculinity place young men at risk of HIV infection (Higgins, Hoffman & Dworkin 2010). Instead, a substantial amount of writing has been dedicated to highlighting the female voice and female disempowered experiences in relation to sexuality.

Gender power relations

A gendered perspective on sexuality comprises a large portion of most literature on sexuality, and the focus is on how patriarchally gendered sexual relations and unfavourable socio-economic conditions interact to make it difficult for women to negotiate safe sexual practices (Jewkes & Morrell, 2010; Shisana & David. 2004). The argument made is that society is rife with unequal gendered power relations that associate masculinity with control and a flaunting of one's sexuality, which subjugates women to male domination and abuse. Eaton et. al. (2003) observe that traditional African cultures are frequently patriarchal and oppressive towards women. These unequal gendered power relations are re-enacted in sexual relations and result in widespread low status for women within sexual relationships. Furthermore, this results in the disempowerment of women and constrains their ability to assert agency and negotiate condom use, which results in a high risk of infection. Pettifor et. al. (2004) point to how lack

of sexual decision-making power decreases the likelihood of consistent condom use and increases the risk for HIV infection among sexually experienced 15-24-year-old women in South Africa. The literature highlights that women with low relationship control were 2.10 times more likely to use condoms inconsistently. Furthermore, literature from both developed countries and developing countries such as South Africa points to the contradiction between social norms of female sexuality, where sexual encounters are perceived as initiated by men, and female sexual needs and desires (Holland et. al.., 1990; Hillier, Harrison & Warr, 1998). "*Women, therefore, often do not have condoms available and make few efforts to gain knowledge of their partners' sexual histories, as this would be tantamount to admitting to themselves and society that they plan to engage in sex"* (Macphail & Campbell, 2000: 6). This gendered perception of sexual initiation stigmatizes women carrying condoms as promiscuous or actively seeking sex. Consequently, women are less likely to either carry or suggest condoms to their male counterparts in sexual interactions. Furthermore, literature points to how women are expected to engage in sexual practices in the confines of serious trusting relationships, which then often results in premature trust of partners and the non-use of condoms as an expression of that trust (Holland et. al., 1991; Ingham, Woodcock & Stenner, 1991). Additionally, Hollard et. al. (1991) point to how social constructions of male and female sexualities in western culture frequently blur the distinction between male violence, coercion or rape and normal heterosexual sex.

Attached to the disempowered gender position of women in society is the role that socioeconomic factors play in further disadvantaging the position of women in sexuality. Statistics show that the majority of the world's poor substantially consists of women (WHO, 2008). Therefore, it is argued that poverty and a lack of upward economic mobility in South Africa results in young girls entering into sexual relations with older men in exchange for financial support and sustenance (Paiva, 2003). The age gap combined with financial dependence and unequal gender roles results in limited agency and a difficulty in negotiating condom use. This often results in coercion and forced sexual intercourse and in high HIV/AIDS infections. The South African national HIV 2012 survey highlights how females aged between 15-19 years had an eight times higher prevalence than their male counterparts and that 33% of all females within the above-mentioned age group reported having had a partner more than 5 years their senior compared to their male counterparts (Shisana et. al., 2012). Studies done on the sexual decision-making of young girls in South Africa show that in most cases young girls are coerced or violently forced to participate in sexual intercourse. Such relationships are

largely controlled by the male partner and entails penetrative sex "*when how and how the man wants it*" and where men "*feel justified in using physical assault or threats of violence to coerce their girlfriends into having sex"* (Eaton et. al., 2003:159). Moreover, Varga (1997) highlights how HIV is a minor issue among teenage girls as violence is often an overriding factor in sexual decision making. In addition to this there is an extensive body of literature (Varga & Makubalo, 1996; Wood & Jewkes, 1997; Wood, Maforah & Jewkes, 1998; Maman, Campbell, Sweat & Gielen, 2000; El Bassel, Gilbert, Wu & Hill, 2005) that correlates these findings and shows how intimate partner violence is a prevalence experienced across the country that essentially constrains women's ability to engage in safe sexual practices.

Likewise, Eaton et. al. (2003); Mac-Phail & Campbell (2000); Meyer-Weitz et. al. (1998) highlight how the notion that masculinity implies having unprotected sex with numerous partners is a view that is highly pervasive in South Africa. Studies on monogamy in South Africa (Meyer-Weitz et. al., 1998; NPPHCN, 1996; Richter, 1996) point to the claim men make about how they need sexual variety, as expressed in the following terms: "*it is in a man's nature to want many partners and staying with one woman therefore goes against the essence of being a man"* (Eaton et. al., 2003:161). In addition, there is also the notion among youth in South Africa that sexual desire is a natural force that one should not attempt to control and the notion that a man has the right to sexual intercourse make it difficult to delay sexual gratification in the absence of condoms and results in the use of force and violence in sexual encounters (Disler, 1990).

<u>Critique of mainstream discourse: gendered sexuality</u>

An exclusive focus on female experiences and vulnerabilities has resulted in a gendered analysis of HIV/AIDS, where women are perceived as a disempowered homogenous group that is dependent on men and enslaved by gender inequality, and where men are portrayed as patriarchal, oppressive, reckless sexual beings that are not necessarily concerned with protection but more with pleasure in what has come to be known as the "predatory penises and vulnerable vulvas" discourse (Beasley, 2008). This is reinforced by Higgins et. al. (2010:438) who argue that most discussions on sexuality are placed within a vulnerability paradigm that consists of the following tenants: *"(1) women want to prevent HIV when having sexual intercourse with a potentially infected man, but lack the power to do so, and (2) men are more likely than women to bring HIV into the partnership because they engage in more sexual and drug use risk behavior*". Men are perceived as active agents of transmission but not active

agents of prevention. Such a discourse has its origins in the sex wars of the 1970s between feminist and masculinity sexuality studies where there was a divide between radical feminists such Catherine Mackinnon, Andrea Dworkin, Susan Griffen and Mary Daly, amongst many others labelling sex as danger and thinkers such as Judith Butler, Gayle Rubin and Steven Seidman aligned with queer theory viewing sex as pleasure. Radical feminists argued that sexuality was constructed along gendered lines to uphold male social dominance and viewed heterosexuality as a display of men's power over women. As a result, they were critical of penis-centered conceptions of sexuality and portrayed women as a vulnerable homogenous group and men as predatory and oppressive, men were all 'hegemonically abusive' (Heise 1997:423).

In contrast, there was the pro- sex-position which was closely associated with Foucauldian sexuality studies and queer theory which was critical of radical feminism and denied the homogeneity of women as a group in terms of their sexual preferences and dis-empowered position (Echols, 1983, 1984; Sullivan, 1997; Epstein and Renold 2005). It rather embraced the complex roles of power relations, danger and consensual violence in sexual relations. However, the focus here was exclusively with queer sexualities (particularly gay men) (Bell and Binnie 2000; Evans 1993), side-lining heterosexuality as boring, normative and leaving Sexuality Studies, particularly masculinity, to feminist conceptions of sex as danger, and unequal sexual relations narratives. Beasley (2008) argues that heterosexuality still continues to be viewed along the same lines evident in the global sexuality debates fashioned around gendered representations of male victimisers and feminine victims such as trafficking, slavery and rape in war.

However, the problem with such a discourse is that it homogenizes women's experiences. It leaves no room for agency and ignores the experiences of women who are able to negotiate safe sexual practices within the context of gender inequality and disadvantaged socioeconomic relations. Such analysis of HIV/AIDS creates a gendered superficial divide that overlooks equally important structural ways in which heterosexual men are vulnerable to infection such as migration, refugee movements, war, poverty and social and cultural transitions brought about by globalisation (Dowset, 2003; Higgins et. al., 2010). Dowset (2003: 22) argues that:

"*Even if young women are more at risk, young men in these places have enhanced HIV risk as well, so age/generation is having an effect as well as gender. Similarly, in many countries, the epidemic was and is still powerfully at work among gay and other homosexually active men*

(usually termed ‘‘men who have sex with men’’ or ‘‘MSM’’); and the Central Asian republics are now experiencing rapid increases in HIV infection rates as a result of growing injecting drug use, increased sex work and a rapid rise in sexually transmitted infections”

Furthermore, due to its historical underpinnings in biological understanding of gender this position confines sexuality to reproductive health which is in contrast with reality where most sexual encounters are undertaken for non- reproductive purposes (Dowset, 2003). It does not give a platform to egalitarian male sexuality and alternatives to stereotypical masculine articulations of male sexuality. It silences the male voice and perspective on sexuality, side-lines young men’s vulnerability to infection and reduces sexuality to an exclusivity focused on female disempowered experiences (Higgins et. al., 2010).

History of Masculinity in South Africa

South Africa’s history of racial injustice resulted in two processes: 1) an aggressive culture of masculinity forged in the mines that later spread into the townships and the reserves; 2) social inequalities that marginalized women and resulted in risky sexual behaviour. The spread of capitalism had a diverse effect across various regions of the world and permeated all sectors of life, transforming social institutions and cultural practices profoundly, particularly the conceptualization of gender. Beyond the depiction of men as bearers of oppressive gender, class and racial relations, little attention was given to masculinity studies in South Africa. However, the rise of women’s studies in southern Africa and the attempt to incorporate women into history gave rise to gender studies and allowed for renewed attention to be focused on men. Key contributions were made by Linzi Manicom who stressed the need to extend gender studies beyond women’s labour relations to an analysis of the state and a volume of essays edited by Mark Gevisser and Edwin Cameron on gay issues. Belinda Bozzoli (1983), in an article on the complexity of gender relations, placed masculinity on the mainstage. She disputed the notion of a singular masculinity centered on capitalism and white supremacy but rather argued for the continued existence of African patriarchies producing the co-existence of two articulations of masculinity: racialized, white supremacy masculinity in the city and a pre-capitalist African masculinity in the reserves (Morrell, 1998).

The mineral revolution resulted in drastic changes in every facet of African life and re-organized the way in which Africans economically reproduced, and particularly altered the way in which masculinity was conceptualized and practiced. In order to meet the demands of the growing mineral economy a large supply of labour was needed. This was achieved by mass

land dispossession so as to force a significance number of African subsistence farmers and farm workers into the mineral sector at low wages. This involved a system of migrant labour where workers would travel to the city to work on mines, factories, offices, farms and as domestic workers and they would leave their families behind in the rural areas. As a result, many African men would enter into migrant labour as an escape from the poverty in the reserves, as a way to earn wages to support their families and as a way to accumulate wealth for one's retirement. This saw the mass movement of Africans, predominantly male, between the towns and rural areas for prolonged periods of time so as to earn an income. Combined with the dangers of working in a high risk, low paying environment, this fostered aggressive masculinities and created the optimal conditions that contributed to the spread of HIV/AIDS (Walker, Reid & Cornell, 2004).

This was exemplified in a study of Basotho migrants conducted in the 1990s on the gold mines of Carletonville where it was found that masculinity comprised two main facets: "*notions of bravery, fearlessness and persistence in the face of demands of underground work; insatiable sexuality, the need for multiple partners and the manly desire for pleasure or flesh to flesh sexual contact…as a way to cope with life on the mines"*(Walker, Reid & Cornell, 2004: 64). This macho masculinity and aggressive sexuality interacted in ways that had a negative impact on sexual relations and contributed to the rapid spread of HIV/AIDS in the mining compounds and in the reserves. Walker, Reid & Cornell (2004) argue that contrary to the beliefs of the migrant labour systems and promiscuity of mine workers as drivers of the epidemic, mine worker exercised a considerable amount of control on sexual relations in the form of initiation and circumcision lodges and a migrant culture that emphasized prohibition on sexual relations with urban women. Instead non-penetrative homosexual relationships in some instances were used as a way of satisfying sexual desire. These relationships typically involved senior/ older men taking on new male recruits as wives to perform sexual duties (Walker, Reid & Cornell, 2004).

However, with the growth of secondary industries and the tertiary service sector, many of these controls (in the form of initiation and circumcision lodges) fell to the wayside allowing for a culture of masculinity that propagated the rapid spread of STI's. The growth of the industry gave rise to the need for an urban rooted labour force, loosening ties between the urban and rural sector and in kinship ties that regulated sexual behaviour. This period also saw the mass movement of women from the rural areas into urban towns in search for work. With male relatives or spouses away for prolonged periods of time there was no longer a consistent flow

of income to sustain livelihoods. This coupled with population pressures and the lack of land in the reserves, and women abandoned or widowed, resulted in the movement of women to the cities in search for a better living. It is estimated that more than a quarter of the female population in Basutoland was absent from their homes in the 1930s. However, the allure of the city did not hold out all that it seemed to promise as there were few paid jobs available for women in the towns which led to women entering into transactional sexual relationships with men and the brewing of illegal alcohol in order to survive. Due to this influx of people from the reserves and the lack of suitable housing to accommodate them, squatter camps begun to grow and multiply in and around the mining compounds. The upsurge swing in population growth combined with lack of sanitation, overcrowding and poor healthcare created the optimum conditions necessary for the rapid spread of various infectious diseases. Furthermore, the prolonged stay in the city loosened the migrants' imperative to maintain ties in the reserves resulting in a break in migrant labour culture and in the emergence of competition for sexual favours of 'newly urbanized" women. This resulted in the combination of 'macho' migrant masculinities and aggressive migrant sexualities into a lethal cocktail that enabled the explosion of HIV/AIDS infection (Walker, Reid & Cornell, 2004).

Added to this was the emergence of a problematic youth culture that further fostered an aggressive masculine sexuality. Historically, adolescent sexuality was governed by age cohort groups in the form of initiation schools and was closely monitored and regulated by adult supervision. Sexuality was an open topic and an integral aspect of many African children's early sexual socialization which included sexual education from peers and from adults. There were social prescriptions and taboos against penetrative sex and teenage pregnancy which were regulated by regular virginity testing by older women and a low lobola payment for non-virgins. However, despite the fact that penetrative sex was sanctioned there were avenues available to youth for the expression of sexual desire, such as 'sex between the thighs' (*hlobonga*) where the young man would pull away before release of semen into the vagina and pass on the girl's thigh instead. However, with the advent of Christianity patterns of sexuality were drastically altered, resulting in the loosening of pre-existing sanctions on sexuality and an increase in premarital sex and teenage pregnancy. Premarital sex was forbidden in Christian communities and the topic of sexuality was left untouched: *"Christian morality and the pursuit of modernity made a potent cocktail which stigmatized traditional forms of restraint but failed to curb the heightened sexual impulses of pubescent youths"* (Walker, Reid & Cornell, 2004:78). This resulted in a rise in penetrative sex and teenage pregnancy. Parental control and

regulation was replaced by new forms of sexual socialization found in youth gangs and in mass schooling, giving rise to new form of masculinity and sexuality.

