Mediators of sexual decision-making among young South African and Zimbabwean migrant heterosexual men: a study conducted in Johannesburg, South Africa

Thesis submitted for the completion of the degree of a Doctor of Philosophy (Ph.D.) in Migration and Displacement.

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Dedication

I dedicate this Ph.D. thesis to my late mother Ever Sibanda who passed on recently on 30 October 2022 (I hope you would be happy to know this is finally accomplished! – I love you forever, you remain super central in my life), and to my father, Wison Mbeve, my sister Thembelani, and my brothers, Beatwell, Tawanda, and the late Sibangani. I also dedicate it to my wife Sheron Lunga who gave me unwavering and unconditional support while I was working flat out to complete this degree.

This Ph.D. is also dedicated to all efforts that are working for the improvement of the sexual and reproductive health of young migrant men, who are a group that has not received sufficient research and attention, and I hope that this thesis will contribute to addressing that neglect.

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The journey to complete this Ph.D. thesis required from me an enormous dedication of time, effort, and critical intellectual capacity. I also had to maintain my mental and physical health, to the best of my ability, to ensure I completed the degree from the moment of its conceptualisation to its completion. I experienced extra challenges in the form of personal psycho-social difficulties during this time, as well as from the consequences of the COVID-19 pandemic when it put a halt to many normative academic and social activities. As a result, I had to adjust the 'new norm' of COVID-19 conditions and associated lockdowns from March 2020 onwards before I could commence collecting my data. Despite these many obstacles, I have successfully completed all the Ph.D. processes which have been required to submit this thesis and other academic outputs that I have generated from this Ph.D. (see Appendix D (1); D (2)).

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Declaration

I, **Oncemore Mbeve**, hereby declare that this thesis is based on my own work. I have acknowledged every source that I have used in this thesis and referenced all the scholars accordingly. This thesis has not been submitted for any degree before, at the University of the Witwatersrand or at any other University.

Signature: 

Date: 22/11/2022

List of acronyms

ACMS: African Centre for Migration & Society

AIDS: Acquired Immunodeficiency Syndrome

CBD: Central business district

CMM: Community Mediation Model

GBV: Gender-based violence

HIV: Human Immunodeficiency Virus

ICPD: International Conference on Population and Development

IOM: International Organisation for Migration

IPPF: International Planned Parenthood Federation

IPV: Intimate partner violence

NDP: National Development Plan

NGO: Non-governmental Organisation

OECD: Organisation for Economic Co-operation and Development

PrEP: Pre-exposure prophylaxis

SABC: South African Broadcasting Cooperation

SADC: Southern African Development Community

SDGs: Sustainable Development Goals

SDM: Sexual decision-making

SGBV: **S**exual and Gender-based Violence

STI: Sexually Transmitted Infection

SRH: Sexual Reproductive Health

SRHR: Sexual Reproductive Health Rights

UN DESA: United Nations Department of Economic and Population Division Social Affairs

UNCTD: United Nations Conference on Trade and Development

UNFPA: United Nations Population Fund

UNHCR: United Nations High Commissioner on Refugees

UNO: United Nations Organisation

UTT: Universal HIV Testing and Treatment

WHO: World Health Organisation

Abstract

Background: The global goal of improving sexual and reproductive health (SRH) for young people and achieving Universal Health Coverage (UHC), as outlined in the Sustainable Development Goals (SDGs) Agenda 2030, faces a significant knowledge gap regarding migrant men's SRH. Current research on migrant SRH primarily focuses on women and children, emphasising risks and challenges rather than protective behaviours and sexual decision-making. While a universally accepted definition of "sexual decision-making mediators" is lacking, some literature identifies it as situational factors that influence sexual encounters (Davis et al., 2010). These mediators, including individual attitudes, beliefs, intentions, and preferences regarding sexual engagement, impact choices. However, migration, and challenges as well as opportunities around it, is rarely considered as one of the mediators of young men's sexual decision-making.

Aim: This qualitative study explores the mediators of sexual decision-making for heterosexual young economic migrant men, offering a unique contribution by conceptualising "migration as a mediator of sexual decision-making." The study demonstrates how migration-related factors significantly influence the sexual decisions of young men in urban contexts, filling a notable gap in both SRH and migration research.

Methodology: The study was conducted in Johannesburg inner city and involved 22 young migrant men (11 Zimbabwean and 11 South African) aged 23-30. All participants had resided in the inner city for at least six months, with the longest stay being 14 years. Data was collected through semi-structured, one-on-one in-depth interviews and analysed using a six-step thematic analysis method (Braun & Clarke, 2006).

Findings: The study identifies micro-, meso-, and macro-level sexual decision-making mediators that shape the SRH of heterosexual young migrant men. These mediators are categorised into two main themes: socio-cultural and economic-related. Chapter 4 explores socio-cultural mediators, focusing on cultural differences between the Johannesburg inner city and participants' home countries, their evolving sense of belonging, the interplay between cultural norms and personal agency in shaping sexual decisions, and the factors influencing their access to and choices about sex. Chapter 5 examines economic-related mediators, including the role of family planning, access to SRH services, and how participants' perceptions of Johannesburg's physical and social landscape influence their sexual decisions.

These findings contribute to both SRH and migration scholarship by offering empirical insights into the complex interplay of migration, culture, and economic factors in sexual decision-making.

Conclusion: This study introduces a novel conceptual framework that sheds light on the interconnectedness of economic migrant young men, their sexual decision-making, and the mediating role of migration. In addition to highlighting the urgent need for further research on the SRH of young economic migrant men, the study makes a significant contribution to knowledge by advancing the understanding of how migration shapes SRH decision-making. Methodologically, it reveals the importance of exploring migration as a dynamic factor in SRH research. Theoretically, it builds on migration and SRH literature by positioning migration as a critical mediator of sexual decision-making and, therefore, sexual behaviours. Empirically, it provides fresh focused insights into the strategies young migrant men employ to protect their SRH, despite limited access to services, peer pressure, and substance abuse.

Further research is necessary to deepen the understanding of heterosexual young migrant men's sexual behaviours and to develop strategies that support and improve their SRH. By incorporating methodological, theoretical, and empirical contributions, this study not only fills an important research gap but also sets the foundation for well-designed interventions that can positively impact the SRH of men globally, contributing to the Agenda 2030 goal of achieving UHC.

Keywords: young migrant men, sexual decision-making, migration, health, Johannesburg, inner city

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Chapter 1: Introduction and research background

1.1. Introduction

Sexual decision-making is a complex process influenced by various socio-cultural, economic, and psychological factors, especially for migrant populations. In this study, I explore the mediators[1] of sexual decision-making for men aged 23-30 years who are heterosexual, migrant, economically active[2], and live in Johannesburg inner city, South Africa. I specifically focus on both internal (South African) and cross-border (Zimbabwean) migrants.[3] The study is grounded in cultural theories linked to gender concepts, particularly masculinity, and employs protection-risk and social ecological frameworks from sexual and reproductive health (SRH) research to provide a conceptual lens for understanding how migration shapes young men's sexual decisions as well as behaviours in an urban context.

Research on SRH in South Africa and globally has largely focused on women, especially vulnerable populations such as asylum seekers and refugees, who face significant barriers in accessing SRH services (Chawhanda et al., 2022; Freedman et al., 2020; Mbeve & Ngwenya, 2022). These studies have examined critical issues like maternal health, gender-based violence (GBV), and SRH rights, emphasising the need for tailored interventions for women. However, a notable gap exists in research concerning men, particularly economically active young men who migrate within and across borders. This study contributes to literature by focusing on young migrant men – a population often overlooked in SRH discussions despite the critical role of their socioeconomic conditions in SRH outcomes (Bhana et al., 2022).

South Africa is a significant destination for African cross-border migrants, particularly from Zimbabwe. As such, the number of Zimbabwean migrants in South Africa continues to rise (Ndlovu, 2022; Statistics South Africa, 2023; United Nations Population Division, 2020; Wilkinson, 2019). Most Zimbabweans in South Africa are labour migrants, many of whom work in the service industry (Statistics South Africa, 2023; Zimbabwe Stat, 2022).

[1] Mediators, defined as contextual factors that inform decisions (Wang et al., 2020), are, in this study factors, that influence young migrant men's sexual decision-making, such as economic opportunities, gender norms, migration experiences, and the availability and accessibility of health services.
[2] In this thesis I interchangeably describe them as, 'young migrant men' or 'migrant men.'
[3] Internal migration refers to movement within a country, while cross-border migration involves movement across national boundaries (IOM, 2021a).

Notwithstanding, South Africa also experiences higher rates of internal migration, with recent data indicating that it outpaces cross-border migration.