Due to the rise of industrialization families were often disjointed and children were often left unsupervised prior to the advent of Bantu education. In the absence of sanctioned behavior controls young men found identity and belonging in urban age cohort groups. These gradually converted into urban gangs that promoted violent forms of behavior, crime, and domination over women and an opposition to authority from elders. Many young men became petty criminals (*tsotsis*) or gangsters and asserted their masculinity by increased forms of violence against one another and against women. Being a man involved being streetwise, being tough and the control of territory from other gang members and from the state. This gave rise to a new black oppositional masculinity and a *tsotsi* culture that asserted its masculinity by means of violence against other gangs, against workers and against symbols of authority (Morrel, 1998).

In addition to this was the role played by political youth culture of the 1970s and the 1980s that had a profound influence on youth sexual behavior. Due to the collapse of population influx control there was a large movement of unemployed and impoverished Africans into urban shack lands. This increased population pressure and intensified poverty in urban slums and townships, combined with growing numbers of unemployment resulted in a sharp rise in political violence. The anti- apartheid struggle was primarily spearheaded by youth in the townships and part of this urban youth culture involved sexual subordination and coercion of girls by comrades. Walker, Reid & Cornell, 2004:79) note that: "*young male comrades promoted the idea that it was their duty to father more soldiers to replace those who had died in the struggle against the apartheid state…many girls were persuaded to abandon contraception and those who resisted ran the risk of a severe beating or rape"*. Consequently, there was heightened sexual violence and propagation of a culture of subordination of women.

However, the transition into democracy did little to address the situation. Hunter (2010), writing from a political economy perspective, argues that the ANC government's adoption of neoliberal policies had a devastating impact on the spread of the epidemic. Budget cuts in terms of spending on social services exacerbated an already declining economy and further worsened the plight of many Africans. Unemployment increased such that from 1995 to 2005 there were approximately 12- 72% unemployed women and 11- 58% unemployed men aged 15- 24. This led to the heightening of social inequalities, reducing marital rates and pushing many women

in the urban slums into transactional sexual relationships. These relationships usually involved multiple sexual partners and unprotected sex in exchange for money, food and shelter, thus allowing for the rapid spread of the virus. Furthermore Marks (2008) notes how Ramphele's 1980 study of single sex hostels in Cape Town revealed: "*the ways in which male violence against women was an outcome of the exploitation and subordination of men in apartheid society and their wider lack of control and power…which they expressed on individuals in a weaker position than they were- women in the town illegally dependent on them for a bed, food and income*" (Marks, 2008:50).

However young men without access to the power money could afford and without the finances to afford *lobola* for marriage, in order to achieve full transition into adulthood, resorted to other means of asserting their masculinity. It was found in a study conducted on rural men in Bushbuckridge that young resorted to rape and violence against women as a way to symbolically assert a dominant masculine persona (Niehaus, 2002). Therefore, we see that South Africa's history has resulted in a system of socioeconomic inequality that reinforced in skewed gender relations and forged a masculinity that was defined by violence and multiple sexual partners, aspects which interacted in negative ways towards the expansion and rapid spread of the HIV/AIDS pandemic.

Sex as risk vs. sex as pleasure

Furthermore, as a result of the sex wars of the 70s and sex as danger discourse the very notion of sexuality as an institution was re-engineered from a focus on desire and pleasure to risk and preventative measures (Beasley, 2008), rather than a focus on sex as an institution, the factors that shape sexual engagement, the intricate details that constitute and shape sexual interactions, the different types of sexual relations, what sex means in different interactions and spaces and how condom use invariably shapes or rather interrupts relations between actors. Instead there is an overemphasis on sexually transmitted diseases and risk aversion in the literature on sexuality (Lupton, 1995; Petersen and Lupton, 1996) and the use of fear and risk of disease in government intervention programmes to try and encourage safe sexual practices (Philpott et. al., 2006). As a result, the pleasurable elements of sexual intercourse are seldom covered in HIV prevention programmes (Higgins et. al., 2010). This school of thought has been inherited in preventative health care measures and in sexual education programs that focuses on management of risk and reproductive health and sex as a danger narrative (Broom, 2007, 2008;

Dip rose, 2007, 2008). However, Debra Lupton (1995) using Foucault's analysis of the modern surveillance of bodies argues that preventative health is more about regulatory management of social risk, where sexuality has been reduced to regulatory governance and where condoms in this sense are used to police and regulate sexual practices. As a result, most sexual health education programs continue to have a biomedical focus that aims at fixing the body, on anatomical and technical aspects of sexuality, and fails to give a holistic treatment of bodies and sexuality that incorporates the desire and pleasure involved in heterosexuality (Beasley, 2008). This is highlighted by Parker (2009) who argues that in most discourses on sexuality actual sexual practices are absent. However, silence afforded by history on the subject matter and negative mis- conceptions of heterosexual pleasure as problematic leaves sexual education to the monopoly of the highly eroticized commercial sector that continues to urge young people to engage in sex for pleasure and gives young people limited possibilities in shaping alternative sexualities to gender stereotypical roles. Beasley (2008:152) argues that:

"While young people are constantly exhorted in popular media to be sexual and to undertake sex, young men have not been engaged by 'critical' voices (scholarly or policy Literatures) attending to sexuality. These critical voices – which include writings arising from Gender/Sexuality studies, and from the Preventive Health field such as sex education policy materials– aim to offer alternative understandings of heterosexuality and masculine sexuality to those which are on offer in the popular media. Yet such critical approaches remain undeveloped, largely negative and/or focused upon danger/risk rather than considering heterosexuality in terms that might encourage young men in particular to be inspired by the possibilities of egalitarian sexual practices and embrace the aim of ending sexual violence".

It is from this juncture that my research embarked on a process of illuminating side-lined male perspectives on sexuality and aimed to contribute to giving a platform to marginalised male voices on sexuality and to contribute to our knowledge of alternative formulations of masculinity. My research aimed to explore the meanings attached to sexuality in different contexts and factors that shape sexual practices among young men. And essentially it attempted to re-situate condom use, framed within the HIV/AIDS epidemic, within the context of sexuality focusing on the negotiation between pleasure and risk, and sought to interrogate how condom use shapes that process. My research attempted to add marginally to the literature on the subject matter.

"*Time has come to put the sex back in sex research and pay renewed attention to its complex choreography of bodies, caresses and sensations that our own work may have ironically left aside in our rush to legitimacy and professional recognition"* (Parker, 2009:261).

Methodology

In order to answer my research question regarding the underlying factors that shape and influence condom use among young men, I needed to understand the meanings attached to sex and masculinity and how this affects condom use. I sought an understanding of sexuality beyond unequal gender power relations, to look at how sexuality is shaped and affected by masculinity, how this masculinity is acquired and enacted and how young men negotiate the exchange between stereotypical gender expectations and sexual risk. I also sought to look at the alternative ways in which masculinity may be conceptualized so as to foster safe sexual practices. I desired to explore what sex means in different interactions and what condoms represent and how viable they are as a protective measure within such interactions. Furthermore, I sought to unpack the dynamics during intercourse that invariably shape condom use and to gain a better understanding of what it is about condoms that accounts for low usage nationwide. I sought to unpack sex beyond risk and to understand how a group of young men negotiate the balance between sexual risk and pleasure, whether and if so, why as suggested by the above-mentioned statistics of low condom use nationwide, sexual pleasure outruns risk and what factors are at play in this process.

Therefore, the approach that proved most relevant for my question was qualitative research. Due to qualitative research's focus on meaning and interpretation, it allowed me to achieve the above mentioned. Qualitative research is a broad methodological approach that "*aims to elicit the contextualized nature of experience and action and attempts to generate analysis that are thick and integrative…draws on an interpretative orientation that focuses on the complex and nuanced process of the creation and maintenance of meaning*" (Liamputtong & Ezzy, 2005:2). It is premised on the logic that in order to understand people's behavior we need to understand the meanings and interpretations attached to actions, where the focus is not on standardized techniques but on understanding peoples lived experiences from participant perspective. Statistical measures prove inadequate in extracting this type of information as to due to an emphasis of objectivity, standardization and generalizable laws that hold true across context and participant it results in rigidity that interferes with extracting the depth and meaning across different participants and it ignores the interpretative process involved in data collection and analysis. On the other hand, qualitative research proves more appropriate as by a more fluid but no less rigorous approach, it places participants' perspective and interpretation at the center of its practice (Liamputtong & Ezzy, 2005).

Context/ location of the study

Literature points to the role that socioeconomic status plays in the spread of HIV and points to how youth from disadvantaged backgrounds are most vulnerable to infection. Varga (1997) highlights that youth who come from poor disadvantaged backgrounds with social instability and inadequate resources are least likely to engage in safe sexual practices. This was corroborated in a study done on sexual initiation and condom use among black South Africans where it was found that African youth in communities with relatively high levels of concentrated disadvantage have a higher risk of sexual initiation and unprotected sex (Burgard & Lee-Rife, 2009). There are a number of reasons for this. Historically townships were formed during the Apartheid era as a way of accommodating the migrant labour system that provided the labour power needed for the expansion of the gold economy. Therefore, townships were initially designed as temporary living spaces for migrant labourers who worked in the city but had their homes in the reserves. However, over time townships came to encompass not only migrant labourers but their wives and their children and perpetually grew and became permanent residential areas for non- white citizens. Despite this growth in numbers and the influx of people from the reserves into the townships little attempts were made in the development of township space due to deliberate attempts by the Apartheid government to impoverish the black majority particularly in terms of housing, education and healthcare.

The Apartheid system had a devastating impact on the health of black south Africans. This was a result of low wages, overcrowding, inadequate sanitation, malnutrition and stress which caused the health of the black population to deteriorate. These factors have been linked with the very high burden of poverty related diseases. A prominent feature of health services in South Africa is that there has been fragmentation both within the public health sector and between the public and private sectors. As a result of Apartheid health facilities were racially segregated with hospitals in white areas receiving significantly more government funding than those in the Bantustans, i.e. by 1986/87 public sector healthcare per head ranged from R23 in Lebowa to R91 in Ciskei(Bantustans) to R150 – R200 in the affluent areas (Covadia et. al., 2009:825). Furthermore, despite generating great wealth for the mines during Apartheid, black workers were paid less than a living wage. The plight of black South Africans was further worsened by racial discriminatory legislation on job reservation, education and wage variation, i.e. in the mining industry white people earned eleven times more than people did in 1935 and twenty times more in 1970. This was further exacerbated by inequalities in the education system. Such that in 1980 expenditure per head on education for white children was double

that of Indian children and more than five times that of black children. This was caused by government's deliberate policy of under-educating the black population so as to maintain them at menial and low wage-earning positions in society. This resulted in high unemployment rates, low educational attainment and a dysfunctional education system that was carried over into the democratic regime **(**Covadia et. al., 2009:823).

In terms of the social context townships were hostile environments that were ruled by young men. Initially young men were governed by traditional socialization agents found in the homelands such as elders, and identity and belonging was found in age cohort groups. But with the shift to the city and the absence of positive socialization agents and limited economic opportunities, young men found security and belonging in gang membership. This resulted in violent forms of masculinity that manifested itself in gang fights over turf and women. All of these factors contributed significantly to gender based violence in the country. However, government has made tremendous strides in attempting to undo injustices of the past by means of nationwide provision of RDP houses, the upgrade of infrastructure, the development and improvements in the standard of living such that most people in townships have access to electricity, water and basic government services. However, despite many of government's efforts legacies of the past continue to affect key sectors such as education and healthcare. There still remain limited economic opportunities in terms of jobs and youth development initiatives in order for youth in the townships to empower themselves. Therefore, my research attempted to locate my investigation where it would be most relevant to investigate the intersection between a historically disadvantaged space and masculinity, in Mayfield, a rural township in the East Rand, so as to assess the extent to which socio- economic factors such access to condoms affected condom usage.

Mayfield is an area located within the broader township of Daveyton which was established in 1952 and forms part of the Ekurhuleni municipality. According to 2011 census data there are approximately 127967 people living in Daveyton of which 98% are African from various cultural backgrounds namely: Zulu, northern Sotho, Xhosa and other languages. Daveyton is separated into three main areas: suburb, informal settlement and an area with RDP houses. As you enter Daveyton you encounter Extension Three which is the suburban part of the township with tarred roads and fencing around each house. This part of the township has a mall, a college (Ekurhuleni East College), a library (Daveyton Library) and it is also where the two main high schools (HP Nyathi and Daveyton Secondary School) in the area are located. As one moves, away from Extension Three and progresses towards the city center one encounters an area

called Squaren, a very busy and congested area where the main taxi rank is situated. The main roads are filled with Toyota Ventures which constantly hoot at pedestrians at every intersection to catch their attention as this is the main transport used in the area.

As you drive away from the taxi rank further into Daveyton you encounter Zenzele, an informal settlement congested with shacks in an area that stretches between 5-10km wide. You then enter an area called Mayfield, Mina Nawe where my research was mainly situated. This part of Daveyton is populated with RDP houses lined up in aisles in relation to each other, each house with various modifications made to the original design. These are one-bedroom houses with an open plan kitchen that extends into the lounge and a bathroom situated outside. The houses have access to electricity and running water. In terms of infrastructure, only the main roads in Mina Nawe are tarred, with the smaller streets leading to individual houses leveled with sand. There are no streetlights in sight and the streets are not marked. There are no hospitals, clinics nor schools in this area and it lacks access to the most basic services such as community centers and recreational activities. There is no police station, no public parks for children to play in and neither cafés nor restaurants where one can sit down and have a meal. However, there are tuck shops that sell fast food at most street corners. There is also a mobile clinic that comes twice a week for basic services such as child immunization and they hand out condoms. My research was conducted at a nursing school (Nomcebo Training Centre) that provides home based care training and assistance in the area.

Refer to Appendix A for pictures

Sampling frame

Du Plessis et. al..1(993), Preston-Whyte & Zondi (1991) and Wood et. al. (1997) link poverty, unemployment, overcrowding, and low levels of education to higher levels of adolescent sexual activity and less knowledge about HIV and AIDS. Due to South Africa's history of racial discrimination and the systematic oppression of upward black economic mobility, poverty and HIV/AIDS are distributed along racial lines with black youth bearing a disproportionate burden and accounting for a substantial part of the prevalence rates (Eaton et. al., 2003). Therefore, my sample was composed of 22 young black men between the ages of 19-25 (12 participants for focus group discussions and 10 participants for in-depth interviews), as this age group does not need parental consent. This was also due to the fact that statistics show this group to be most vulnerable to infection.

The sampling method used to obtain participants was snowball sampling which basically locates participants by association to a key informant. Musa, a 2nd year Humanities student who lives in the area and who showed a keen interest on my topic was the main informant used to gain access and locate participants for the focus group discussions. This process basically involved walking around with him in his neighborhood and asking young men who we met at the tuck shop or on the streets surrounding Nomcebo Community Centre if they would be interested in participating in my research. In addition to snowball sampling, I made use of the focus group discussions not only for data collection but also as a sampling tool to locate participants for in-depth interviews. This involved identifying participants who showed a willingness to participate in my research and who were willing to share their views. It also involved locating a wide range of divergent views on the topic so as minimize bias in responses

Participant background

As outlined above there were 10 main participants involved in my study between the ages of 19- 25 years. This is a brief narrative on each of my participant:

Innocent is 21 years old and is currently studying towards a Bachelor of Arts degree in Politics at the University of Johannesburg. He was born in Leondale, Germiston and only moved to Daveyton in 2004. He was raised by both parents and currently resides with them in Daveyton. He is the only male child and has five sisters: one from his mom's side, one sister from both parents and the other three are from the dad's side. He says he comes from a generally good

family where all his needs were met and his dad played a pivotal role in his upbringing. He believes that being a man is defined by one's actions and not by age and that being able to provide for his family financially is central to being a man. He has no desire to start a family hence makes sure to use a condom to prevent pregnancy but views the use of condoms as unnecessary in trusting relationships. He believes that in a relationship it is predominantly the man's role to take care financial provision and to initiate sex but is open to compromise and in some instances to allow the women to take the lead.

Andile initially grew up in Mpumalanga and only moved to Daveyton when he was 7 years old. He went to HP Nyathi Secondary school and matriculated in 2014. He was raised by both parents and his father is an elder in the church but he feels that his dad has not been that involved in his life. Despite being only 21 years of age Andile has four children with four different women and stays at home with his parents, with two of his children and younger sister. He provides for his children and makes ends meet by doing piecework such as plastering and brick laying. He currently has six girlfriends and admits to having slept with not less than fifty women since he began having sex at age 14, whose names are all written in a little black book he occasionally shows off to his friends. He says he enjoys sex and makes sure to maintain a consistent schedule of at minimum three sexual encounters per week. He says he enters into all of his relationships for sex and nothing else and hence all his relationships only lasts between 2-3 months as when he eventually gets bored with a girl he lets them go.

He believes having sex and the ability to make a girl pregnant are central to being a man and he believes it's the man's role to initiate sex and to play the domineering role in the relationship. He also believes that respect from a girl and among other guys is important and admits that he would have no problem hitting a girl (which he regards as discipline) if she were to undermine him or disrespect him in public. He doesn't believe in demanding sex from a girl but at the same time feels that if someone is his girlfriend she must be able to satisfy him sexually as that's what he regards as most important in a relationship. He says he is known and highly respected as the ladies' man in his neighborhood and that all the other boys cheer him on as 'the man' and admire him for this. He doesn't really believe that sex with a condom is sex as it doesn't feel as pleasurable and therefore he doesn't use a condom in most of his sexual encounters unless the girl insists.

Jabu is a 25-year-old male studying towards a teaching qualification via UNISA. He is his parents' only child and resides with both his parents. However, he was raised by his

grandmother until grade 10 and has resided in Daveyton all his life. After completing grade 12 his father sent him to initiation school as, in accordance to his Xhosa culture, it marks the passage into manhood. He is indifferent to the idea of going to initiation school given that he was raised in the townships and doesn't hold a very high view of some traditional rituals. He believes that manhood is marked by respect – respect for others and being respected by others. According to him this is manifested in making financial provision for the family (dependents) and maintaining a good physical appearance. He recalls that he has had 8 different sexual partners but cannot account for the time or occasion of his first sexual encounter. None of the sexual relations have occurred concurrently, with the longest relationship lasting 4 years. Apart from the 4-year relationship, every other relation has been for a short space of time (i.e. no intention for long term relationship).

He uses a condom for every encounter, except if it is with a girl with whom he is 'serious'. He reasons that there is no need for a condom in a loving relationship, but will use one if the girl insists. In fact, he is so determined about protecting himself that he has in the past walked away from sexual situations due to the unavailability of condoms. He has never bought condoms and uses free-issue condoms. With respect to the roles in the sexual relationship (for a serious relationship), he believes he should be the one to initiate the sex and would find it very suspicious if the partner initiates the sex. In casual relationships, he is indifferent about who should initiate the sex.

Chuma is a 19-year-old doing his first year of Engineering studies at Wits University. He was born and raised in Daveyton by his maternal aunt as both his parents passed away before he turned 7. He is the last born and has three older siblings: two older brothers and one older sister. His two older brothers have played a significant role as father figures in his life. His family is religious and attends the Zionist church every Sunday. However, Chuma attends church out of courtesy and not out of conviction of faith. He believes that masculinity is not marked by age but rather by the traits of responsibility, independence, discernment, leadership, tolerance and the activity of sex. Regular sexual activity is the ultimate mark of manhood. One is not more of a man because of multiple partners, as long as a man has regular sex even with the same girl then he is a man.

In a relationship, the man should make the right choices for the relationship and (though being the leader in the relationship) should be tolerant to the girlfriend's opinions or thoughts. He

does not believe in expressing his dominance by means of violence or abuse, but rather by providing leadership and direction. He places high value on loyalty from the girlfriend. He believes that demanding sex is inappropriate. He believes that it should be the man who initiates the sex. He would find it very suspicious if the girl was to initiate sex especially since, according to him, women do not love sex as much as men do. He believes that a healthy relationship must involve sex. He has once terminated a relationship with a girl as she was not willing to have sex. He has had 6 sexual partners – 2 of which were considered girlfriends and he considers the others as meaningless sexual encounters. His first sexual encounter occurred at age 16, to prove a point to his peers. He makes a distinction between meaningless sex to fulfil his temporal desire, and making love when in a relationship with that person. He has always used a condom out of fear of pregnancy and sexually transmitted diseases. He learnt how to handle a condom from following instructions on the packaging, as well as from school. He has no brand preference, and believes that condoms are a viable safety precaution against HIV/AIDS.

Mpendulo is 22 years old and he is a student at the University of Johannesburg. He was raised by both parents and is the first to go to University in his family. Despite the fact that his parents are not formally educated (his father is a taxi owner and his mother is a domestic worker) he had everything he needed as a child. He has two siblings, one older brother and a younger one, but doesn't get along with his dad as he feels his dad was not emotionally there for him when he was a child. Although he attended initiation school he is highly critical of everything he was taught and only went as it is an Ndebele cultural expectation. He understands masculinity as being marked by responsibility and being able to provide for one's family. Provision for one's family goes beyond financial provision, but includes emotional and moral support to the family. He believes that currently he is not yet a man as he is not able to provide for himself and still under the care of his family

He is a firm believer in equality between the sexes and believes that there are no differences in the roles played by a man and woman in a relationship. He advocates for open communication in the relationship and believes couples should be able to have frank conversations about their health status and preferences related to sexual pleasures. Therefore, he finds nothing unusual about a girl initiating sex, as he believes that the man and the woman have the same role of satisfying each other in intercourse.

He always carries condoms and has always used them for each sexual encounter except for one case in which both he and the girl were intoxicated. The girl then informed him that she has an STD – for which he subsequently tested negative – and since then has sworn to never negate condom use. He uses condoms purchased in the shops and never uses the free-issue condoms. He recognizes that condoms are essential to minimization of transmission of STDs but he despises them nonetheless. He does not like them as it diminishes the sensation during sex and it does not have a pleasant odor. If his partner carries a condom he would consider her as being responsible as she is protecting herself. He does admit the situation may give rise to suspicions that the partner could be promiscuous. He respects a man who deliberately chooses abstinence, and has less respect for a man who has multiple sexual partners

Max is 22 years of age and was born and raised in Daveyton. He matriculated in 2013 and attended school at HP Nyathi. He did not pass well and therefore was unable to further his studies. Max's parents were never married; he was raised by his mother. He never knew his dad as his father was a policeman who passed away when he was only four years old and he says this affected him a lot as he needed a father figure in his life. He has an older brother and currently stays at home with his mom. He makes ends meet by doing piece jobs- washing cars, driver, and mechanic and is involved in a lifestyle of drinking and smoking marijuana.

Max believes being a man is about one's maturity, being responsible and providing for the family. And he believes being a man is tough due to the various challenges one faces in life. He doesn't believe that having multiple sexual partners makes one more of a man, it just shows how foolish one is and how they are not yet a man. He believes one can still be regarded as a man even if they are not sexually active. He is a firm believer in condom use and likens condoms to personal protective equipment to be worn at all times during sex. Max is tremendously afraid of pregnancy and of getting infected such that he wears two condoms in most of his sexual encounters particularly with women he doesn't trust. He doesn't trust choice condoms (the free condoms given by government) as he says they always burst and that's why he wears two as necessary precaution. He says no matter the situation or how tempted he is, he never initiates sex without a condom. He notes that he learnt about condoms from HIV/AIDS educational programs on TV and learnt how to use them from following instructions at the back of the packet

Vincent is 22 years old and is currently in his 3rd year of mechanical engineering at Wits University. He has lived in Daveyton for the past 18 years and also went to HP Nyathi

Secondary School. He grew up with both parents and has two younger brothers and one older sister. He feels he is able to talk to both of his parents about most things however he is closest to his mother as he feels there are certain things he cannot discuss with his dad out of respect. However, he says his dad played a significant role in his life in terms of being a good role model and in teaching him how a man ought to behave.

He believes being a man is about being responsible for one's actions and taking care of yourself and those around you. Being a man in reference to a sexual relationship involves showing respect and showing care for one's partner. Even though he believes there are different roles between men and women in terms of basic chores, he believes that sex is a partnership that involves a shared role of responsibility. He believes both parties have an equal say in decision making and as to whether or not one has the final say is dependent on the situation and the justification given. According to Vincent both parties can initiate sex however it would start to be a problem if the woman continually initiated. He only began having sex after his 21st birthday as this is a decision he had made. He takes condom use very seriously and has never had sex without a condom

Shukela is 19 years old and is currently doing his first year in a Bcom degree at Wits University. He was born in Daveyton and raised by his mom as his parents were never married. Even though his dad has remarried and has other children he is still very involved in his life, he supports him emotionally and financially, and they are able to talk openly about everything. He grew up among his female cousins who he regards as sisters and was raised by his maternal family. Shukela says he had very supportive uncles that played a very influential role in his life in terms of financial provision and guidance. He believes being a man is about being responsible, being loving and respecting others. And currently he says he is not yet a man as he still on a journey of self-discovery.

He respects equality in the relationship but still holds to traditional roles between the sexes where though a man is supportive and loving he has to be assertive and must be the head over the woman. The woman's role is to compromise and to respect and submit to the man's choices and decisions. He does not have a problem if the woman initiates sex occasionally but would become suspicious if she were to initiate all the time. He believes that sex is important in a relationship and if sex was denied he would seek gratification elsewhere and infidelity would be a likely option. However, he does not believe that having multiple sexual partners makes one more of a man. The fear of pregnancy is a real threat for him as his current situation doesn't

allow him to look after a child and therefore makes sure to use condoms in each of his sexual encounters. He has only had sex once without a condom and this was due to inexperience as this was his first sexual encounter and due to his partner insisting that she didn't want to use a condom.

Dumisani is 26 years old and has lived in Daveyton for most of his life. He dropped out of school in grade 11 and completed the reminder of his schooling through ABET (adult education). Even though his parents are not married they live together with him and his older brother in Daveyton. His father is a driver and as a result he is hardly at home but notes that they are very close. He currently stays at home with both of his parents and makes ends meet by performing odd jobs: tiling, plastering. He believes being a man is about being responsible and looking after one's family. It involves a transition from adolescence and behaving foolishly to facing and dealing with the consequences of one's actions. He strongly believes that without a family one cannot be regarded as a man. Even though he asserts that the man has the most authority in the relationship he believes that sex is a partnership and both parties can initiate sex so as to satisfy each other's desires. For him, both parties have an equal say when it comes to decision making in the relationship.

Sex is a very important component in a relationship and without sex there is no love. Dumisani begun having sex in his childhood between the ages of 9-10 years and only became fully sexually active between 14- 16 years. He believes condom use to be very important and thus never forgets condom use unless he doesn't one to use one. However, he admits to having unprotected sex four or five times due to either condom bursting during sex, being under the influence of alcohol or when sex was conducted in an unfamiliar place that did not allow him readily access to condoms.

Thabiso is 21 years old and currently stays with his mom in Daveyton. He moved to Daveyton 14 years ago, when he was 9 years old. His parents were never married and even though his dad is alive there is no relationship between them. He attended a privileged government school in Benoni but failed grade 9. He then later on dropped out of school and has attended various adult education centers. He is currently still trying to complete his matric and says his mom has played a very influential role in his life in terms of teaching him how a man ought to behave and treat others. He believes that being a man is defined by one's actions and thinking and the way you treat others. It also involves taking care of one's responsibilities and looking after oneself in terms of personal hygiene. Regarding a sexual relationship being a man involves

communication with you partner and meeting your partner's sexual needs. He believes that both parties have an equal footing in the relationship and that both parties can initiate sex but the woman holds the most leverage as she has the final say over whether sexual intercourse will occur or not.

Methods

Therefore, following from the above, in an attempt to capture lived experiences, views and meanings from participant's perspectives two main methods were used collaboratively for data collection, namely: focus groups and in-depth interviews.