An example of the statistics demonstrating higher internal than cross-border migration can be seen in the Statistics South Africa's (2023) migration country profile report. The report shows that out-migration from provinces like the Eastern Cape increased from 5.3% in 2011 to 10.3% in 2022, reflecting strong internal movement. In contrast, Statistics South Africa (2023) shows that cross-border migration, though notable, presents relatively lower numbers. For instance, in 2012, South Africa issued approximately 160 000 temporary residence permits to cross-border migrants, but this figure dropped to around 38 000 in 2021 due to the COVID-19 pandemic and has not fully recovered post pandemic, highlighting the more sporadic nature of cross-border migration compared to the steady internal movement. Provinces like Gauteng continue to attract large numbers of internal and cross-border migrants due to employment opportunities and urbanisation (Statistics South Africa, 2023).

Dynamic urban environments as Johannesburg in Gauteng offer a critical site for examining how internal and cross-border migration shapes the sexual decision-making and behaviours of young men. Research shows that migration does not concern only a physical movement but involves profound socio-cultural and economic transitions that influence migrants' experiences, including their sexual decision-making (Chimbindi et al., 2020; Musariri & Maharaj, 2021). In this study I explore how these transitions impact young migrant men's SRH related behaviours in the context of Johannesburg.

Although migration research in South Africa has extensively covered economic and employment issues, particularly for men (Bhana et al., 2022), the intersection of migration, masculinity, and sexual health remains underexplored. In this study I extend the conversation by focusing on men's sexual decision-making, which I frame through theories of culture and gender (Connell, 1995; Fishbein & Ajzen, 2010). Understanding how migrant men navigate gender norms, expectations, and SRH challenges is essential for developing comprehensive health interventions.

The Southern African Development Community (SADC) region experiences high levels of both internal and cross-border migration, with young men (aged 15-34) often migrating to Johannesburg in search of economic opportunities (Batisai, 2022; IOM, 2022a). These men form part of the sexually active working-age population, making sexual decisions that

significantly impact their SRH (IOM, 2021a). In this study I provide a framework for understanding how socio-cultural, economic, and psychological factors influence these decisions.

This study contributes to the growing literature on migration and health by addressing how migration, personal choices, gender norms, and economic independence influence sexual decision-making among young men. I argue that socio-cultural and economic mediators, such as gender expectations and economic vulnerability, shape the sexual choices migrant men make, ultimately affecting their SRH outcomes. Migration, as a social process, thus becomes a determinant of SRH, influencing whether young migrant men engage in risky or safer sexual behaviours.

Migrants in South Africa face a range of challenges, including access to basic services, accommodation, xenophobia, and unemployment (Chimbindi et al., 2020; Musariri & Maharaj, 2021). These factors, combined with the pressure to conform to societal expectations of masculinity, directly shape the sexual decision-making of young migrant men. Johannesburg's inner city, with its significant young population, provides a unique environment where internal and cross-border migrants must navigate these challenges in their sexual lives (Abrahams & Everatt, 2019; City of Johannesburg [CoJ], 2018). Consequently, many young men must reconsider their sexual relationships, family planning, and safer sex practices, all influenced by their migration experiences. Through their migration experiences, these men either conform to or resist the gender norms, shaping their SRH outcomes in the process.

Ultimately, this study situates sexual decision-making as a multifaceted process shaped by migration, gender norms, economic factors, and access to SRH services. It moves beyond the practical concerns of SRH provision to engage with the broader theoretical implications of migration as a social determinant of health. By positioning this study within the wider literature on migration, health, and gender, I aim to contribute to ongoing debates on how migration shapes SRH for men, particularly in urban African contexts like Johannesburg.

In what follows is a background of the study which shows its relevance especially within the SADC region, and the key topics of SRH and migration. While referencing the international literature, in the background I focus specifically on the discussions that concern the SADC region and the South African context. This is because this study seeks to make an impactful contribution to these geographic contexts.

1.2. Research background

This section provides a comprehensive overview that establishes the foundation for the current study, situating its significance within the SADC region and specifically the Johannesburg inner city context. By exploring key aspects of migration, SRH, and well-being, this section lays the groundwork for understanding how these intersect and influence young migrant men's sexual decision-making and access to SRH services.

The section contextualises the study within the broader landscape of migration in the SADC region, highlighting the impact of migration patterns on SRH outcomes. Additionally, it connects this macro-level analysis to the micro-level setting of Johannesburg inner city, a vibrant but complex urban hub where migration, economic disparity, and access to essential services converge. The section underlines the importance of addressing the unique barriers faced by migrants, particularly young men, in accessing SRH services and making informed sexual decisions amidst social, economic, and cultural opportunities as well as obstacles.

1.2.1. Migration, sexual reproductive health and well-being

In this subsection I provide a broader context on migration's impact on SRH. The subsection frames the study within the global and regional discourse on migration, health, and gender, and underscores the urgent need for research that addresses the specific SRH needs of young migrant men. Furthermore, by engaging with the intersection of migration and health, this subsection sets the stage for the study's focus on sexual decision-making and SRH access for this population, which remains underexplored in existing literature.

Migration is a global phenomenon with significant implications for SRH and overall well-being. In 2020, 3.6% of the global population (281 million people) were cross-border migrants, with an even higher number of internal migrants (IOM, 2020c; United Nations Department of Economic and Social Affairs, 2021). Driven by economic, educational, and social factors, migration can have both positive and negative impacts on migrants' well-being (Everatt et al., 2023; Castles et al., 2014).

SADC has a complex history of migration, shaped by pre-colonial movements, colonisation, apartheid era policies, and contemporary dynamics (Crush & Tawodzera, 2017; IOM, 2022a). These factors influence how migration is understood and managed, impacting migrants' overall well-being, including their SRH (Guadamuz et al., 2021; Núñez Carrasco et al., 2020; Ziersch et al., 2020). While migration can offer opportunities for improvement health, many studies

highlight the negative impact of migration-related challenges on migrants' health and well-being (Burton-Jeangros et al., 2021; Paniagua et al., 2021).

Sexual and reproductive health and rights (SRHR) are crucial for the overall well-being of individuals, including migrants (United Nations Population Fund [UNFPA], 2023). However, access to SRH services can be compromised for marginalised populations, such as migrants and refugees, due to their precarious legal and social status (UNFPA, 2023). Changes in environment, cultures, communities, and available policies can influence migrants' sexual decision-making and behaviours, potentially leading to risky sexual behaviours and poor sexual health (Anyanwu et al., 2020). Migrants may also face barriers in accessing SRH services, particularly within the public health sector (Johnston & Vearey, 2021; Ibisomi et al., 2023; Vearey et al., 2020).

Gender norms and inequalities play a significant role in shaping SRH outcomes, including for migrant populations. Traditional gender norms, such as heteronormativity, can perpetuate harmful behaviours and limit access to SRH services (Bermúdez Figueroa et al., 2023; Blau & Kahn, 2017; Hearn, 2021; Nguyen, 2023; Ritchie, 2022; UNESCO, 2015). These gender norms and inequalities intersect with other factors, such as race, age, and migration status, further marginalising young Black migrant men and complicating their access to comprehensive SRH services (Mavhandu-Mudzusi, 2021; Rispel, 2022; Smith, 2023).

In my current study, I explore the complex dynamics that influence young migrant men's access to SRH services and their sexual decision-making processes. This study critiques harmful gender norms and promotes gender equity while contributing to the growing literature on migration and SRH. It addresses the understudied intersection of gender, migration, and SRH in young migrant men, a group often overlooked in research. This contribution is crucial for developing more inclusive SRH policies and practices in urban settings like Johannesburg.

1.2.2. Southern Africa Development Community region migration governance: policy and practice

This section sets out an understanding of the policy backdrop against which the study is situated. Migration governance in the SADC region influences the SRH experiences of migrants, including young men. This section outlines the challenges posed by inconsistent or inadequate policy implementation, framing the study within the need for more coherent regional and national responses to SRH access for migrants. By doing so, it highlights the

study's contribution to informing future policy and practice that better serves mobile populations.

SADC is an intergovernmental organisation and regional body with 16 member states. South Africa plays a crucial role as a leading economic and political power within the region. SADC has experienced several historical changes in terms of socioeconomic growth and political transformations, contributing to complex migration patterns (African Migration Data Portal, 2020; SADC, 2021a). These patterns have mostly been controlled migration movements under different political dispensations across the region. Colonialism has often driven and controlled internal and cross-border migration of labour (Segatti, 2011).

Walker and Vearey (2019) examined how regional and national policies within the SADC region have addressed the intersection of migration, health, and gender, particularly focusing on SRH. Their study reveals that while some policies demonstrate awareness of the connection between mobility and SRH, others fail to fully recognise this crucial link. For example, the 2009 Policy Framework for Population Mobility and Communicable Diseases in the SADC Region explicitly acknowledges the importance of addressing SRH needs within mobile populations. However, other policies, such as the 2004 SADC Protocol on Health, lack this comprehensive approach, potentially hindering efforts to ensure equitable access to SRH services for migrants within the region. This highlights the need for a more consistent and integrated approach to SRH policymaking that considers the specific needs of mobile populations.