Focus groups are defined as a "method with the aim of describing and understanding perceptions, interpretations and beliefs of a select population to gain understanding of a particular issue from the perspective of a group's participants" (Liamputtong& Ezzy,2005: 76). It feeds on the interaction between participants to extract data and insights that would be otherwise inaccessible without the interaction found in a group. The focus is on group interaction and a focused issue of concern where "*the presence of others enhances the intensity of interaction and richness of data…exchange/interchange stimulates respondents to analyze their views more intensely than in an individual interview"* (Jarret, 1993:192). Therefore, in order for engagement to occur the group composition plays a pivotal role and as a result participants need to have something in common such age gender, socio-economic background etc. so as to create a supportive environment for discussion, to maximize interaction and to allow for more free flowing conversation (Morgan, 1997). Kitzinger, 1994: 107-109) argues that:

"*When group dynamics work, it takes the research into new and often unexpected directions and allows for the engagement in interaction that is both complementary (such as sharing common experiences) and argumentative (questioning, challenging and disagreeing with each other) ...with this kind of interaction focus groups reach the parts that other methods cannot reach...revealing dimensions of understanding that often remain untapped by the more conventional one-to-one interview"*.

Therefore, I conducted two focus group discussion consisting of six participants each and which lasted between 1 and 1.5 hours. The focus group discussion allowed me to explore dimensions of understanding on sex, masculinity and condom use that may remain untapped

by the conventional one on one interview. As it allowed participants' ideas, opinions and views to bounce off and build from each other, by steering attention towards group interaction and engagement, it takes away attention on the individual from the intimidation and pressure to respond found in one on one interview encounters.

Focus groups may be used to explore knowledge, perceptions, thoughts and feelings of participants in their own words and prove useful when the researcher does not have a depth of knowledge about participants and may also be used to explore sensitive issues or in research involving sensitive populations. Liamputtong and Ezzy argue that *"people may feel more relaxed about talking when they see that others have similar experiences or views…focus groups have been used to give a voice to marginalized groups such as the poor, minority ethnic groups, women or those affected by HIV/AIDS*" (2005:79). They then make mention of several writers that have used focus groups to study sensitive topics such as HIV/AIDS (Hull, Widyantoro & Fetters, 1996; Irwin, Bertrand, Mibandumba, Mbuyi & Muremeri, 1991; Kitzinger 1994, 1995), sexuality (Hurst, 2004) and violence (Skeggs, Moran & Truman, 1998-2000). Consequently, the use of focus group discussions assisted me in retrieving information about sex and condom use which are regarded as sensitive topics as participants were more at ease about talking about private aspects of their lives and less shy about sharing their real thoughts on the sex when they saw that others are willing to share and have similar experiences or views as their own.

The implication of my sampling method (snowball sampling) was that the research participants for the focus group discussions knew each other as they lived in close proximity with one another which may have possibly affected responses and compromised participant confidentiality. Contestation exists in literature over the use of strangers versus familiar faces. Numerous texts (Krueger 1988; Krueger and Casey, 2000; Morgan, 1997; Stewart and Shamdasani, 1990) advocate for the use of strangers in a group and Khan and Manderson (1992) point out that when participants don't know each other in advance it allows for free dialogue and it improves the quality of information especially for culturally sensitive topics. However, there are many cases where using strangers is not possible nor practical especially in rural areas or in slums and low-income flats, such as is the case with my research location, where due to living in a very close proximity to one another most people know about each other thus proving difficult to recruit a stranger (Fuller, 1993). Furthermore, familiarity may be used as a simulation of a naturally occurring group and provides a social context within which fragments of interaction which approximate natural existing data occurs, which allows for a

deeper level of engagement and which enhances the richness of information (Liamputtong & Ezzy, 2005). This was corroborated in a study by Kitzinger (1994:104) which sought to study the impact of the media on AIDS in the United Kingdom which recruited people that know each other:

"*Although the practice of using existing friendship groups is discouraged by standard market research texts…by using pre-existing groups we were able to tap into fragments of interactions which approximated natural occurring data (such as might have been collected by participant observation). The fact that research participants already knew each other had the additional advantage that colleagues could relate each other's comments to actual incidents in their shared daily lives"*

This was the case with my participants, where due to being familiar and knowing each other they were able to openly challenge each other's views and question inconsistencies in each other's narratives. This helped produce meaningful data proximate to reality.

However, the fact that my research explored a very private aspect of people's life and the fact that participants in the focus group discussions knew each other still presented a challenge in guaranteeing confidentiality. In order to address this, I requested all participants to sign a non-disclosure agreement and to use pseudonyms in their discussions. As the researcher, I did my best to refrain from asking about intimate details of their sexual lives but focused my questions on general views on sexuality and masculinity (collective public discourse) so as to protect participant confidentiality. Furthermore, in order for focus group discussions to work they rely heavily on group dynamics such as homogeneity, cohesiveness and compatibility, and power relations. Domineering and aggressive personalities may affect the level of engagement and the comfortability of group members to share their views. Lack of a shared background or commonality in views may reduce group cohesiveness and thus reduce responses. More introverted reserved personalities may prove less appropriate for group discussions and may not feel comfortable to share their views in a group discussion. And also, due to a minimal opportunity for each group member to speak one may fail to extract the full breadth and depth of individual participants' views on certain topics and therefore may fail to capture the full picture of participants' lived experience. Therefore, in order to make up for these shortcomings the moderator played an active role in facilitating group engagement and in channeling the group discussions away from the domination of dominant personalities. I also ensured that participants in each group have some sort of common ground so as to facilitate discussion;

however, this was only possible in situations where I had prior knowledge of participants before the group discussions, which was not always be possible as the sampling method used is snowball sampling.

I took into account the impact that my gender, being a female interviewing young men, may have on how participants perceive me and in their willingness to discuss issues pertaining to sex and condom use which are regarded as sensitive topics for any type of audience. In order to address this, I sat in on the focus group discussion and mainly took notes and had a male moderator (Musa) conduct the focus groups so as to allow participants to express themselves freely in the language of their choice. I only interfered when there was a need for clarity or when certain members of the focus group were not being given a chance to speak. I also used the focus groups to refine my interview schedule in terms of relevance and clarity of the questions asked. I made use of focus group as a sampling method to identify participants for the second phase of my research. All my interviews and site visits were accompanied by a male colleague so as to guarantee my safety.

In addition, in order to make up for the short comings highlighted above, I made use of in-depth interviews in conjunction with the focus group discussions. In depth interviews may be defined as "speech *events/conversations in which meanings are negotiated and reformulated and in which the interviewer is a co- participant in the discourse"* (Liamputtong& Ezzy, 2005:56). It draws on the interpretative theoretical framework which emphasizes that meanings are continually constructed and re-constructed in interaction. Due to the flexibility of such an approach and the single focus on listening and reflecting on participant's views it allowed me to capture participants' narrative and their lived experience on sex, pleasure and masculinity. It allowed participants to express their views from their own perspective without being influenced by group opinions and conformity and also allowed participants who feel threatened within a group context to express their views freely. I selected 10 participants from the focus group discussions to conduct in-depth interviews with that lasted between 45 minutes and 90 minutes. The focus groups and interviews were mostly conducted at Nomcebo Training center at a time convenient for the participants.

However, the limitation with in-depth interviews is that due to their exclusive focus on the individual they may prove too intimidating and may prove too direct an approach. Furthermore, in order to extract the depth and meaning and move responses beyond superficial and convention to underlying, some sort rapport is required so as to allow participants to easily

share their views. Furthermore, this method is criticized of being vulnerable to researcher bias and subjectivity. Therefore, in order to address this, I spent some time with participants prior to the interviews so as to create a sense of rapport. I also played an active role in listening and paying attention to the manner in which questions were asked and phrased so as to create a safe, non- threatening space where participants felt free to share their views. All interviews and focus group discussions were recorded, participants were aware that they were being recorded and signed consent was obtained. Greg and Musa sat in on all the interviews and assisted with interpreting or translating questions to participants that were unclear and also assisted with data collection.

Data Analysis

Once the focus group discussions and interviews were completed I made use of thematic analysis to make sense of my data. Thematic analysis may be defined as "*a qualitative analytic method for identifying, analyzing and reporting patterns (themes) within data. It minimally organizes and describes your data set in (rich detail). However, frequently it goes further than this and interprets various aspects of the research topic"* (Braun & Clark, 2006:79). Therefore, my process of data analysis involved transcribing all the audio files into text. I then grouped my interview questions into three main sub- headings: masculinity, condom use and sexuality. I looked at the range of responses for each question and gave each possible response a particular code that was not too specific but generalized to accommodate each and every possible response. Then I used the codes to analyze each participant transcript and tabulated their responses according to the codes which helped me identify emerging themes and patterns across all my participants.

Ethical considerations

Due to the fact that my research explored a very private aspect of people's lives I had to ensure participant consent, anonymity and confidentiality, which potentially proved challenging for a focus group discussion. I took necessary steps to ensure no harm was done to my participants as a result of my research. In order to address this, as highlighted above I limited my questions for the focus group discussions to general views on sexuality and masculinity and had all the participants sign a non-disclosure agreement so as to protect my participants from disclosure of personal information. There was no disclosure of sexual abuse or any sort of trauma that came about as a result of my research. However, if such an event were to occur I would refer participants to the nearest counselling facility in the vicinity or to counselling hotlines such as

AKESO and lifeline which are 24-hour telephone counselling lines. Furthermore, I also took into account how a focus on black men from a township may reinforce racial stereotypes when HIV/AIDS affects all racial groups from different backgrounds. However as highlighted above the epidemic is distributed along racial lines, specifically with young black men from disadvantaged backgrounds being at higher risk compared to their racial counterparts. And therefore, locating my research in a disadvantaged community may be better able to shed light on the causal mechanisms of the epidemic, as it is in such communities where the problem predominantly lies

Personal Reflection on the research

After the excitement of identifying the gaps in the literature and crafting my research question I came to the quick realization that my lifestyle and personality was unsuitable for the kind of information I needed to answer the research question. Firstly, as I am Christian by faith, participants' lifestyles were in contrast to my personal beliefs about sex and the prohibition of sex before marriage. This did not necessarily impact the research process but at times I could sense the distance between my life and participant's lived reality. At times, vivid descriptions of participants' sexual encounters made me uncomfortable as it was details that I did not want to know but I had to understand in order to really get a grasp of the dynamics at play in condom decision making. I had to put aside my moral judgements, although one can never really detach themselves from their reality and attempt to listen to my participants' narratives and understand their story, their individual sexual journeys and history. I had to learn to be comfortable with discussions that involved specific and very detailed descriptions of sexual encounters and to not show a sign of discontent when participants openly referred to body parts as 'dicks' and 'vaginas', which within my academic and social context is regarded as language that is socially inappropriate. Furthermore, as someone who detests profane language, alcohol and cigarettes, I had to come to terms with participants' profanity, as this is how they expressed themselves, smoking around me and going home after my field work with a stench of marijuana on my clothes.

Secondly, being female and interviewing young men about sex was bound to bring up a number of compromising situations that I had to tactfully deal with in order to facilitate the successful completion of my research. The main challenge was being pursued by my participants in the study. Some of the participants asked for my number for personal reasons beyond the context

of the research, which made saying no difficult as the very fabric of my research hinged on the researcher- participant relationship. In order to address this, I usually made use of my student status as an escape goat and kindly explained to my participants that due to my workload I was not really in the space to be in a relationship, offering a somewhat generic truth but non-personalized information to deal with the situation. Yet other times I was asked very personal questions that required a genuine response. I recall an incidence where one of my participants asked whether or not I was sexually active. This put me in curious predicament as this was not information I was prepared to share about myself as it would conflate the roles between researcher and participant. However, if I did not answer the question sincerely it may have affected participant responses and their willingness to open up to me. I deflected the question but ironically expected participants to open up and give open response about aspects of their lives which I myself was unwilling to share. This situation made me feel morally uncomfortable as even though I had ticked all the boxes on roles of a researcher versus participant, I felt like I was merely collecting narratives but unwilling to give anything meaningful about myself to the participants, treating participants as objects and dehumanizing them in a way. It also made termination of some of these relationships difficult, as after I had gathered the information that was needed, I was expected to merely uproot myself, which I felt was unfair as I had inconvenienced participants and they had shown me kindness by sharing their stories with me and allowing access into very intimate aspect of their lives. Therefore, I remained in contact and in acquaintance with some of my participants.

I having grown up in a suburban area had to confront my stereotypes of crime and my safety in the township. Added to this was overcoming my paranoia in terms of xenophobia as even though raised in South Africa I am originally born in Zambia and unable to speak local languages. Therefore, language posed somewhat of a challenge as even though most of my participants were articulate in English at least three of them spoke Zulu and were unable to fully express themselves in English. Even though I understand Zulu and there was an interpreter in all the interviews, I was unable to articulate myself in a language that they could understand, possibly creating a disconnect between myself and my participants. However, participants were very warm and understanding of my disposition and they made every attempt to make me feel welcome. The most difficult challenge for me was having to adjust with things not going according to plan. As despite my many attempts to ensure that my research progressed according to a given schedule and deadline, things never went according to plan. Most

especially with the focus group discussions, where if one or two participants failed to make it, the discussion could not go along as planned.

This was a difficult and challenging research topic to undertake that required me to step out of my comfort zone. However, it was a necessary process that had to be undertaken and that allowed me to answer all most of the aims set out at the beginning of my research. As scratching the surface would not suffice, it required a deeper unpacking and unraveling of the intricacies of participants' sexual lives so as to fully understand the factors that affect and influence condom use during sex.

Limitations of the study

This study is limited by the sample's characteristic that all the participants reside in the same sector of the Daveyton township. It is thus unknown the extent to which these results would generalize to the rest of the township population and to the still broader young black heterosexual population. Future research should examine the behavior comparatively in various townships.

A further limitation of this study relates to the choice of language used in data collection. The interviews were conducted in English, though not all the participants had mother-tongue fluency of the language. This gap was address by having an interpreter in the in-depth interviews and focus groups. Despite the presence of an interpreter, some of the discussion elements were difficult to transmit across languages (for example, the concept of 'masculinity'). Further research could overcome this limitation by conducting interviews and focus groups in the mother tongue of the participants

Masculinity

"What does it mean to be a man?"

What it means to be a man is a difficult question not only because it is a highly contested concept with competing ideas from various schools of thought but also because it is something that is very subjective based on one's context, upbringing, culture, and is embodied in different ways across each individual. Therefore, any attempts to objectify and arrive at a standardized understanding that holds true across space and time to capture the essence of the phrase "being a Man" proves inadequate. Equally as important is the question of what causes risky sexual behavior. Masculinity shapes sexual practices and inherently shapes risky sexual behavior and therefore understanding Masculinity shades light on this question as essentially the two questions are interrelated. Masculinity has been problematized with men posited as the problem and the drivers of HIV/AIDS. However, using Connell's theory of masculinity, I wish to critique this mainstream view and to present an alternative view of hegemonic masculinity anchored in responsibility and equality between the sexes that could potentially be used to foster safer sexual practices.