The existence of intervention policies in themselves is not sufficient in addressing the challenges faced by different migrants in the SADC region. As shown by Walker and Vearey (2019), many of these policies are not mobility, health, and gender aware. Despite, the SADC region has made strides in acknowledging the intersection of migration, health, and gender through several policies, such as the 2009 Policy Framework for Population Mobility and Communicable Diseases in the SADC Region and the 2014 SADC Protocol on Gender and Development.

The above regional-level frameworks highlight the importance of understanding migration and health, particularly in relation to SRH, within the context of regional development (SADC, 2021b; 2022). However, a closer examination reveals that while these policies demonstrate a commitment to addressing SRH needs within migrants, their implementation at the national level often falls short (Ketye, et al., 2024; Matshalaga & Mehlo, 2022; Mwoka et al., 2021).

This is one of the challenges that affects the achievement of good SRH for young economic migrant men in the SADC region and globally (Alarcão et al., 2021; International Planned Parenthood Federation [IPPF] & UNFPA, 2017; Mantell et al., 2020; Ninsiima et al., 2021). Consequently, migrants may find themselves without access to essential SRH services, leaving them vulnerable to poor health outcomes and perpetuating cycles of marginalisation (Crush, 2017; Musariri & Moyer, 2021).

Moreover, the complex interplay of migration, health, and gender within the SADC region is often overshadowed by broader socioeconomic and political concerns. While regional frameworks recognise the importance of addressing the SRH needs of migrants, there is a need for a more holistic approach that goes beyond policy rhetoric. This requires a concerted effort to bridge the gap between regional commitments and national implementation strategies, ensuring that policies are not only in place but are actively contributing to the improvement of SRH outcomes for migrants. Additionally, there is a critical need for greater collaboration among SADC member states, civil society, and international organisations to address the structural barriers that hinder effective policy implementation, such as restrictive immigration laws, lack of health infrastructure, and societal stigma associated with both migration and SRH (Crush & Tawodzera, 2017; Vearey et al., 2021).

1.2.3. The Johannesburg context: A vibrant city with complex challenges

In this subsection I provide critical geographical and social context for the study, connecting the macro-level analysis of migration in the SADC region to the specific realities in Johannesburg inner city. Understanding the unique challenges posed by the city's socioeconomic environment is essential for exploring how young migrant men navigate their SRH needs. By presenting Johannesburg as both a space of opportunity and marginalisation, this section justifies the city as a key site for investigating the intersections of migration, SRH, and gender.

Johannesburg inner city is located in South Africa, a country with a complex history, marked by colonialism, apartheid, and economic disparities that have shaped a diverse society reliant on migrant labour (Fine, 2014; Posel, 2004; Wolpe, 2023). The country faces evolving migration patterns, presenting both challenges and opportunities (Crush & Tawodzera, 2017). While South Africa remains a destination for SADC migrants, it is increasingly becoming a source of overseas migrants (Ferreira & Carbonatto, 2020; Halstein, 2021; Statistics South Africa, 2023). The apartheid legacy and economic disparities continue to challenge

marginalised communities, exacerbating issues such as affordable housing, education, healthcare, and economic opportunities (Mukumbang et al., 2020). High migration rates, coupled with socioeconomic challenges, have heightened tensions, leading to xenophobia and discrimination (Castañeda, 2022; Devakumar et al., 2022; Ginsburg et al., 2021; Mulaudzi et al., 2018).

Johannesburg is a vibrant city, often described as the pulse and heart of South Africa (Scholvin, 2023). It comprises several distinct sectors, including the Central Business District (CBD), Braamfontein, Newtown, Fordsburg, The Fashion District, Maboneng Precinct, and Ellis Park (CoJ, 2018). The CBD is the birthplace of the city through gold mining and is currently home to large corporations, provincial and municipal government headquarters, political parties, trade unions, and several non-governmental organisations [NGOs] (CoJ, 2018; Lewis & Zack, 2022).

Braamfontein, located north of the CBD, is a student and office hub, heavily populated by young college/university students. It is filled with: student accommodation, offices, and businesses catering to a young population, including saloons, barber shops, fashion stores, food outlets, supermarkets, bookshops, electric gadget shops, art and craft stores, banks, hotels, apartments, universities, and colleges. Braamfontein has several resources that can facilitate migration including bus ranks (for long distance buses to other South African provinces and cross-border to countries as Zimbabwe), and a Gautrain station nearby, in Park Station, whose rail network connects to O.R. Tambo International Airport (also serving domestic flights) and several accommodation choices, as described earlier. A combination of these resources makes Braamfontein a place highly accessible to cross-border Zimbabwean and internal migrants from outside Johannesburg.

Newtown, close to the city center and Braamfontein, is the cultural hub and musical heartbeat of Johannesburg inner city (CoJ, 2018). Fordsburg, located west of the CBD, is known as the Asian quarter due to its dominant population and activities (CoJ, 2018). The Fashion District, located east and incorporating Jewel City, is near the trendy Maboneng Precinct, known for its art scene (CoJ, 2018). Ellis Park, the famous rugby stadium, is surrounded by Hillbrow, Berea, Doomfontein, Bertams, and Troyville.

Johannesburg inner city has a mix of formal and informal economic activities. It has major wholesale and retail trade outlets, resilient local and migrant street traders, as well as cross-border shoppers (CoJ, 2018; Lewis & Zack, 2022; Mbeve et al., 2020). It also boasts the biggest

transport interchange in South Africa, with trains, buses, e-hailing taxi services (such as Uber and Bolt), and up to 4000 taxis (mini buses/Kombis) bustling through the city daily, on route to Park Station and Ghandi Square (CoJ, 2018; Lewis & Zack, 2022). The inner city is also a home of cultural diversity, with various languages spoken, although isiZulu and English are most prevalent (CoJ, 2018). Additionally, Lewis and Zack (2022) describe the inner city as a haven for diverse cultures, including a punk rock scene, a drug scene, and a place for many who feel outside of mainstream culture to find a sense of belonging. Hence, Abrahams and Everatt (2019) view Johannesburg as one of the most diverse cities in the African continent.

Johannesburg inner city serves as the first point of entry for most local and cross-border migrants who come to live in the city for short or long periods (CoJ, 2018; Rukema & Pophiwa, 2020; Venter & Coldwell, 2024). People from across the world, but mostly from other African countries, live in the inner city. Local migrants emerge from across South Africa, but often from rural provinces. However, the city is largely dominated by a Zulu-speaking local population, with Zimbabweans, Mozambicans, and Nigerians perceived as the largest cross-border migrant populations (Abrahams & Everatt, 2019; CoJ, 2018; Everatt et al., 2023; Johnston, 2008).

While many – including migrants from rural and international areas – settle and blend into the city, it can also be unwelcoming and hostile (Lewis & Zack, 2022). On one hand it has a bustling economy which creates potential employment or business opportunities for new comers, and a liberal culture allowing a thriving social system (Dirsuweit, 2002; Falkof & Van Staden, 2020; Gotz & Todes, 2014). On the other hand, scholars argue that Johannesburg has persistent racism, class tension, high crime, xenophobia, corruption, and bad governance (Duvenage, 2024; Gordon, 2023; Lewis & Zack, 2022; Murray, 2020).

In Johannesburg inner city there are also building decays, and people deal with congested living conditions in deteriorated buildings (Govender & Reddy, 2020; Lewis & Zack, 2022; Wilhelm-Solomon, 2022). Johannesburg's high population density also means high demand for services such as accommodation, clinics, and hospitals. Since the time I conducted this study, the city has faced several hardships. Poverty has increased, heightening the inequality gap between residents, the cost of living has risen, high corruption, there have been incidents of gas explosions, causing disruptions to daily life, and buildings burning down, killing residents, including migrants and refugees (CoJ, 2022; Walker, 2023). These issues have fuelled anger among South African citizens and heightened threats against migrants. During the same period

the residents of Johannesburg have witnessed protests requesting migrants to not use public health services (Moyo & Osunkunle, 2024; Nhemachena et al., 2022). At national level, since 2020, the Minister of Home Affairs announced the termination of the Zimbabweans amnesty which had spanned since 2009 giving Zimbabweans who benefited, nearly two decades to live, work, and study in South Africa. The announcement was followed by several upheavals and pressure on Zimbabwean migrants who were directly and indirectly affected (Chivige & Alfaro-Velcamp, 2023; Mbeve, in press; Tarisayi, 2022).

People living in Johannesburg also face severe levels of gender-based violence (GBV), reflecting a broader crisis in South Africa (Makongoza & Nduna, 2021; Statistics South Africa, 2021). The country reports some of the highest rates of GBV globally, with women and girls as primary victims (Statistics South Africa, 2021; United Nations Women, 2024). Domestic violence is widespread in Johannesburg, and many cases go unreported (Human Rights Watch, 2021). Sexual violence, including rape, is alarmingly frequent, and intimate partner murders are a significant concern (Eagle & Kwele, 2021; Falkof & Van Staden, 2020; Zinyemba & Hlongwana, 2022). Women encounter substantial obstacles in accessing the criminal justice system, leading to low reporting and conviction rates for gender-based crimes (Statistics South Africa, 2021; United Nations Women, 2024).