A standardized definition of masculinity remains a pending project. Various schools of thought have continued battle over this phenomenon from a sex role identity approach that offers an essentialist understanding of masculinity to the gender role orientation that looks at the differences in traits between men and women (Pleck, Sonenstein &Ku, 1993). The attempt has been to sketch out what it means to be a man and how this relates to sexuality. The consensus in contemporary studies of masculinity is that fundamentally masculinity is a social construct dependent on one's context, culture, and one's upbringing and denotes one's relationship and position within the gender order.

A dominantly held view in studies of masculinity is that men are the drivers of HIV/AIDS. This is a stance predominantly advanced by critical masculinity studies where the argument made is that infused into the understanding of being a man is the belief in a biologically rooted, uncontrollable male sex drive (Hollway, 1984). Added to this is the belief that masculinity entails male dominance and conquest over women (Peterson, 1998), entailing the notion of males as risk takers and masculinity as equivalent to penetration. All these factors combined

result in multiple sexual partners and constrain women's ability to negotiate condom use. This leads to risky sexual behavior with the resultant effect of a high prevalence of HIV/AIDS. This is pellucidly captured in the words of Foreman (1999: viii) who argues: "*The HIV epidemic is driven by men. Most women are vulnerable because they have limited opportunity to protect themselves, many men are at risk because they refuse to do so often deliberately it seems…the responsibility of transmitting HIV lies less with individual men or with men as a group than with widely than with widely accepted concepts of masculinity that underpin the behavior of millions of men across the globe."*

However, the problem with this narrative is that by portraying men as perpetrators it ignores the ways in which they are also equally as vulnerable and the ways in which attempts to meet the expectations set out by mainstream masculinity results in an over assertion of masculinity that predisposes young men to high risk of HIV infection. Furthermore, a depiction of men as the drivers of HIV/AIDS is inaccurate as it's not the case that all men behave in this way and not all men subscribe to this version of masculinity. Therefore, a generalized critique of masculinity leans towards an oversimplification that leaves no room for the existence of responsible egalitarian articulations of masculinity and how this can reinforce safer sexual practices. As the reality is that there are multiple articulations of masculinities and not a singular one which are enacted in various ways across each context and across each individual, this is the argument advanced by Connell (1995).

Connell (1995) takes an anti-essentialist position to masculinity and essentially argues that there are multiple possible styles of masculinity found in different cultures and organized in a hierarchical order across different gender regimes. Therefore, masculinity is not something that one is born with or attributes inherent in the species. Among the various articulations of masculinity some become winning or dominant styles, and being a man involves taking on and defining and negotiating one's position in relation to the dominant masculine style in a term he denotes as 'hegemonic masculinity' (Wethrel & Edley, 1999). This he borrows from Gramsci's use of hegemony which is basically about class relations and the distribution of power in society. It is essentially about the various ways in which the ruling class establishes and maintains its position of dominance by means of setting the standard for normality and imposing a definition of how things are understood, persuading the mass of the population to accept the set norms as natural and ordinary and by punishment of non-conformity through state enforcement.

Therefore, hegemonic masculinity describes a culturally idealized way of being a man and a specific strategy of female subordination. In this system women exist as objects of sexual pleasure and validation and a deep fear of homosexuality as hegemonic masculinity involves a dread and a flight from all that is associated as feminine. However, this does not necessarily involve individual men taking advantage of women and this need not respond to the actual personalities of majority of men. Instead it is more about what maintains the power structure and what most men are motivated to support as it benefits them. As not all forms of hegemonic masculinity are oppressive, non-hegemonic forms of masculinity may equally be as or more oppressive. But rather as Donaldson (1993:655) puts it:

"*to say that a particular form of masculinity is hegemonic means that its exaltation stabilizes a structure of dominance and oppression in the gender order as a whole…hegemonic masculinity is a question of how particular groups of men inhabit positions of power and wealth and how they legitimate and reproduce the social relationships that generate their dominance."*

Therefore, in light of Connell's argument, participants did not only embody one version of masculinity but took various forms of masculinity at different points in their life. The masculinity depicted as problematic (which from now on I will term mainstream masculinity) was only dominant and enacted in the early teens. However, as participants transitioned into adulthood they assumed a more responsible articulation of masculinity.

The dominant form of masculinity practiced among participants in adolescence was masculinity consistent with mainstream masculinity. In order for one to be regarded as a man, one had to show sexual prowess either by an early sexual debut or by means of multiple sexual partners. Most of my participant began having sex in their early teens as a way of asserting their masculinity and as a way to feel included in discussions about sex among fellow 'men'. Shukela narrates his first sexual encounter in this conversation with me:

Sandra: *So now we are going to move on to painting your picture of your sexual journey, where you came from, etc., what really happened. So, you can tell me about the first time, you know, what made you say that you wanted this.*

Shukela: *I was 16. I invited her over. And she was older than me. She was 18. And she came over, and we chilled. We watched movies. And I knew like, okay, now it is time for me to have sex. Because I was pressurized. Because now my peers were starting to have sex. And I was like nah, I can't be left behind. I also have to be you know, and I approached this one girl.*

She was older than me. I was smart, because if I get someone with experience, I will learn faster than finding someone who is like me, and we are going to do something that we don't know, but if I find someone who knows, then yes, who has experience, then I will learn quickly. So, I approached this girl, and she was older than me and I convinced her and this other time, she came over to my house and we chilled

Sandra: *So, the people who had influenced you? Were these people who were already sexually active? Were they older than you or were they the same age as you?*

Shukela: *Yeah. One of them was my cousin who was 4 years older than me. So yeah. He didn't really pressurize me but when we talk as guys, this guy is like, me, I brought this girl last week and you know, you also want, you also want to be part of that conversation so you say, ah, next time, I will also have a story to tell. So, my cousin said that, now we need to chow these girls and you know, even if this guy who is 14, ai. I can't be competing with this guy who is 14. He is too small baba. It was sort of a competition. I need to be better than the guys. We talk about the sexual moves that we perform. But in the end, it was a decision that I made hey. Because in the end, it depends on which time. I know guys who are 20 but they are still virgins. But I also know guys who are 16 and they are already ai, on some level*

Furthermore at least half of my participants admitted to having multiple sexual partners when they were younger as a way of showing sexual prowess and as a way of portraying themselves as more masculine. One participant noted that when he was younger he had multiple sexual partners, to prove and assert his masculinity. As Shukela put it:

"*There is so much pressure. In everything you do. You are always pressurized. You are always pushed to the corner where you really cannot escape. We are being pressurized. To get more girlfriends, you are pressurized. And it ends up being a habit. Cause you can't really change that. It ends up being a reality… We are trying to maintain our social status you know. You don't really do it because you want to do it but you are doing it because someone is expecting you to do it. Yeah. So, it is all about living up to society's expectations of today. You don't really do what you want, you don't really stand for what your society believes in. you do what we tell you to do. You don't really think as a responsible guy. In society, nobody wants you to do something good. They always lead you to do bad things. So, if they tell you that, ah wena, ah ah. You are afraid of girls. Then okay, you will try to prove a point that you can get any girl in this world. And you are not being you. You are being someone else".*

Another way in which mainstream masculinity expressed itself had to do with its influence on condom use where most of my participants highlighted that there is consensus amongst guys in general that sex without a condom was more pleasurable and manlier, as expressed by Max:

"*You see when you use condoms, if you use condoms ne, you are stupid you see. They say yeah Max, hit it flesh, you see, but now that's my friends point of view, Max why do you use a condom, ah that thing is disgusting to me, that's how it is. Gents fool each other, as peer pressure, they fool each other*".

This embodiment of mainstream masculinity was clearly problematic as it plunged most of my participants in to an early sexual debut, at an age where they are most susceptible to peer pressure and the need to conform to dominant group norms. One of the norms was that condoms as perceived as less masculine whereas multiple sexual partners were encouraged and seen as the norm. Therefore, due to a need to fit in, young men fell prey to the need to assert their masculinity in ways that predisposed many of my participants to a high risk of infection.

It is a masculinity that one of my participants Andile, had come to embody, in the fullest sense of the word. His story not only stood out not only because it was unbelievable but it was remarkably sincere hence it deserves a mention.

Despite being only 21 years of age Andile has four children with four different women. He currently has six girlfriends and admits to having slept with not less than fifty women since he began having sex at age 14, whose names are all written in a little black book he occasionally shows off to his friends. He says he enjoys sex and makes sure to maintain a consistent schedule of at minimum three sexual encounters per week. He says he enters into all of his relationships for sex and nothing else and hence all his relationships only lasts between 2-3 months as when he eventually gets bored with a girl he lets them go. He believes having sex and the ability to make a girl pregnant are central to being a man and he believes it's the man's role to initiate sex and to play the domineering role in the relationship. He also believes that respect from a girl and among other guys is important and admits that he would have no problem hitting a girl whom he regards as discipline if she were to undermine him or disrespect him in public. He doesn't believe in demanding sex from a girl but at the same time feels that if someone is his girlfriend she must be able to satisfy him sexually as that's what he regards as most important in a relationship. He says he is known and highly respected as the ladies' man in his community and that all the other guys cheer him on as 'the man' and admire him for this. He doesn't really

believe that sex with a condom is sex as it doesn't feel as pleasurable and therefore he doesn't use a condom in most of his sexual encounters unless the girl insists.

Such a way of thinking epitomizes the kind of masculinity outlined by mainstream masculinity. It is a culture of masculinity that even if some of my participants didn't directly participate in or support had a direct impact on their actions and which exerted a considerable amount of pressure on them. It is a masculinity that posits sex as intrinsic and natural to being a man and a masculinity that celebrates and rewards with status and recognition those with the most sexual partners. It is a masculinity that accords manhood on the basis of one's position and domination towards women. It is a masculinity that regards condoms as used by weaker men and makes it socially acceptable/condones the foregoing of condoms in unplanned sexual encounters. It is a masculinity that is highly problematic as by promoting multiple sexual partners and condoning unsafe sex it heightens the exposure to HIV/AIDS various STI. Placing young men at risk of infection and certainly corroborating the notion of men as drivers of HIV/AIDS.

Why did mainstream masculinity produce a problematic masculinity that results in risky sexual behavior. Erik Erikson offers psychosocial theory of development that takes into account the various external factors, parental influence and social factors contribute to one's development across their lifespan. His argument is that in order to achieve full personality formation one must pass through 8 different stages of development, each stage requiring the successful resolution of a tension or challenge in order to transition to the next stage. The fifth stage of identity versus role confusion is the most relevant to participants in my study. This stage occurs between the ages of 12 to 18 years where the struggle is attempting self-awareness and individualization and as separate from society whereas at the same time still attempting to find a sense of belonging within a social group. It is a stage where friends and peer norms have the most influence and where young people are most impressionable. If this stage is successfully resolved it results in identity formation and if this stage is not resolved results in role confusion (Erikson, 1994).

Therefore, in light of this Erikson's theory the need to over exert one's masculinity may be as a result of insecurity that comes about as a result of unsuccessful gender formation where social expectations play a bigger role in decision making. Hence a constant need to over assert and prove one's masculinity in ways that result in dominance and violence against women and other men so as to compensate for this insecurity and unconsolidated masculine gender identity. In addition, participant's inability to resist group norms in their early teens points unstable

gender formation, where social norms have a bigger role than self. However, as participants grew older and gender identity resolved social expectations played less of a role as they now had a better understanding of themselves and no longer felt the pressure to prove their masculinity.

However, despite this extreme depiction of mainstream masculinity noted above it was a version of masculinity that 9 out 10 of my participants no longer prescribed to and only practiced in their early teens. As they transitioned into adulthood most of my participants (except for Andile) opposed mainstream masculinity and identified with a more egalitarian and responsible understanding of being a man. Having multiple sexual partners and engaging in unsafe sex was regarded as childish and irresponsible and that one was still a boy and had not yet fully transitioned into a man. This is highlighted in this excerpt from Max:

"Just because you have a lot of partners doesn't mean you're a man. A man you see by what he does, that's why I tell you see a man by how responsible he is, in his home, is he responsible in his home. A man must be responsible in all things that he does, you get me. I won't say I'm proud of some little trash, I slept with 10 girls, so I'm the main man. No, to me you're not a man, you get me. Because imagine in those ten girls, you slept with all of them, what did you gain? You're a man, what makes you a man? Why are you a man because you slept with ten women? You're not a man because you slept with ten women, it's not something you should be proud of even. There are so many guys here in the hood who brag saying I slept with so and so, but it doesn't make you a man, you see. You're not a man because you slept with ten girls or you slept with a Chinese person. No, you're not a man, but you at that time you're telling yourself you're a man, but you're fooling yourself".

As highlighted by Connell above there are multiple competing masculinities present in society, each competing to become dominant. Therefore, as my participants grew older there was a shift in their understanding of masculinity where being a man was no longer about multiple sexual partners but about being a provider, responsibility and consistent condom use

Essentially being responsible and being a provider stood central to most participants understanding of being a man. Being a man involves being responsible for your actions and decisions and the impact it would have on your family and being able to provide financially for the daily needs of your family. As one participant, Max, put it:

"*Okay, what I understand about man is that eish, you see a man, is supposed to be responsible. You see, a man is someone who is responsible who have to provide for his family and take care*

for his family, you see, yah. A man is something, is someone who is braver than woman. You see, that's what I'm trying to say you see. But a man, is a man my brother. You don't have to when you're a man, you have to go to the mountain, what do they say in English?... Initiation school you see, not that if you're man you have to be there. In Zulu, they say being a man... it's the mind. A man, manhood is here, that's why I'm telling you a man provides for his family you see, that is why they say a man must wake up in the morning like a man. A man is a hustler".

Another participant Innocent said the following:

"*I think a man is not defined by age but rather by what you do, by the actions basically. To me a man would never lay q hand on a woman. And you got to step out, you got to be the breadwinner in the family. You cannot let your wife take care of all the financial responsibilities even though she might be working with you hand in hand. But you know you still go to step out as "I'm the man of the house, let me handle this and that."*

This is consistent with the literature on masculinity that defines masculinity in terms of the common sense understanding of manhood and breadwinning where being a man is directly linked to one's ability to provide financially (Donaldson, 1993). Interestingly being a man goes beyond financial provision but it also included being able to look after the emotional needs and general wellbeing of one's children and family. And for some being a man involved having a drive, plans and achieving the goals one sets in life which is in stark contrast to the kind of macho man painted in the literature. As noted by Jabu:

"*What's a man? I think it refers to someone who is responsible for his actions. And matures to take decisions in His life, and who also cares for himself and those around him. Physically, emotionally"*

Shukela said the following:

"So, traditionally, a man is someone who goes to initiation school and there they are taught that as a man you need to do this, as a man, you need to do that, but, morally, a man is someone who is responsible, someone who is loving, someone is caring, someone who builds up on all the components which is love. And yeah, someone who respects everyone, you know. So, I say, that is a man to me, someone who is sets goals and works hard to achieve them. Someone who is responsible. Someone who makes sure that everything is in order. Someone who acts as a man. Someone who is a good role model to others. Yeah, that is a man"

I found it interesting that all of my participants' articulations of masculinity were centered on the family and financial provision despite the fact that none of my participants (except for one) had any children nor were in a position to provide as majority of them were students or unemployed. Therefore, my participants' shared narratives on masculinity echoed an internalization of cultural norms and their position in relation to a hegemonic masculinity that associated breadwinning and financial provision as roles fulfilled by a man. All of my participants identified with the father figure role in their description and the ability to provide despite the fact that their reality was in stark contrast to this. This resulted in a disconnect between the aspired version of masculinity and their lived reality due to constraints brought about by their context, the lack of upward economic mobility. Therefore, it could be argued that sexual prowess and multiple sexual partners depicted by participants such as Andile were used as a way to compensate for their inability to fully live up to the egalitarian articulation of masculinity as it was the only masculinity accessible to them.

However, despite this transition by most of my participants to a more responsible articulation of masculinity, active participation and mastery over sex still remained integral to being a man. One was perceived to be more masculine if they are sexually active. All of my participants held the notion that being sexually active is integral to being a man. When asked, the question can someone be regarded as a man if they are not sexually active,

Shukela said the following:

"Not really less of a man but not really 100% of a man… But traditionally, a person is not a 100% a man. Maybe 90% a man".

This was also further highlighted in this conversation between myself and Innocent:

Sandra: and do you think that someone who is in a relationship but does not sleep with their partner, is that person still a man?

Innocent: why would they not sleep with their partner?

Sandra: let's say the person is in a relationship, but for whatever reason it's not sexual – do you think that that person is still a man?

Innocent: well, can they still do everything else? Do they still provide? Are they still the man of the house?

Sandra: yes. He's not celibate but he's not slept with someone before. Do you still think that that person can be considered as a man?

Innocent: is that person a priest?

Sandra: no, he's not a priest. It's just that that is not his type of vibe. Do you think that that person can still be counted as a man?

Innocent: that's a tough one. If he is still fulfilling everything else but he is not sleeping around, then I think he can still be regarded as a man but … there is that but… but what is going on? There is that 'but'

Sandra: but why is there that "but"

Innocent: it does not make sense. It is not logical. He is a man down there, so what is holding him back?

The argument advanced in literature is that there is a link between being sexually active and risky sexual behavior. The more sexually active one is the less likely they are to use condoms consistently in each and every sexual encounter. Hence government advocates for abstinence or remaining faithful to one sexual partner. However, this was not the case in relation to my participants. As even though all of my participants believed sex to be intrinsic to being a man it did not result in sexual behavior. The belief of sex as being intrinsic to masculinity was counter balanced by the belief of responsibility as being central to being a man and part and parcel of this responsibility involved consistent condom use so as to prevent HIV and pregnancy. Most especially in the context of casual sexual encounters, where participants perceived a high risk of infection and therefore emphasized condom usage

Another potentially contentious area was in sexual relations and the roles between men and women. Despite most participants adhering to a more egalitarian articulation of masculinity, there were elements of male domination and unequal gender relations.

Most of my participants had an egalitarian understanding of the roles between men and women and believed the women to have an equal say in sexual decision making. They believed that being a man was about being understanding, supportive and tending to the emotional needs of your partner and being responsible in one's actions, including making decisions that would benefit one's future such consistent condom use so as to prevent pregnancy and HIV/AIDS was an integral feature.

Mpendulo said the following:

"*For me, for me, we live in a society where we are all equal so it's not like back then where men were, were like, there's this notion that they are superior to women. So, for me it's all about, we are equal so if she desires something, cool. If I desire something, cool. If she wants role-play, cool, if I want to do freaky stuff, cool. But now, in everything you must be responsible and be able to communicate with each other if there's something wrong with our health, that's the first part… we live in democratic country. We have equal rights. Everything is equal, so, what's wrong with her initiating? What's wrong with me just slacking behind? You know it would be nice like once just find your women so…initiating sex and you be like 'no, no baby, ay relax, I'm just tired' you sleeping there. You see like, like, the roles reverse. So, if a man wants to initiate sex, cool. If a woman wants to initiate sex, cool. That's great, as long as they both mutually agree*"

In terms of sexual initiation most participants held the perception that a relationship is a partnership and that both parties can initiate:

Vincent: "*I think that is a partnership. I don't have to be the only one responsible for that. She also has to take responsibility for that. So, both of us have to play a part. Not equally, but it doesn't have a ratio. She might have more responsibility than me or I may have more than her*"

Thabiso: "*Both partners actually, both partners you're even a woman has more rights for her than man because if like necessary if I look at it nowadays men don't have much say in sexual relationships, if a woman says no its no not unless you get to convince her that you should have sex"*

On the other hand, it became problematic if the woman initiated all the time as this was understood to be predominantly a man's role and the woman was perceived as being promiscuous.

Innocent:

"*Obviously, it's the guy – The guy must initiate sex but the girl can be spontaneous as well. It is not that she is not allowed to, she can whenever she is up for it… Once in a while… Because like I've said it's male dominance, right? So now if she takes that role it will be like she's*

taking the lead in the relationship. And you know that saying – "someone has got to be the man in the relationship"; because it's a male dominant practice".

This view that when a woman initiates sex she is stepping into a man's territory and is possibly promiscuous is highly problematic in light of skewed gender relations in the country which has been linked as one of the biggest factors involved in the continued spread of HIV. In as much as there is room for discussion and negotiation, men have the final say and have control over how things work which reinforces/ perpetuates current gender inequality at rife in the country which constrains women's ability to assert agency and their ability to negotiate safe sex. This is because they lack control of sexual decision making and lack the ability to influence their partner's behavior positively which could potentially dispose them to HIV risk and infection. However, this was not the case in relation to my participants as despite a belief in male domination it did not translate into risky sexual behavior. According to most of my participants integral to being a man is assuming the leadership role which involves being responsible, and part of being responsible involved protecting oneself from HIV infection and preventing pregnancy. Therefore, despite the fact that being sexually active was central to being a man, when participants engaged in risky sexual behavior, which they perceived as casual sexual encounters, condom use was emphasized as there was a perceived high risk of infection. Therefore, whether or not women had the final say in sexual initiation did not negate condom usage as men already emphasized condom use in the first place. It can be seen that male dominance did not predispose young women ability to negotiate safe sex as condom use was already being practiced even in the context of unequal gender relations. Therefore, whether or not a condom would be used was not necessarily based on gender relations it was fundamentally predicated on trust. In the confines of a trusting relationship condoms were not used as it was assumed that both parties are being faithful hence a perception of low risk of contracting the disease prevailed. Essentially love was the biggest risk to condom use as love implied trust and meant a forgoing of condoms use as it was it was assumed that both partners were being faithful and hence there was a low risk perception. It was thus love and trust that was the biggest deciding factor of condom usage.

Therefore, we see that there were multiple versions of hegemonic masculinity articulated by my participants, mainstream masculinity and egalitarian masculinity. The mainstream masculinity was the most problematic and consistent with the masculinity outlined in literature as it encouraged an assertion of masculinity that results in risky sexual behavior and exerted a considerable amount of pressure in the early teen years. However, as participants transitioned

in adulthood they adopted a more responsible masculinity. And therefore, positing men as perpetrators of HIV is inaccurate as it neglects how positive articulations of masculinity reinforce safer sexual practices and how mainstream masculinity makes young men vulnerable to risky sexual behavior. Furthermore, it was shown that although the second articulation of masculinity still had elements of mainstream masculinity in that it held active participation in sex as intrinsic to masculinity and had elements of gender inequality it did not result in risky sexual behavior as these elements were counter balanced by an emphasis on responsibility. Trust played much of a bigger role in shaping condom use than gender inequality as it within the confines of trusting relationship that condoms were not used, ideas that will all be further explored and expanded on in the next two sections.

Condoms and masculinity

Condoms are an inescapable part of our existence, they are in wide circulation all around us we encounter them at the till points at various service stations and we find them in the toilets stacked up against the wall, unopened. Yet despite their widespread availability, HIV prevalence remains high. Government intervention is premised on the notion that people are not using condoms due to a lack of access to condoms and ignorance. Thus, educating people about HIV/AIDS and increasing the availability of condoms should solve the problem. As a result, the rollout of government condoms, among many other interventions was to address risky sexual behavior. However, judging from the continued increase of HIV/AIDS and annual prevalence rates, government's intervention has not been as effective. The answer lies in the fact that government's interventions are not having the intended impact because government is not addressing the right problems.

The problem is not with condoms in and of themselves but rather condom use is reflective of the type of masculinity one identifies with and how various forms of masculinity influence how men think and understand condoms. Mainstream masculinity, even though only dominant at the younger ages, required one to be sexually active to be regarded as a man and a culture that encouraged young men to indulge in unprotected sex as a show of their masculinity. It is an image of masculinity that is highly problematic as not only does it result in early sexual debut but exposes young men to a high risk of infection. Therefore, condom use was not an entity on its own nor simply based on access or ignorance but was an extension and expression of how one understood themselves to be man. Consequently, positive masculinity reinforced safer sexual practices and negative masculinity emphasised risky sexual behavior. Furthermore, condom use was also centered on six main factors: type of sexual encounter, type of sexual partner, whether sexual encounter was planned or not, social accessibility of condoms, status and brand of condom and fear of pregnancy.

Participants noted that they had various and ample sources of condom supply, from their friends, from community outreach programs and from tuck shops closest to their homes but that essentially condom use was affected by the different meanings attached to sex: casual sex encounters versus sex with a significant other. Casual sexual encounters were brief, outside the context of a romantic relationship and were more about fulfilling sexual desire and it was in this context that condoms were emphasized as there was a perceived high risk of infection. As it was not about the person's character or their sexual history but about physical attraction. This is highlighted in this conversation between Innocent and I:

Sandra: is there a distinction for you in certain relationships – are some people just sexual partners for you or with you it's like solid relationships but all relationships must involve sex? I don't know if that makes sense.

Innocent: that makes sense. Let's see… there is a differentiation. There are people that you are not necessarily in a relationship with but that you sleep with; and there are people with whom you are in a relationship with and you're pushing something real; and there are one- night stands.

Whereas sex with a significant other was meaningful and as an expression of intimacy and emotional connection between two people, it was built on trust and it was in this context where condoms were not as emphasized and where participants were potentially most exposed to risk of infection.

Attached to this notion, the nature of one's sexual partner in terms of their sexual history affected whether a condom would be used. There were two contrasting images depicted: a picture of the 'good girl' versus the 'promiscuous girl'. The good girl was smart, intelligent, has drive and knows where she is going in life. She is clean, looks after herself well and she is not perceived as 'loose', she is the type of girl one would want to pursue a romantic relationship with and the type of girl participants might risk not using a condom with. In stark contrast to this was the promiscuous girl that was typically known for having casual sexual encounter with a lot of partners in her community and was perceived as 'loose' and high risk where condom use was paramount and highly emphasized. This is highlighted in this conversation between myself, Greg (research assistant) and Max:

Sandra: How do you choose your sexual partners? Like who do you use condoms with?

Max: As men, we don't choose, you don't choose, you see. These things happen unexpectedly. You see, you can't choose, but, you choose your girlfriend, but you can't choose who you sleep with. I can sleep, there's my friend Themba, you see, he slept with a 45-year-old. You see, 45-year-old. Me I slept with a 39-year-old Ntombi, you see, now, you see as men we don't choose. There are certain things, there's ben 10s, now you want to fit in you too well you see. There's tom boy, there's sugar daddies you see. I also wanted to fit in and feel what it's like to be a ben 10 you get me, so I can experience it you get me? I did buy a prostitute, I didn't choose you see, that I want this prostitute, no. That prostitute approached me that, let's go and have sex and I said okay, I have R40, let's go and we go. And when we got there I asked her how many condoms I use. She said, you, you want to use, the ones you want to use. Yeah, you get me.

Greg: So, you used two condoms

Max: Two condoms because I don't trust prostitutes, you see because prostitutes a day, they sleep with 20 people the way I estimate you see, 20, 30, 50 you see. Maybe the day I slept with her, maybe I was 39, you see you see. As men, we don't choose, even in statutory rape, as men we don't choose. You see,

Greg: But you choose a girlfriend

Sandra: And so, in the case of a girl you were talking about that you really like, if that girl had said she wants to sleep with you, if she was willing to sleep with you, would you have used a condom?

Max: That one?

Sandra: Yah

Max: You know if she had opened for me, baby mama, sure case, because that one I trusted her. But, that one, the way she carried herself, the way she carried herself, she's not someone you will just mess with you see. Definitely sure, that one...

Sandra: And so, in her case it wouldn't matter about STIs and...

Max: Sure. STIs, look here, STIs, you won't get them there, that girl was clean.

Sandra: And how did you know she was clean? Like how does the decision-making work, how did you know that this girl, was clean?
Max: Eish jo, how can I explain this jo. That girl my brother, was clean, as I'm saying she was clean. Her personality, you'd like her too if she came here right now. Her hair, you get me, yah

Greg: She takes care of herself

Max: She takes good care of herself. As I'm telling you, that girl, okay. Why doesn't she want to sleep with me? You see she's a girl that loves herself? You see? Why she didn't want to sleep with me, you see that she takes care of herself, you see. She's not like those who one-night stand what what what what, agree to all of things. That one is, as I said that one she's intelligent, she's smart.

As I'm saying, me, I use a condom, I don't trust the girls in the hood, you get me, I need to look and choose. Because I won't go around and ask are you HIV, because I sleep with you, I can't ask, you see, because it's a personal thing you see, I can't go around and ask before I sleep

with people, are you HIV. You see, I don't have a small test you see…That's why I use condom, double condom, because I don't trust.