1.2.4. Migrants' health and access in Johannesburg

In this subsection I highlight the health challenges faced by migrants in Johannesburg, particularly in terms of accessing essential healthcare services, including SRH. Johannesburg, as a major economic hub, draws many migrants, yet they face barriers that contradict South Africa's policies of healthcare inclusivity. By including this section, I demonstrate how policy and practice differ, shedding light on the systemic issues that affect healthcare access for migrants. This background is essential for understanding how these challenges influence young migrant men's health and SRH decisions, particularly their access to services like HIV prevention and treatment. The subsection also explores the effects of structural barriers, such as legal status and economic disparities, which impact healthcare access, making it an important foundation for the study's exploration of SRH among young migrant men.

As the economic hub of the SADC region, Johannesburg is expected to boast robust healthcare infrastructure and services. However, despite South Africa's constitutional commitment to equity, universality, and accessibility in healthcare, migrants face barriers to accessing essential services, including SRH care (Freedman et al., 2020; Ninsiima et al., 2021).

South Africa's National Health Act (2004) guarantees basic healthcare for all residing in the country, regardless of nationality or migration status (National Health Act No. 61 of 2003, 2004). The country prioritises vulnerable groups, including pregnant and lactating women and children under six years old, offering emergency treatment for infectious diseases like HIV/AIDS and tuberculosis to both documented as well as undocumented migrants (Morris et al., 2021; Vearey & Nunez, 2022).

South Africa has also implemented policies around the provision of antiretroviral therapy (ART) for HIV, which significantly shaped the landscape for HIV prevention and treatment for migrants long before the introduction of the pre-exposure prophylaxis [PrEP] (Boulle et al., 2008; Butler, 2010; Simelela & Venter, 2014). The government's commitment to providing ART to all eligible individuals, regardless of nationality or migration status, set a precedent for the inclusivity of healthcare services (Lowane & Lebese, 2021; Nardell et al., 2024).

Despite the policies around SRHR, the rollout of PrEP, a crucial preventive medication for HIV, was delayed in Johannesburg until 2016, after its global adoption in 2015. This delay, along with the time required to establish effective PrEP programs, has led to limited awareness and access to these services, particularly for young economic migrant men (Avert, 2015; Govender & Poku, 2021; Jani et al., 2021; Moore et al., 2020; Pillay et al., 2020; Rao et al., 2022; Eakle et al., 2018; Rousseau et al., 2021). Internal and cross-border migrant young men face unique challenges, including lack of information, fear of stigma, and language barriers (Rousseau et al., 2021).

Furthermore, access to non-emergency public healthcare services remains challenging for migrants in Johannesburg inner city due to legal status complexities, cultural differences, administrative hurdles, and discrepancies between policy and practice (Vearey, 2014; Vearey & Thomson, 2017; Hunter-Adams & Rother, 2022). According to South African law, primary healthcare is provided free of charge to all individuals, including migrants. However, access to secondary and hospital care is subject to a uniform fee structure, meaning that patients are means-tested to determine their ability to pay (IOM, 2022b). This system creates significant barriers for undocumented, unemployed, and low-income migrants, who may face discrimination when attempting to access free public healthcare services. Those unable to afford private sector services are often left without access to essential healthcare, even in critical times (Akokuwebe et al., 2023; Chiwaya et al., 2022; Vearey & Nunez, 2022).

Even documented migrants may experience xenophobia and discrimination in Johannesburg, leading to verbal abuse, neglectful treatment, and a reluctance to seek health services (Crush et al., 2021; Vearey, 2020; Vearey et al., 2023; Hunter-Adams & Vearey, 2021). Language differences and cultural misunderstandings can further hinder effective communication between healthcare providers and migrant patients, potentially leading to inadequate care or misdiagnosis (Mbembe & Moultrie, 2021; Vearey & Thomson, 2020).

The complexities in accessing healthcare have significant consequences for migrants' health outcomes. Limited access to maternal and child health services results in poorer health outcomes for mothers and infants (Chekero & Ross, 2018; Moyo & Vearey, 2020; Nyashanu et al., 2021). Migrants may also face significant mental health challenges due to displacement, social isolation, and economic hardships, yet their access to mental health services is limited (Nyabera, 2022; Walker & Vearey, 2023). These mental health challenges can exacerbate SRH vulnerabilities, as psychological distress may affect migrants' ability to make informed decisions about their SRH and increase their susceptibility to risky behaviours. Additionally, poor access to information and SRH education, as well as contraceptives, increases the risk of STIs and poor management or treatment (Ndlovu & Sebitloane, 2021).

While these challenges are significant, there are efforts to improve migrants' well-being in Johannesburg inner city. Community health initiatives, policy recommendations, training and sensitisation of healthcare workers, mobile health clinics, outreach programs, and language support services are being implemented (Makhubela & Govender, 2020). NGOs such as Lawyers for Human Rights (LHR)[4] and Médecins Sans Frontières (MSF)[5], as well as forums such as the Consortium for Refugees and Migrants in South Africa (CoRMSA)[6], are working to ensure migrants' access to healthcare and to promote their well-being.

LHR is a non-profit human rights organisation that was established in 1979. They use strategic litigation, advocacy, community mobilisation, and human rights education to support vulnerable and marginalised communities, including migrants. LHR operates law clinics in cities like Johannesburg and Pretoria, providing legal advice and representation. One example of their work is using impact litigation to align laws with constitutional rights, including right to health access, ensuring access to justice for marginalised groups.

[4] https://www.lhr.org.za/about-us/
[5] https://www.msf.org/
[6] https://www.cormsa.org.za/

Médecins Sans Frontières (MSF), also known as Doctors Without Borders, provides vital healthcare services to vulnerable migrant populations in South Africa, particularly in regions like Musina, where migrant communities face challenges such as limited access to clinics, economic barriers, and the risks associated with travel. MSF's Musina Model of Care includes mobile HIV/TB clinics, nurse-driven health services, and full-time community health workers, who are essential for maintaining continuity of care for migrants and seasonal farm workers. This approach, which involves tailored counselling, patient-held health records, and ART treatment plans adapted to migrants' mobility, has successfully improved healthcare retention rates, even among highly mobile populations. Collaborative efforts like these are crucial in addressing healthcare disparities and ensuring that migrant communities receive consistent and comprehensive care.

CoRMSA works to promote and protect the rights of asylum seekers, refugees, and migrants. They engage in advocacy and lobbying for policy reforms, build the capacity of organisations in the migration sector, and foster collaborative networks. Based in Johannesburg, their work includes rights awareness and community engagement to address systemic challenges. An example is their campaign for equitable healthcare access, advocating for policy changes to ensure migrants and refugees receive essential health services without discrimination.

1.2.5. Mediators of sexual decision-making: A new context for migrant young men

This subsection provides key explanations on how migration reshapes young men's sexual decision-making processes in the context of Johannesburg, as understood in the current study. It highlights the various mediators that influence their choices, such as access to healthcare, legal rights, and cultural norms, which change when they move to a new setting. By summarising how these factors interact, the subsection helps to contextualise the study's focus on sexual decision-making among young migrant men. This is particularly important as it allows for a deeper exploration of the dynamics that shape sexual behaviours, in an environment where migrants often face discrimination, legal obstacles, and economic hardship. These mediators provide insight into the broader framework within which migrant men negotiate their sexual decisions, supporting the study's aim of focusing on an under-researched aspect of migration and SRH.

In this study I explore the mediators of sexual decision-making within the context of young cross-border and internal migrant men in Johannesburg inner city. These men arrive in a new socioeconomic context, different from their places of origin, with both opportunities and

barriers. This new context is shaped by organisational, structural, and personal factors, such as access to resources, social networks, and cultural norms, requiring adjustment from young migrant men. These mediators have significant implications for their sexual decision-making. In this study I explore these mediators and their influence on young migrant men's sexual decision-making.

The concept of mediators in sexual decision-making is particularly relevant in the context of young migrant men, as it encompasses the various factors that shape their experiences and behaviours in a new environment (Davis et al., 2010). As I discuss in this chapter, for many of these men, migration involves a transition not only in geographical location but also in social and cultural landscapes. This transition often disrupts existing social norms and networks, leading to a renegotiation of sexual values and practices.

In Johannesburg inner city, young migrant men may encounter differing attitudes towards masculinity, relationships, and sexual health, which can either reinforce or question their pre-existing beliefs and behaviours (Fidolini, 2020; Vanwesenbeeck et al., 2021; Wojnicka & Nowicka, 2022). The interaction between their background and the new sociocultural environment creates a dynamic space where sexual decision-making is influenced by a blend of old and new norms, sometimes resulting in conflicts or adaptations that are unique to their migrant status.

Additionally, structural factors, such as access to healthcare, legal rights, and economic opportunities, play a crucial role in mediating sexual decision-making among these young migrant men (Earnshaw & Chaudoir, 2020; Emlet et al., 2022; Parker & Aggleton, 2007; Turan et al., 2023). In Johannesburg inner city, access to SRH services can be limited by factors such as legal status, language barriers, and discrimination. These structural barriers can lead to increased vulnerability to sexual health risks, including sexually transmitted infections (STIs) and unintended pregnancies.

Moreover, the precarious economic conditions often faced by migrant men may compel them to make sexual decisions that prioritise short-term survival over long-term health, such as engaging in transactional sex or avoiding healthcare services due to cost concerns (Bello et al., 2017; Khan & Cailhol, 2020). Understanding these mediators is essential for developing targeted interventions that address the unique sexual health needs of young migrant men in Johannesburg, ensuring that they are supported in making informed and safe sexual decisions in their new environment.

1.3. Research aim and objectives

1.3.1. Aim

To explore the mediators of sexual decision-making of young migrant men.

1.3.2. Objectives

- To examine the association between migration and sexual decision-making among young Zimbabwean and South African economic migrant men's living in Johannesburg's inner city.
- To demonstrate the role of socio-cultural factors in mediating young Zimbabwean and South African heterosexual young economic migrant men's sexual decision-making in Johannesburg's inner city.
- To examine the association between heterosexual young Zimbabwean and South African economic migrant men's economic endeavours and their sexual decision-making.
- To use the social determinants of health framework, protection-risk framework, culture theory and social ecological framework to develop an approach that can be employed in understanding young economic migrant men's sexual decision-making.
- To provide recommendations for further research that aims to improve the SRH of young migrant men in urban spaces.

1.4. Research question

What are the socio-economic mediators of young Zimbabwean and South African economic migrant men's sexual decision-making in Johannesburg's inner city?

1.5. Summary of research contribution

With this study, I introduce a novel conceptual framework that sheds light on the interconnectedness of economic migrant young men, their sexual decision-making, and the mediating role of migration. The framework recognises migration as both a consequence and a determinant of health (Castañeda, 2022). It highlights the interplay between these factors, demonstrating how migration shapes young migrant men's sexual decision-making. This study illustrates these connections, as depicted in the following figure:

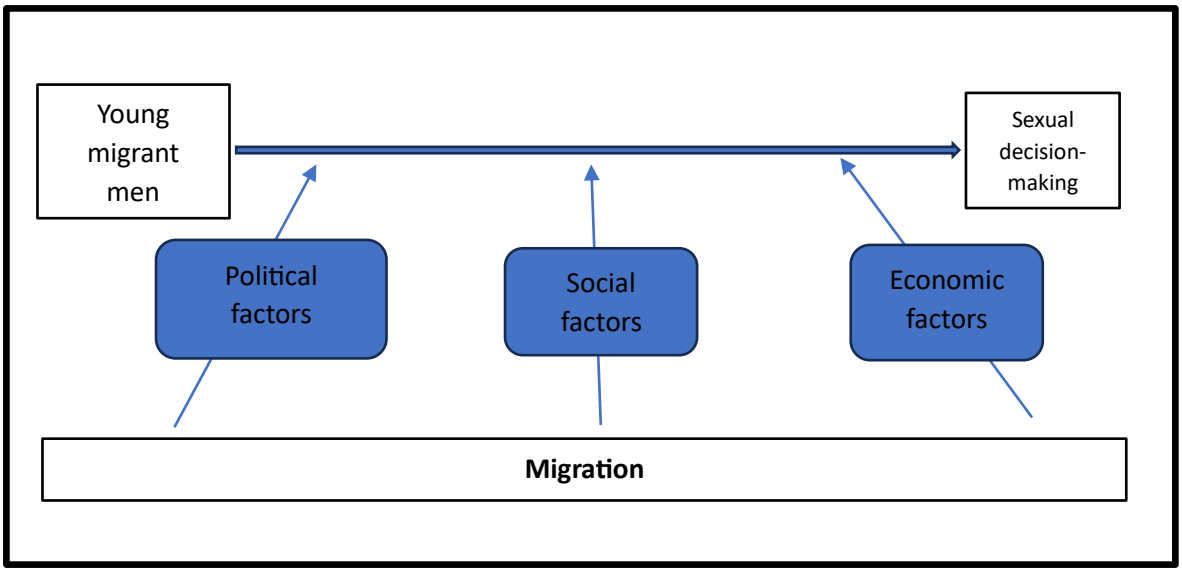

Figure 1: Summary of research contribution

Figure 1, above, outlines the study's unique contribution to the existing literature on migration and SRH. It emphasises the importance of balancing research focus between migrant men and women, particularly given the previous emphasis on migrant women. While simplified in figure 1, the study delves into the complex interplay of migration-related factors that influence migrant men's sexual decision-making. In this study I examine the political, social, and economic factors that shape, and are shaped by, migration, ultimately impacting sexual decision-making.

1.6. Thesis outline

This thesis is divided into six chapters, exploring the impact of internal and cross-border migration on the well-being of young migrant men, particularly focusing on their SRH. In Chapter 1 I introduce the study's focus on the mediators of sexual decision-making among young migrant men, examining how factors like economic opportunities, masculinity, heteronormativity, migration, and access to health services influence their sexual choices and behaviours.

In Chapter 2 I explore gendered aspects of migration, with an emphasis on young male migrants in South Africa. I consider the complex dynamics of migration within Southern Africa, specifically the relationship between Zimbabwe and South Africa. I explore the reasons driving migration, the role of SADC borders, and the unique experiences of Zimbabwean migrants in South Africa, particularly focusing on the gendered dimensions of migration and the social

determinants of health that influence their well-being. In this chapter, I also discuss key theoretical frameworks that I used in the study.

In Chapter 3 I outline the research methodology by providing a detailed account of the research design, sampling approach, data collection methods (qualitative interviews), and data analysis techniques (thematic data analysis). I also address the issues of trustworthiness of the findings, ethical considerations and the study's limitations.

In Chapter 4 I present the study's findings, exploring the socio-cultural factors influencing sexual decision-making among young Zimbabwean and South African migrant men living in Johannesburg inner city. I examine themes such as cultural values, migration's impact on social connections, acceptable behaviour, and factors shaping access to and choices about sex.

In Chapter 5 I examine the economic factors influencing sexual decision-making. I focus on the role of economic factors in shaping access to family planning services and SRH resources. In the chapter, I explore how the spatial and temporal perceptions of Johannesburg inner city impact sexual decision-making, considering the influence of gendered spaces, peer pressure, and access to technology.

In Chapter 6 I conclude the study by synthesising the key findings and their implications. I summarise the research background, highlight the key themes that emerged from the data, and consider potential avenues for future research, policy interventions, and program development aimed at improving young migrant men's well-being, with a specific focus on their SRH.

Chapter 2: Literature review

The existing literature on migrants' well-being, sexual health, and gender provides the foundation for this study. This review primarily focuses on literature related to the African continent, particularly the SADC region, while acknowledging the global context. This focus is crucial as my research topic is highly relevant within SADC, a region characterised by significant mobility, making migrants' well-being a critical concern.

Migration within Southern Africa, particularly to South Africa, has been driven by a complex interplay of historical, economic, social, and political factors. In this chapter I explore the multifaceted nature of migration in the region, with a specific focus on the dynamics of Zimbabwean migration to South Africa. Starting with an overview of the broader Southern African migration landscape, while complex and not definitive, I delve into the motivations behind migration, the significance of labour migration, and the role of regional bodies such as the SADC in shaping migration patterns and relations, particularly between Zimbabwe and South Africa.

I then shift my focus to migration into South Africa, with Johannesburg emerging as a central destination for many migrants. The city's allure, often described as a land of milk, honey, and bile (Stadler & Dugmore, 2017), captures the paradoxical experiences of migrants who encounter both opportunities and hardships. In this section I examine the historical and contemporary patterns of circular migration, highlighting the connections between migration and SRH. I give specific attention to Zimbabwean migrants in South Africa, as they constitute a significant portion of the migrant population and face unique challenges.

In this chapter, I also explore gendered aspects of migration, with an emphasis on young male migrants in South Africa. I consider how migration impacts their well-being and SRH, shedding light on the intersection of health and migration in this context. I further examine the social context of migration, emphasising the broader health implications for migrants.