However, such a way of thinking is highly problematic as the seemingly 'good girls' image is not based on an HIV test but on mere appearance and a perception of how one carries herself which results in a low risk perception and in reduced condom use. As the seemingly 'good girl' could potentially be equally as 'loose and may be infected. And could also be as high risk as any other girl. Therefore, using appearance and conduct as deciding factors in condom use directly places young men at high risk of infection.

Other factors that influenced condom use had to do with whether a condom was available in the space where sexual intercourse took place. Participants noted that although condoms were accessible and that one could obtain them everywhere they often did not carry them. Condoms were only carried when sexual intercourse was planned or anticipated. However, in the event that sexual intercourse was unplanned they would potentially be found without a condom which may tempt some young men in the heat of the moment to delay or postpone gratification and go ahead without a condom even if it puts them at risk. The situation was further complicated by the fact that if the guy did not have a condom during a sexual encounter it would be problematic if the girl was the one to carry and offer a male condom as it suggested that she was sleeping around. Mpendulo said the following:

"*Okay, firstly, for me, it symbolizes that she is responsible. She wants to protects herself. And then, when she leaves, I'm like, is she sleeping around? Those would be the thoughts that would go around in my head. Now if we are not dating and she comes around with a condom, and a condom that is not sealed- already opened. I'll be like nah, no no, something is wrong. Cause no girl in their right mind would take out a condom, give it to the guy and say, let's go. She may be sleeping around, but she protects herself."*

Such a way of thinking makes it difficult for young women to carry condoms due to a fear of being perceived as promiscuous or as actively seeking sex. Thus, they are least likely to carry condoms in their bag. This minimises the opportunity for condom availability in the room while maximizing the likelihood of sex without a condom.

In addition to this was the fact that the fear of pregnancy was much more pronounced as a motivating factor in condom use than the fear of HIV infection. In many of my participants' discussions on condoms, pregnancy was a real concern and condom use was fundamentally about the prevention of pregnancy than it was about contracting STI's and HIV. This was a

view particularly expressed by University students. As many of them were still young, unemployed or still school and having a child was the last thing they wanted as many of them felt they were not in a place to financially support and provide for a child. Shukela had the following to say:

"*There was this time when I was like f*** condoms, but you know, I thought of the consequences, like ay, what if she gets pregnant. Because you don't think of diseases if it is someone you love. You don't think of AIDS, you think of ai, what if she gets pregnant… regardless of diseases and condoms, it can happen that she gets pregnant and you are only 21, and then you must worry that now she is pregnant, and you need to be responsible, so I plan that if I have sex, I use a condom. If she doesn't want it, it is fine. But I have to use a condom. We have to negotiate. If she doesn't want to use a condom, and I want to use a condom, I will be like ah ah ah ah, I have to use a condom. Because this is what I have planned for my future*".

This is important in terms of government's approach to condoms that primarily focuses on safe sex and prevention of HIV/AIDS. Perhaps it would prove instrumental if they broadened their discussion on condoms to include and emphasize pregnancy prevention as this was a much bigger concern for participants could potentially help to encourage condom usage. In addition to this government's widespread distribution of contraceptives removed the need to use condoms in pregnancy prevention as there were other means available reducing the incentive for condom usage.

Furthermore, although condoms were physically accessible there were socially inaccessible as there were number of social impediments that made condom accessibility difficult. One could buy condoms from a local tuck shop or collect them from a clinic but the problem was there was a stigma attached to condom collection as now it was evident to everyone that one was planning to participate in sexual intercourse which is a factor that is not yet normalized and a topic accorded a great deal of silence. Evident in Shukela's statement:

"*Ooh, it is difficult, yoh. Because like, you need to find condoms, it should be a secret. So, it is difficult. But generally, they are accessible and they are affordable, but you know, during the time, you need to buy, it is difficult because you think what people will think about you, when you buy condoms, what will people think of you. But I tend to think f***, we all have sex, so like. People also have to appreciate, that oh, he is using condoms and he is playing safe than judging. So, people should judge me for doing the right thing even though that they do not agree upon but at least I am playing safe, so, you know. Accept. They are accessible. Some are*

given for free, so I wouldn't say the accessibility is bad. It's just people's judgement and how people react".

Added to the difficulty in purchasing condoms was the silence afforded on the matter by parents where sex and condom use were not topics openly discussed with children. Most of my participants learnt about condom use from TV or from school. Highlighted by Jabu:

"When you look at from that context the community does not allow condom use like at home we are not taught about condom use you know. Its TV that teaches you about condom use you get me, at home they don't teach us about condom use, many people don't get that, they learn many things from the TV you get me. Parents don't talk about that, TV- everything comes from TV, you can imagine, its culture bruh. It's difficult when you are seated at home to take out condoms and put them over there, I wouldn't do that because I know my mom will be like condom! You see now, like I don't know there is something I can't do that. No condoms are not accepted at home, if they were accepted at home maybe we would see them in the bathroom you know may they would place them there in the bathroom-condoms, a box of condoms placed in the bathroom, which now means that next to the…the also put them there and then maybe it would be better"

There was also an issue of status attached to the brand of condom used. Condoms that were more expensive were perceived to be safer whereas Condoms that are for free are considered cheap and condoms that are cheap are considered unsafe. The government condoms were perceived to be unsafe, they were also perceived to be cheap, they were prone to bursting and may potentially be expired and as a result participants hardly used them. Mpendulo said the following:

", *condoms aren't 100 % sure you see? Now, people, there's this notion that uh like Choice condoms those are cheap uh, not cheap, those are weak quality, they are not good*"

Max echoed similar sentiments:

"*I put even two the way I don't trust. Because I Don't want that when it bursts, at least the one covers. Because these condoms, choice, max, they are not strong, even trust*."

Furthermore, the use of choice condoms was problematic because they are highly disliked by women and due to the perception of being cheap it showed the girl that you did not value nor respect her and that you are taking her for granted. Jabu said the following:

"*To tell you the truth with that girl I loved I was going to hit it with a condom but my issue was they were there but they were for free choice condoms now there is this stigma that you're taking out a choice with girls, ok fine so I went flesh, but they were there"*

The fact that government condoms are free creates a barrier to their usage. As despite being in wide distribution the fact that they are free creates the connotation that they are low grade, poor quality and unsafe which results in participants not using them. However, the very reason condoms are free is so that they can be more accessible. Solving the problem of accessibility creates another problem of societal perceptions of unsafety and in low usage which goes counter government's efforts to tackle the epidemic: free accessibility becomes a barrier to usage.

So essentially condom usage is affected by masculinity and social expectations and norms around sexuality and manhood, where the hegemonic perspective on masculinity and sexuality holds the notion that men that use condoms are dumb or foolish which exerts pressure on young men to indulge in unsafe sex. Condom usage is also affected by one's sexual partner, their willingness to use a condom and their social standing with those that are not perceived to be openly sexually active perceived as clean and low risk and with those that are known for sleeping around perceived as loose and as high risk. It is also affected by branding and stigma that comes with acquiring a condom where even though condoms are accessible due to the fact that sexual activity among youth is frowned upon condoms are socially inaccessible. Factors which when combined put young men at high risk of infection and factors to be considered in government's condom distribution campaign. Therefore, condom use was not about accessibility or ignorance as my participants had ample sources of condom supply. But rather condom use was driven by a range of interpersonal, contextual and social factors which if not directly addressed will continue to produce a gap between government intervention and the stark reality on the ground, perpetually producing high prevalence rates

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The search for Love

Throughout all of my participants' narratives on masculinity and condom use, there was a common thread that brought all their narratives together- the search for love and the search for the "one". And when the one was found it meant the forgoing of condom use placing romantic relationships as the most likely environment where a heightened risk to HIV infection was most likely to be found.

The search for the one involved the search for an idealized other, someone who as understanding and respectful, who carries herself well and does not sleep around, someone who would accept each of the participants for who they truly are and who they could entrust their heart to, someone they could share and build a life with, someone they could trust. As Shukela put it:

"*It is about how she builds. If you relate in most things, then you can see that she is definitely the one. But if you don't relate in most things, then you will be like, ah. She is not the one. But if she likes you, then it speaks, then okay sharp. But if you love someone, you have to relate in a lot of things, you know. She needs to understand what she has been through She needs to understand you. She needs to be matured as well. She has to be someone who challenges you mentally".*

Mpendulo: "Now it is all about building a future. I want someone who I trust. Someone I can depend on. Someone I can believe in. Someone who believes in me. Someone who can push me to better myself. They should make me push them to be better themselves. So yabona, it's a chain reaction. Actually, scrap that out. I just want someone who I can build a life with. Simple. I have standards. She must be capable of thinking. I just want someone.'

They engaged in sexual activity to fulfill their sexual desires but were also in a game of trial and error, sleeping their way through different girls on a journey in search for the one. The search for the one meant two things: it signified commitment and faithfulness and confining sexual activity to one partner which would reduce participants risk to HIV infection. However, it also meant that when they found the one they would trust her, with trust came the forgoing of condom use as now there would be no need to play it safe as their sexual activities would be conducted within the confines of a mutually trusting relationship and restricted to one sexual partner. As Mpendulo put it:

"*Trust. Trust. For me, yeah. It's all about trust. If I don't trust you, obviously, I'll use a condom. If I don't have it, I won't even sleep with you. But if I trust with you, yeah, I'll sleep with you. So that's the defining thing. Trust*"

Shukela said the following:

"We all know of diseases. But if I have to have unprotected sex, it has to be with someone I love. Someone I will forever love. Then if I find someone that I truly love, then I will not use a condom… Until I find someone who I love and ill have maybe unprotected sex at the right time. With someone that I love."

The following conversation with Max captured similar sentiments:

Sandra: And so, in the case of a girl you were talking about that you really like, because you said you're drawn to people that are, when you choose your girlfriend, you say they have to be independent and it's about the personality and stuff inside. If that girl had said she wants to sleep with you, if she was willing to sleep with you, would you have used a condom? Max: That one?

Sandra: Yah

Max: Yo, that one I will make a baby mama

[laughs]

Max: Sure case, you know if she had opened for me, baby mama, sure case, because that one I trusted her. But, that one, the way she carried herself, the way she carried herself, she's not someone you will just mess with you see

This I found puzzling and sought to understand the underlying cause for a shared need for love across all my participants.

The sociology of emotions is a new and emerging field that aims to extend the sociological perspective to include areas not typically in Sociology's field of domain such as emotions among which love is included. Numerous sociological accounts have been given to explain love but essentially, they fall within two main camps: a socio-evolutionary explanation of love and general sociology/ capitalist explanation. Restivo (1977) gives an evolutionary sociology of love and argues that essentially love creates the optimum conditions for the exchange of information and learning which are factors that are needed for the continuation of the species. It is a critical cooperative factor needed to solve emerging problems of individual and collective

survival and growth and hence it can be conceived of as an evolutionary mechanism. Therefore, what is referred to as love may actually be reflective of a potential in human beings for high levels of communication and cooperation. Actualization of this potential by means of interpersonal intimacy may be a necessary condition for the further evolution of life and consciousness on earth.

This is the argument advanced by Sorokins (1973), who views love as the mainspring of life and evolution. Lenski (1970) broadens his analysis to society and argues that society as an entity has an adaptive mechanism that increases the survival and reproductive chances of certain organisms. Culture in this setting is the main vehicle of evolution as it allows for symbolic communication and information exchange between humans. This form of organization is hinged on inter- dependence and the need for co- operation forcing individuals and groups to work together in order to achieve the shared goal of survival. Enhancing the learning and information exchange opportunities which is necessary in order to raise the energy mobilizing capacity needed for socio- cultural evolution and hence for survival. Therefore, sexuality and relationships create the optimum conditions for this process to happen as it makes extended intimacy possible. Enhancing the opportunities for learning and the expansion of knowledge of themselves, others and reality in general. Enhanced learning promotes adaptability creating a link between love and evolution (Restivo, 1977).

However, Sociologists and historians working within a Marxist Framework view love as a response to the shift from traditional communal organization to atomism brought about as a result of capitalism: "*isolated modern men and women alienated by their participation in an impersonal market place sought solace and meaning in the arms of an idealized lover. Love provided what the newly industrialized society had taken away, a feeling of belonging and significance" (Linholm, 2006:10).* It follows then that without capitalism there would be no love. However, a great body of research disapproves these claims and shows romantic love as present even before the advent of capitalism especially among elite in many pre-modern nonwestern complex societies such as Japan, China, India and the Middle East (Linholm, 2006).

Cohen posits romantic love as an escape and response to the pressures of life in a state society and traces this historically to look at how the institution of marriage has changed over time. He argues that historically marriage was not about love but about creating economic and political affiliations that were crucial for survival. In this setting marriage was viewed as a duty and

necessity and love as an escape from the oppressive obligations and rivalries found in arranged marriages and the demands of public life, possibly directed towards an individual one could not marry. Love need not necessarily equal sexual desire evident in Victorian middle-class society where sexual desire was detested and regarded as an impure degrading intrusion on reason to be resisted and controlled by men and denied completely by women. This view was especially common in societies where sexual intercourse is regarded as an act of violence or domination or where it is associated with pollution and spiritual danger (Linholm, 2006). And therefore, it follows from this analysis that romantic love is likely to found in state societies that are marked by:

"conditions of strong social constraint, well-formed primordial identities and intense rivalry for power found both in centralized stratified societies and in kinds of highly structured and internally competitive simpler social formations…the idealization offered by romantic love offers a way of imagining a different and more fulfilling life" or in societies with *"extremely fluid social relations ,marked by mobility and competition operating according to individualistic worldviews within harsh or otherwise insecure environments…may find meaning and emotional warmth in the mutuality of romantic relationships…romance in these societies is associated with marriage since the couple is idealized as the ultimate refuge against the hostile world and functions as the necessary nucleus of the atomized social organization"(Linholm, 2006:15)*

And least likely to be found in *"relatively stable societies with solidified extended families, age sets and other encompassing social networks that offer alternative forms of belonging and experiences of participation in group rituals"* are less prone to romantic involvement as this need is fulfilled (Linholm, 2006:16).

This is the same sentiment echoed by Mark Hunter in his political economy analysis of sex where he intersects race, class and geography in the spread of HIV/AIDS. Hunter argues that the economic crunch of the 1970s brought on by South Africa's economic and political turmoil had a devastating impact on South Africa's economy which resulted in a low GDP and in job cuts across all sectors. This combined with land dispossession had a profound impact on black migrant workers and their ability to provide as rural areas could no longer subsidize low urban wages. As a result, this saw a large drop in marriage rates in the 1980s and growing number of children born out of wedlock due to men's inability to secure *lobola* (bride price) and act as dependable providers in the context of a declining economy (Hunter, 2007). Added to this was

the shift to a neoliberal economic policy ushered in by the new democratic dispensation which saw massive budget cuts in social welfare and the lifting of trade tariffs to allow for free trade. This heavily crippled local industries and intensified an already dire situation. Resulting in mass job losses and wage competition particularly in the textile industry. Hunter argues that this had profound impact on how masculine identities were formed and negotiated. Historically masculinity was conceptualized around one's ability to provide and lead a household. However, with this institution under threat due to the inability of African men to provide financially, it has resulted in the formation of new masculine identities forged around sexual prowess as a way of validating one's masculinity in the context of constrained socio- economic opportunities. He demonstrated this in a study conducted in Kwa-Zulu Natal on the rise and fall of the *Isoka* masculine identity- a Zulu man with multiple sexual partners, and how this was formed in the context of capitalism, migrant labour and Christianity. Hunter argues that the high value placed on multiple sexual partners associated with the *Isoka* identity filled the void left by men's inability to express previous articulations of masculinity (Hunter, 2005).

Sex as intrinsic to masculinity consistent in all my participants' narratives on masculinity supports the evolutionary standpoint as it points to the underlying need for procreation and extension of one's bloodline and continuation of their genepool. However, at the same time sex with a significant other seemed to signify that there was something more to sex than just fulfilling human lust. In romantic relationships, it was not just about the sex and pleasure but about intimacy and creating an emotional connection. It was about finding a sense of belonging. Therefore, following from Cohen and Hunter's analysis participants search for the one may be analyzed as a way of finding solace and shelter from a highly individualized and competitive capitalist environment, where in light of growing up in township life participants were presented with a harsh reality of violence, unemployment, crime, drugs and limited opportunities for economic upward mobility and thus unable to fully actualize expected masculine ideals. Thus, it could be argued that participants search for the one was about finding refuge from the social expectations of masculinity. Participants' narrative on masculinity was about responsibility where one's masculinity was measured by one's ability to provide for their household and for their family. However, participants lived reality was in stark contrast to this expectation as all of my participants were still dependent on their families for survival, thus, creating a dis-joint between social expectations of masculinity and their everyday lived reality. Historically disempowered and contextually denied upward economic mobility, undermining their ability to live up internalized ideals of being a man. This resulted in a considerable amount

of pressure due to their inability to meet this social expectation creating a void. Therefore, love provided a cushion from the harshness of a capitalist environment and from the pressures of masculinity. As when they found love they found belonging, where they could be accepted for who they are, inadequacies and all and with all they are.

Therefore, it was about the search for love and once love entered the picture everything changed. Love signified acceptance and belonging and as highlighted above a shelter from a cold, competitive capitalist world. Love signified safety and with that came trust and with that came lack of condom use. As highlighted by Jabu: "*Love changes everything, when you involve love, love changes everything*".

However, the problem with this picture is that the reality is that one is bound to encounter a number of people they could potentially perceive as the 'one' from their first sexual debut till they grow older, therefore they are likely to have unprotected sex with multiple women with whom they perceive as the one across their life time. Ultimately, this exposes participants to a high risk of infection. Furthermore, it highlights an underlying association of condoms to risky sexual behavior, condoms as best suited for use in casual sexual encounters but as unnecessary in the confines of a trusting relationship, Highlighted in the following conversation with Innocent:

Sandra: and for you what do you think condoms represent within sex? Let's say while you have having sex with someone and then…

Innocent: condoms is for protection. I don't necessarily think that it makes that much of a difference. But let's see, if it's your partner, you have got be like, sometimes there is no risk if the two of you trust each other. Because the condom is just there for HIV, pregnancy and unplanned pregnancy. So you have got to be safe you know. But if it's you partner, there it is really not necessary unless you don't trust that person. If the condom is there to prevent pregnancy there are other means of preventing pregnancy like injections and pills and all of that which really renders the condom useless if it is your partner.

Sandra: and if it is not your partner

Innocent: if it is not your partner, then you have got to use protection because you don't know who else she is sleeping with and you don't know where else she has been. You have just met just the other day so you don't really know much about her and she does not know much about me

Sandra: *has there ever been a time when you did not use a condom?*

Innocent: *yeah, on multiple occasions.*

Sandra: *so what happens during those times that you did not use a condom?*

Innocent: *in those cases, it was my partner. The partner you trust, so that when there is no condom it alleviates the stress*

This is highly problematic as it pre-supposes that their partner is also being faithful in turn and also taking the necessary precautions to be safe. Furthermore, this perception is counter intuitive to government's ABC (abstain, be faithful and condomise) campaign. Underlying this campaign is the notion that when one has only one sexual partner they are less exposed to risk. There is an assumption that both partners are being faithful and that one is most exposed to risk in casual sexual encounters. However, participants' narratives reveal the contrary and highlights that participants are actually most at risk in the confines of 'trusting' relationships. As they understand government's campaign to mean that condoms are only necessary for risky sexual encounters which they understand as casual sexual encounters. Therefore, condom usage is emphasized in casual sexual encounters as there is a perceived high risk of infection but negated in stable relationships as they see a reduced risk perception. This posits love and romantic relationships as the biggest threat to condom use.

Conclusion and Recommendations

Does the wide availability of condoms and government's other interventions that target access; ignorance and gender inequality reduce risky sexual behavior? They are necessary but not sufficient as there are a number of intervening factors that potentially undermine government's many attempts to curb HIV/AIDS infection rates. Problematic articulations of masculinity, even though only practiced among my participants in their teens, still resulted in risky sexual behavior where young men are urged to engage in unprotected sex and multiple sexual partners as markers of masculinity. Although my participants challenged this it still exerted a considerable amount of pressure on them and exposed them to high risk of HIV infection. Another factor that shaped condom use had to do with low risk perception where there is an association of condoms as only necessary for casual sexual encounters but as unnecessary in the context of trusting relationships.

In addition to this is how the search for love was actually the biggest threat to condom use. As with love came trust and with trust came the forgoing of condom use. Social accessibility is another factor that affects condom use, although condoms are available stigma around condom use makes it difficult to easily purchase condoms or access them for free in public spaces as now it would be evident to everyone that one planned to engage in sexual intercourse which is highly frowned upon. Condom use was also shaped by status and branding; due to choice condoms being free they are perceived as poor quality and unsafe which results in low usage. And finally, condom use was affected by the fear of pregnancy, where the fear of pregnancy was more pronounced and a bigger concern than was HIV infection. Therefore, we see that even though increasing condom accessibility and addressing ignorance concerning HIV/AIDS is important it is not enough to bring the HIV prevalence rates to a steady decline. As there are a number of interpersonal, contextual and social factors that constrain condom usage. And therefore, if government's intervention against the continued spread of HIV/AIDS is to have a significant impact they need to address these problem areas directly.

Sexuality and condom usage are fundamentally influenced by masculinity. Therefore, government needs to think of ways to challenge current hegemonic masculinity and current status quo around the norms that result in risky sexual behavior. Particularly at the younger ages (teen years) where young men are most vulnerable to peer pressure and where they feel the need to prove their masculinity in ways that predisposes them to HIV risk. Government needs to embark on a process of rebranding masculinity so as to encourage safe sex, to a masculinity that is responsible and part of that process is being safe and protecting yourself and

your partner from HIV and pregnancy as was outlined by the participants in my study. Equally important is a masculinity that encourages equality between the sexes so as to improve women's sexual decision making and their heightened risk to HIV infection. They could address this by making use of avenues such as the education system and by intentionally targeting subjects such as Life Orientation which is already a subject dedicated to addressing such matters and which is a compulsory subject across the whole country. They could also target sources of information where this hegemonic masculinity is dissipated: the state, the media, traditional leaders, the church and the family unit

The discussion on condoms also needs to emphasize pregnancy prevention as this was a significant concern among my participants and ways to change thinking around condom use as not only for the prevention of STI's but also for the prevention of pregnancy. Furthermore, government needs to find ways to work around the poor perception of choice condoms so as to increase their usage, this is an area that could be pursued by further research. Government also needs to re- emphasize condom use as necessary in all sexual encounters and particularly necessary in the context of romantic relationships as this where participants were most predisposed to a high risk of HIV infection.

However, in addition to this there has to be ways of challenging the silences on sex as an institution, there was a serious lack of parental involvement in discussions on sex and condoms use. Parents refused to engage the fact that their children were actively participating in sexual intercourse. They merely turned a blind eye and used silence on the topic as a way to deter sexual activity. However, in the absence of positive sexual behavior reinforcement creates a vacuum that leaves young men vulnerable peer norms that encourage an early sexual debut and to rely on their friends for sexual education which often results in unsafe sex.

Therefore, parents need to play more of an active role in educating their children on sexuality and condom use. As they are the primary socialization agent of their children and by addressing these topics they could potentially have a meaningful impact in encouraging responsible sexual behavior. The responsibility for influencing positive sexual behavior among the youth does not solely rely on government as government has already gone to great lengths to address the situation. As condom use is not only driven by accessibility and ignorance but by a range of other factors. Therefore, if government's intervention is to have a meaningful impact they need to have a multi-pronged approach that cuts across the various situational and contextual dynamics that influence and constrain condom usage. In order for government interventions to

have the most impact it needs a collaborative, widespread approach that particularly relies on parental involvement to be successful.

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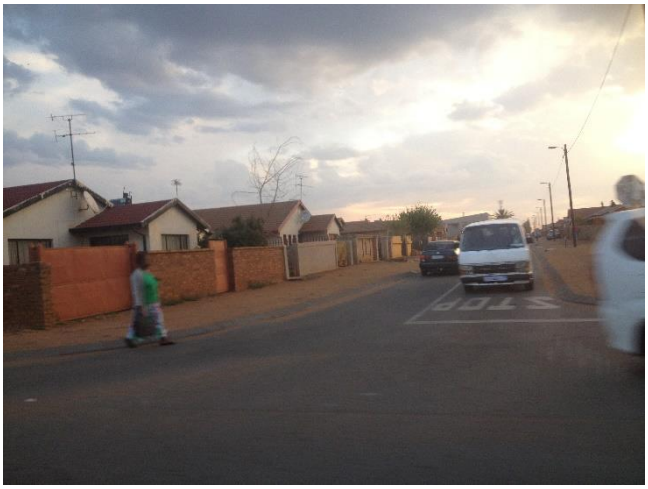
APPENDICES

APPENDIX A

Pictures of context

Area: Extension Three







Area: Zenzele







Area: Mina Nawe







APPENDIX B

Participant information sheet

Participant Information Sheet

Sandra January
PO BOX 744
Secunda, Mpumalanga, 2302
Sandra.january@gmail.com
0791674633

Dear Participant,

I am a student at Wits University and for my Masters research I am conducting a study on Masculinity, sexuality and condom use among black young men. I am interested in understanding your experiences of this as part of my research.

Participation involves making yourself available at a time and place of your preference for a focus group discussion that will last between an hour to an hour and thirty minutes and an in-depth face to face interview, that I expect will last approximately 45 minutes to an hour. If you are interested and available, a further one to two interviews of similar duration would be helpful to me, but only if you are available and would like to.

Participation is entirely voluntary. You are free to decline to participate in the study without any consequences. Participation will not be beneficial to you in any way nor will there be any compensation for your participation in my research. You can refuse to answer any questions, and to end the interview and your participation at any time, without any consequences. If you choose to participate, you will be assisting me, and I really appreciate it.

To keep your views confidential, the only requirement would be that the interviews be conducted at a community centre nearest to you so as to allow for some privacy where you will be able to express your views freely and so as to also avoid disruptions. I would like, with your consent, to record the interview. This is for no other purpose but ensuring that I would be able to capture your views more accurately

I cannot guarantee confidentiality for the focus group discussions as its beyond my control what participants do post the research. However, in order to minimise this risk, participants

of the focus group discussion will be asked to sign a non-disclosure agreement and the topics covered in the discussions will be focused on general views, opinions ad understanding so as to avoid the sharing and disclosure of intimate/ private information. However, in terms of writing up my report no one will know that you participated in this research, and I will not use your real name in transcribing the interviews, or reporting the results of my research. You will therefore not be identifiable in any way. You will be able to access an electronic version of my research report once it is deposited in the Wits university library and made public and I am willing to send you a link to this report upon request. However, I cannot guarantee that you will agree with my representation of you.

If you are willing to participate, I will be most grateful. You are welcome to contact me at the number listed above, and/or to contact my academic supervisor at the university at any time about this research: Dr. Lorena Nunez Carrasco at lorena.NunezCarrasco@wits.ac.za or alternatively Shireen Ally, 011 717 4458, shireen.ally@wits.ac.za .

Yours sincerely,

Sandra January

APPENDIX C

Participant consent form

Consent Form for interviews

I, _____ am willing to participate in Sandra January's research study. I understand that there will be no direct benefit for me in participating in this study and that there are not likely to be any risks involved. I understand that participation is voluntary, there will be no benefits for participation, and I am free to withdraw from the study at any time.

I have been given sufficient information about this research project. The purpose of my participation as an interviewee in this project has been explained to me and is clear.

I have been guaranteed that the researcher will not identify me by name.

I have read and understood the Participant Information Sheet and my questions about participation in this study have been answered satisfactorily

Signed: _____ Date: _____

Consent for Audio Taping of the Interview

I_____hereby give the researcher Sandra January permission to tape-record the interview.

Signed: _____ Date: _____

APPENDIX D

Sample of instrument

The interview schedule will be non- structured and will be reflexive in nature where more questions may be added or removed based on participants' responses. But it will basically take on the structure of the aims formulated above.

- Demographic background- in terms of age, years of schooling, religious affiliation and relationship status
- Understand what sex means in sexual interactions among young black men
- What condoms represent and symbolize within such interactions
- What are the factors during sexual intercourse that affect condom use
- How viable are condoms as a protective measure within such interactions
- What are some of the barriers/ obstacles to condom use?
- What are the connotations and perceptions attached to condom use?
- Are condoms accessible and affordable?
- Are condoms considered as an effective protective measure against pregnancy and HIV/AIDS
- How masculinity in relation to sexuality is conceptualized and negotiated among young black men
- How masculinity in relation to sexuality is acquired among young black men
- Alternative ways in which masculinity may be conceptualised to foster safer sexual practices
- What other means could be used by government to prevent HIV/AIDS?