I end the chapter on discussing the theoretical frameworks, including culture theory, the protection-risk framework, and the social ecological framework, that I use further in the study to provide a deeper understanding of migration as the mediator of sexual decision-making among young migrant men. These frameworks serve as tools for analysing the complex interactions between migration, health, and social factors. I finally outline the conceptual framework guiding the analysis of migration and health in this study, setting the stage for the

subsequent chapters. In the conclusion, I synthesise the key points discussed in the chapter, reinforcing the importance of understanding migration in Southern Africa through a multidimensional lens that accounts for both the opportunities and challenges faced by migrants, particularly in relation to health and well-being.

2.1. Southern Africa and migration

In this section, I delve into literature discussing the multifaceted phenomenon of migration within Southern Africa, exploring its historical context, demographic trends, socioeconomic impacts, and the role of policy frameworks in shaping migrant experiences. I discuss the long-standing patterns of labour migration, particularly from countries like Lesotho, Malawi, Mozambique, and Zimbabwe to South Africa, driven by economic opportunities and political challenges. Furthermore, internal migration within countries, particularly from rural to urban areas, has also emerged as a significant trend, influencing demographic dynamics and economic structures.

Research highlights the long history of labour migration within Southern Africa, particularly from countries like Lesotho, Malawi, Mozambique, and Zimbabwe to South Africa (Campbell, 2023; Crush & Frayne, 2007; Crush & Tevera, 2010). Scholars such as Campbell (2023) emphasise that migration has been integral to the region's socioeconomic fabric for decades, driven primarily by employment opportunities in South Africa's mining, agricultural, and urban sectors, as well as political challenges in the migrants' home countries. Over time, shifts in migration flows have been observed, including the rise of informal, irregular migration (Crush & Frayne, 2007). These changes reflect broader socioeconomic transformations, evolving migration governance, and the changing needs and strategies of migrant populations.

Several studies have detailed the diverse profiles of migrants, illustrating variations in age, gender, education levels, and motivations for migrating, thus painting a complex picture of migration in Southern Africa (Kandilige et al., 2024; Rugunanan, 2024; Ulicki & Crush, 2007). For instance, studies have highlighted that female migrants to South Africa's farms are often older than their male counterparts, with 50% likely married and having lower formal education levels (Kandilige et al., 2024; Ulicki & Crush, 2007). More recent research continues to document high levels of internal and cross-border migration within the region, with a noted increase in female migrants (Makina & Pasura, 2023; Todes & Turok, 2018; Turok & Borel-Saladin, 2016). Internal migration patterns, such as the movement from rural to urban areas in Zimbabwe and South Africa, are often motivated by economic aspirations and the pursuit of

better living conditions, significantly impacting urbanisation trends and labour market dynamics (Chikanda, 2024; Sutton & Vigneswaran, 2011).

Research demonstrates the multifaceted socioeconomic impacts of migration on both sending and receiving communities in Southern Africa (Frayne, 2018; Sibanda & Stanton, 2022). Studies have underscored the critical role of remittances in supporting households and communities in sending areas, enhancing local economies, and alleviating poverty (Aloui & Maktouf, 2021; Mlambo & Kapingura, 2020; Pendleton et al., 2006). These studies suggest that the broader economic development implications of financial flows linked to migration are substantial, contributing to improved living standards and increased investment in education and healthcare. Moreover, internal migration can lead to shifts in local labour markets, as urban areas absorb a workforce seeking employment opportunities, which can create both positive and negative outcomes for economic development and community cohesion. Castles and Delgado Wise (2008) explore the impacts of migration on labour markets and skills shortages, discussing how the movement of people creates both socioeconomic opportunities and challenges for sending and receiving regions. Additionally, research has documented socio-cultural changes brought about by migration, including shifts in gender dynamics, family structures, and community cohesion, which are reshaping societies in fundamental ways (Batisai & Manjowo, 2020; Dodson, 2000; Maviza & Carrasco, 2023; Sibanda & Stanton, 2022).

A significant body of research has also reviewed migration policies and regulatory frameworks that play a critical role in shaping migration patterns and experiences in Southern Africa. This research includes analyses of regional and national migration policies, highlighting the challenges in harmonising approaches across SADC countries (Klotz, 2024; Vearey, 2018). A notable challenge is South Africa's reluctance to sign the SADC Draft Migration Framework, developed in 2005 (Dodson & Crush, 2015; Nshimbi & Fioramonti, 2014). This framework aims to promote the free movement of people within the SADC region and outlines key principles and guidelines for managing migration among member states (Nshimbi & Fioramonti, 2014).

Although SADC has shown commitment to promoting and protecting migration, research indicates challenges in implementing these policies (Adetiba, 2022; Teye & Oucho, 2023; Vhumbunu et al., 2023). Barriers often include a lack of political will, capacity and resource constraints, conflicting national interests, and slow progress in ratification and domestication

(Dinbabo & Badewa, 2020; Teye & Oucho, 2023; Vhumbunu et al., 2023). Consequently, some policies are poorly implemented or not implemented at all, hindering the potential benefits migration could bring to the region.

Literature shows that ineffective migration policy implementation has several negative impacts on migrants, as well as on the sending and host communities. In the 1990s, SADC experienced a high prevalence of STIs, linked to factors such as poverty, economic migration, lack of education, cultural practices, gender inequalities, weak healthcare systems, political instability, conflict, stigma, discrimination, and urbanisation (Hunter, 2007; Kalipeni et al., 2004; Parker & Aggleton, 2007). Stigma has been central to many of these issues. Regarding HIV, fear of discrimination, social ostracism, misconceptions about transmission, internalised shame, and barriers to seeking testing and treatment have hindered access to healthcare services and negatively impacted the well-being of affected individuals (Earnshaw & Chaudoir, 2020; Emlet et al., 2022; Parker & Aggleton, 2007; Turan et al., 2023).

The disparities in policy implementation and enforcement complicate the movement and integration of migrants. Research has explored how migration management practices, such as documentation requirements and border controls, impact the experiences and vulnerabilities of migrants (Amit, 2022; Amit & Kriger, 2014; Crush & Tawodzera, 2014; Landau, 2019; Landau & Freemantle, 2021). These practices can exacerbate the difficulties migrants face, including legal insecurities and limited access to essential services, increasing their susceptibility to exploitation and abuse. Understanding policy and regulatory frameworks is crucial for contextualising the challenges faced by migrants in the region.

2.1.1. Reasons for migration

Building on the previous section, in this subsection, I further explore the common reasons for migration, both globally and within the South African context, as highlighted in the literature. These factors – including economic opportunities, political instability, social networks, and family reunification – are central to understanding how and why young men migrate. Specifically, they provide crucial context for analysing the social, economic, and cultural circumstances that influence the sexual decision-making processes of migrant young men in Johannesburg inner city.

By examining these reasons for migration, we can better identify how the challenges faced by migrants, such as legal status, and disconnection from home communities, mediate their access to SRH services and shape their behaviours in the new environment. These factors are not only

background information but also directly inform my current study's findings by revealing how migration trajectories affect their SRH choices, access to care, and overall well-being. For example, economic migration may drive men to make high-risk sexual decisions out of necessity, while political instability can contribute to mental health challenges that further complicate SRH access.

Globally, migration is often driven by economic opportunities, environmental factors (for example, hazards or better climate), social factors (such as, education, family, friends), health access, and political factors (Mohamed & Abdul-Talib, 2020; Zanabazar et al., 2021). However, the reasons for migration in Africa are complex. The African Union [AU] Commission (2018) identifies major push factors, including a lack of socioeconomic opportunities, weak governance, corruption, inequality, and political instability. Conversely, the major pull factors include real or perceived economic opportunities, a better life, higher income, improved security, and access to advanced education and healthcare, within a country or in another country (AU Commission, 2018).

While the AU Commission's categorisation distinguishes between economic migrants seeking employment and asylum-seekers fleeing persecution, other studies suggest these distinctions are not always clear-cut; the lived experiences of many migrants often blur these boundaries (Abegunrin & Abidde, 2021; Glied, 2024; Gumede et al., 2023). For example, Zimbabweans migrating to South Africa may primarily seek economic opportunities, a classic pull factor. However, this economic drive is often intertwined with the political instability and economic turmoil in Zimbabwe, which are push factors (Chikanda, 2024; Crush & Tawodzera, 2014). Thus, the decision to migrate is not always a clear-cut choice between escaping hardship or pursuing prosperity, but a complex amalgamation of both.

Research on migrants' trajectories and decision-making processes reveals that lived experiences do not always fit neatly into the push-pull dichotomy proposed by policymakers and studies (Kwek Kian, 2018; Ullah & Haque, 2020). This is important for my study as it highlights the complexity of the migration experience, which affects how migrant men in Johannesburg navigate sexual decision-making and access to SRH services. A more nuanced understanding of migration patterns allows for better insight into the multiple layers of vulnerability these men face, informing my analysis of how their migration journeys impact their health decision, behaviours, and access to care. This complexity is essential for developing effective, context-specific interventions tailored to the realities of migrant men's lives.

2.1.2. Labour migration

In understanding migration within SADC, it is crucial to explore labour migration, as it influences the choices, experiences, and behaviours of migrants, including their sexual decision-making. For my study, which focuses on young migrant men in Johannesburg, understanding the historical and current patterns of labour migration provides an important context for analysing how socioeconomic pressures shape their access to SRH services.

In the SADC region, there are few studies that have focused on internal labour migration broadly, and in relation to young men and SRH. However, building on the historical context of migration, Batisai (2022) argues that research on migration in Southern Africa is incomplete without considering labour migration. For instance, several studies found that in many SADC region countries such as Ghana, South Africa, Zimbabwe, Mozambique, and Angola, internal and cross-border rural-urban migration is predominantly driven by economic reasons (Abdulai, 2016; Chisasa & Khumalo, 2023; Rugunanan, 2024).

This has a historical basis, as economic factors, along with fleeing conflict and unstable contexts, have been the primary drivers of African migration (Crush et al., 2005; Crush & Tshitereke, 2001; Kalitanyi & Visser, 2010; Maloka, 1997). Although, Hiralal (2018b) notes that African migration aligns with global trends, largely driven by the rise of capitalism and the demand for cheap labour by colonial administrations in several locations, including South Africa. The demands for families to provide and have money for their needs often mean that breadwinners must migrate for work, both within and across borders (Harris, 1998).

However, various other factors determine people's movements. In Abdulai's (2016) study, with a focus in northern Ghana, access to community facilities such as electricity and tap water reduced the likelihood of households producing migrants, suggesting that migration is partly motivated by the need to seek better living conditions.

Migrant networks have also been noted as key facilitators of internal migration in Ghana. A study of 315 households in rural districts found that education may also promote rural-to-urban migration. The young and educated population is healthier, more informed, possesses relevant economic skills, and is more likely to migrate (Abdulai, 2016; Amuakwa-Mensah et al., 2016). Dodson (2000) shows that for a long time, cross-border migration within the SADC region has been dominated by labour migration to South Africa. Dodson's (2000) findings are drawn from a sample of mostly male economic migrants or potential migrants from Lesotho, Mozambique, and Zimbabwe.

Crush et al. (2005) argue that structural inequalities, driven by apartheid, have disproportionately affected the SADC region's economies, particularly those of the neighboring states. The apartheid system, with its racial policies, created disparities that persist today. Migration patterns, particularly labour migration to and within South Africa, have been shaped by these systemic inequalities (Crush et al., 2005; Dodson, 2000). The historical labour migration system, characterised by the use of migrant labour in South Africa's mining sector, has had long-lasting effects on the region's economies and migration dynamics (Crush et al., 2005).

Furthermore, gendered labour migration patterns have emerged, with women increasingly participating in cross-border migration, although fewer permanent relocation of internal migrant women, particularly in South Africa (Hiralal, 2018b; Statistics South Africa, 2023). However, women, internal or cross-border migrants in SADC, are reported to often face unique challenges, including greater vulnerability to exploitation and abuse (Dodson, 2000).

The rise of informal and irregular migration, particularly in recent decades, has also contributed to the complexity of labour migration within SADC. Factors such as stricter border controls, limited legal pathways for migration (I expand on these in the next section), and the increasing demand for unskilled labour in South Africa have pushed many migrants to seek irregular routes (Amit, 2022; Moyo & Zanker, 2020; Rugunanan et al., 2022). This has resulted in precarious working conditions, heightened vulnerability to exploitation, and increased risks associated with migration (Crush & Tawodzera, 2014). Research also shows the importance of acknowledging the potential negative impacts of labour migration in SADC, including brain drain, social disruption, and the perpetuation of inequalities (Castles & Delgado Wise, 2008).

Beyond understanding migrants' well-being as an isolated issue, the studies reviewed in this section highlight the need for a nuanced approach to migration dynamics within SADC. This approach is crucial for my current study as it informs the broader context in which young migrant men in Johannesburg inner city navigate sexual decision-making and access to SRH services. By recognising the historical context, structural inequalities, and the rise of informal and irregular migration, this study can better account for the specific challenges and opportunities young migrant men face. These factors not only shape their migration experiences but also impact their sexual decision-making and health-seeking behaviours, making them central to the analysis of their sexual health outcomes.

2.1.3. Southern Africa Development Community and Zimbabwe-South Africa relations

The border regimes of SADC member states play a crucial role in shaping migration across southern Africa, involving policies that manage the movement of people, trade, and security (Crush & Dodson, 2007; Crush & Tevera, 2010; Pendleton et al., 2006). Historically, labour migration from countries like Lesotho, Malawi, Mozambique, and Zimbabwe to South Africa has significantly influenced the region's socioeconomic landscape (Campbell, 2023; Crush & Frayne, 2007). Despite efforts to streamline migration, fragmented border management practices continue to create challenges for cross-border migrants (Crush & Tevera, 2010). Additionally, there has been a notable lack of understanding and consideration of internal migration, particularly from other provinces to metropolitan cities like Johannesburg. This oversight has resulted in insufficient population statistics on internal migrants, hindering effective budgeting and allocation of funding for public health services, ultimately compromising health service delivery across the country (Akokuwebe et al., 2023; Balie & Horn, 2021).

SADC member states have increasingly focused on border control measures, such as visa requirements and security operations, which, while addressing irregular migration, often disrupt traditional livelihoods and exacerbate migrant vulnerabilities (Adepoju, 2022; Crush et al., 2020; Nshimbi & Moyo, 2020; Rutinwa, 2021). This places a target on cross-border migrants as the main challenge and cause of internal national issues such as poor service delivery, hence cross-border migrants may experience social exclusion and dislike by indigenous populations. South Africa's emphasis on border security, including the use of drones and helicopters, highlights a prioritisation of national security over public health needs, further marginalising migrants (Vearey et al., 2021b).

Variations in border management across SADC complicate migration, with some countries adopting stricter measures, leading to high levels of unregulated migration and subsequent social tensions in South Africa (Boucher, 2020; Carciotto, 2021). Inconsistency in policy implementation and corruption at border posts expose migrants to exploitation and abuse (Adepoju, 2022; Tella, 2021; Vearey et al., 2021a). These challenges, coupled with poor access to healthcare, increase migrants' risk of poor health outcomes, including susceptibility to HIV and other STIs (Crush & Tawodzera, 2014; Palmary & Nunez, 2020).

The longstanding Zimbabwe-South Africa relationship has been shaped by complex political and economic dynamics, influencing migration patterns (Chetsanga & Muchenje, 2003; Crush & Tevera, 2010; Madebwe & Madebwe, 2017; Zinyama, 2002). Economic instability and political unrest post-independence have driven a steady flow of Zimbabwean migrants to South Africa, which now hosts one of the largest Zimbabwean migrant populations in the region (Makina, 2013; Mpondi & Mupakati, 2018; Munyoka, 2020).

The legal framework governing Zimbabwean migrants in South Africa has evolved, with agreements like the Dispensation of Zimbabweans Project (DZP) and its successor, the Zimbabwean Exemption Permit (ZEP), aiming to protect migrant rights. However, many Zimbabwean migrants remain undocumented and face barriers to accessing services due to xenophobia and administrative hurdles (Crush & Tawodzera, 2014). The potential cancellation of the ZEP in 2025 has heightened insecurity among Zimbabwean migrants, who fear displacement despite their long-term presence in South Africa (Maziyanhanga & Majavu, 2023; Mlilo, 2023; Tarisayi, 2022).

The socioeconomic integration of Zimbabwean migrants has been challenging, with studies showing that many face discrimination and limited access to basic services, impacting their overall well-being and sexual decision-making (Choane et al., 2011; Hopstock & de Jager, 2011; Mutanda & Ndawana, 2023). Fear of deportation and harassment often deters migrants from seeking necessary healthcare (Chekero & Ross, 2018; Chirau et al., 2024; Chiwaya et al., 2022).

Strong transnational ties between Zimbabwean migrants and their country of origin influence their social norms and behaviours in South Africa, including sexual decision-making (Gaidzanwa, 2023; Makina, 2013; Masunda & Maharaj, 2023; Moyo, 2024; Sithole, 2023). Stress and uncertainty associated with marginalisation may lead to risky sexual behaviours, linked to toxic masculinity (Fidolini, 2020; Vanwesenbeeck et al., 2021; Wojnicka & Nowicka, 2022).

Understanding the historical, legal, socioeconomic, and transnational dimensions of the Zimbabwe-South Africa relationship within SADC is essential for analysing the specific mediators of sexual decision-making among young Zimbabwean men in South Africa. These dimensions provide context for the challenges and opportunities that shape their experiences. For instance, historical factors, such as colonial legacies and past migration patterns, influence social norms and expectations regarding masculinity and sexual behaviour. Legal frameworks,

including migration policies and access to healthcare, affect these men's ability to seek necessary services, impacting their decision-making regarding sexual health. Socioeconomic conditions, such as employment opportunities and income levels, further influence their ability to engage in safe sexual practices. Finally, transnational ties, including familial and community connections, play a crucial role in shaping attitudes towards sexuality and health-seeking behaviours. By exploring these interconnected dimensions, my current study can better identify the unique mediators influencing sexual decision-making among young Zimbabwean men in South Africa.

2.2. Migration into and within South Africa

In this section I explore the complex dynamics of migration into South Africa, with a particular focus on the intricate interplay of internal and cross-border movements within the context of Johannesburg. By delving into both historical and contemporary drivers, in this section I explore how economic opportunities and circular migration patterns, shaped by fluctuating labour demands, continue to influence migration trends. I also consider the enduring legacy of colonial and apartheid-era policies, as these historical factors have laid the groundwork for current migration flows and the challenges faced by migrants.

Johannesburg, often seen as a land of promise, serves as a central destination for many, attracting migrants with the prospect of economic opportunities. However, the city also presents significant challenges, for all living in it. Such challenges include high living costs, crime, and discrimination. In this section I further investigate the impact of circular migration on SRH, particularly among young internal and cross-border migrant men who are vulnerable to HIV and other STIs.

Numerous studies link internal and cross-border migration in South Africa to economic and circular migration (Malatji, 2022; Ndlovu & Landau, 2020; Rugunanan, 2022; Zaami, 2022). During apartheid, migration was associated with controlled labour migration policies, allowing access to South Africa's urban areas only when labour was needed (Fine, 2014; Posel, 2004; Wolpe, 2023). Circular migration remains prevalent, driven by fluctuating economic conditions and labour demands, prompting workers to move regularly between home communities and employment areas (Juif, 2022; Posel, 2004; Posel & Marx, 2013).

Research now characterises circular migration as voluntary movement based on skills, experience, and knowledge, often leading to job opportunities or entrepreneurial activities in

cities. For example, Ginsburg et al.'s (2021) five-year cohort study demonstrates that migration is associated with higher educational attainment, with 75.6% of migrant participants having completed high school or attained post-school qualifications, compared to 50% of non-migrant participants.

2.2.1. Johannesburg: Land of "milk, honey and bile"

Johannesburg has historically been a central destination for cross-border and internal migration due to its economic opportunities, particularly during the gold mining era (Palmary, 2017). The city, with a motto that it is a world-class African city, is perceived as a land of milk and honey, though it also faces challenges such as high crime rates, STIs, and discrimination (Mpe, 2011; Stadler & Dugmore, 2017). By mid-2020, over 2 million cross-border migrants of working age lived in South Africa, many seeking better economic opportunities or education (Jinnah, 2020a; Migrants Refugees, 2020; IOM, 2023a).

Despite the continuation of strong labour migration trends, colonial and apartheid-era migration systems continue to influence South Africa's governance, politics, and societal attitudes toward Black African migrants (Achiume & Last, 2021). These factors may hinder or promote Black cross-border migrants' access to SRH services, with discrimination and xenophobia impacting their mental health and engagement in safe sexual practices (Batisai, 2022).

Circular migration remains significant, particularly among internal and cross-border young economic migrant men, who are often involved as providers for their families (Mutava, 2023; Posel, 2020; Posel & Casale, 2021). Many cross-border migrant young men come to Johannesburg initially as documented students, but may later become undocumented after their visas expire (Jooste, 2022; Lee & Sehoole, 2020; Sehoole & Lee, 2020). Others seek economic opportunities, working formally or informally, with or without appropriate visas (Aboim, 2023; Jinnah, 2020b). Many do not plan to reside permanently in Johannesburg's inner city due to factors such as government policies, crime, and high living costs (Bhanye, 2023; CoJ, 2018; Everatt et al., 2023; Johnston, 2008).

Overall, Johannesburg's long-standing role as a central destination for both cross-border and internal migration highlights its importance in understanding migration patterns and their implications, particularly for internal and cross-border young economic migrant men. The city's reputation as a hub for economic opportunities, along with its challenges such as crime and discrimination, continues to shape the experiences of migrants, influencing their access to

services, including SRH care. The legacy of colonial and apartheid-era policies, combined with modern migration governance, further complicate the social integration and well-being of these migrants. Circular migration, especially among young men who oscillate between urban centers like Johannesburg and their home countries or provinces, remains a significant phenomenon, as I discuss further in the following section. These dynamics are crucial for this study as they offer insight into the complex factors that mediate sexual decision-making among young internal and cross-border migrant men in Johannesburg, where migration patterns and social contexts profoundly influence their health-seeking behaviors and access to SRH services.

2.2.2. Circular migration and SRH: historical and contemporary connections

Research highlights circular migration's significance in SRH, particularly in South Africa, which recorded 7 million people living with HIV in 2015, accounting for 40% of global HIV incidences (Batisai, 2022; Statistics South Africa, 2016). By 2020, South Africa had 221 HIV incidences per hour, with nine girls and young women infected per hour on average (UN Women, 2020a; b).

Studies on migration within southern Africa have identified challenges such as lack of access to services, exploitation, and health risks, particularly among young men involved in circular migration (Batisai, 2022; Musariri & Maharaj, 2021; Zuma et al., 2020). These challenges affect both internal and cross-border migrant young men, but cross-border migrants have an additional challenge of xenophobia (Batisai, 2022; Musariri & Maharaj, 2021). The challenges compromise migrants' social, physical, and mental well-being, increasing their vulnerability to poor SRH outcomes, including heightened susceptibility to HIV and other STIs (Govere & Mlotshwa, 2024; Musariri & Maharaj, 2021; Obisie-Nmehielle et al., 2023; Walker et al., 2023; Walker & Oliveira, 2022).

Current research emphasises the need for migration-aware, gender-transformative approaches to address the unique SRH needs of young migrant men in the SADC region (Vearey et al., 2017). Circular migration may negatively impact SRH by creating conditions that increase vulnerability, particularly for young economic migrant men who are involved in both formal and informal work (Batisai, 2022; Denton-Schneider, 2024). Understanding the role of migration patterns in shaping SRH outcomes is vital for improving the health and well-being of young migrant men in South Africa and the SADC region at large.

2.2.3. Zimbabwean migrants in South Africa

Research underscores the importance of historical and political contexts in driving increased migration from Zimbabwe to South Africa (Batisai, 2022). This migration stems from a series of economic, political, and social upheavals. Since the early 2000s, Zimbabwe has faced severe economic challenges, including hyperinflation, high unemployment, and the collapse of basic services and infrastructure, as I discuss in the background. These push factors, combined with pull factors like economic opportunities and relative political stability in South Africa, have contributed to broader migration patterns (Crush & Tevera, 2010).

This migration trend can be divided into three key periods: 1960-1980, 1991-1997, and 1998-2015 (Madebwe & Madebwe, 2017; Mbeve, in press). During 1960-1980, the freedom war led to significant political exile, with emigration numbers peaking at about 210 000 in 1972 and 142 000 around 1980 (Madebwe & Madebwe, 2017). The 1991-1997 period, post-independence, saw emigration driven by economic challenges as Zimbabwe transitioned from a vibrant to a fractured economy. During this time, approximately 200 000 professionals left in search of better opportunities (Madebwe & Madebwe, 2017). In the third period, 1998-2015, emigration continued due to high unemployment rates, with many leaving to visit or join family members who had already settled abroad (Crush & Tevera, 2010; Dillon, 2013).

The influx of Zimbabwean migrants into South Africa has led to research focusing on the legal and policy environment governing migration. Studies reveal that South Africa's policy environment involves a complex interplay of immigration laws, refugee policies, and bilateral agreements (Landau & Amit, 2014; Mbeve, in press; Ullah & Haque, 2020). These policies have evolved over time to address the increase in Zimbabwean migrants, balancing humanitarian concerns with national security and economic interests (Ibisomi et al., 2023; Tella, 2021). This dynamic governance has significantly impacted the lives of Zimbabwean migrants.

Another critical area of research is the socioeconomic integration of Zimbabwean migrants into South African communities. As noted earlier, migrants face significant challenges in accessing employment, housing, healthcare, and social services (Hiropoulos, 2020). The competitive South African labour market often relegates migrants to low-paying, precarious jobs with limited security and rights (Tella, 2021). In South Africa, also many Zimbabweans may not access documentation such as general work or critical skills work permits, leaving them having access only to precarious work, or unemployed when employers prioritise those with the

required documents (Masuku & Nkala, 2021; Mateko, 2022; Mbeve, in press). Additionally, access to adequate housing is a major issue, with many living in informal settlements or overcrowded conditions (Hiropoulos, 2020).

Documentation status is also a crucial area in previous research. While some Zimbabweans are documented, many are not, leading to legal insecurities and restricted access to essential services due to South Africa's complex documentation requirements (Crush & Tawodzera, 2014; Palmary & Nunez, 2020; Tshabalala & Landau, 2023).

Conversely, research has explored the coping strategies employed by migrants to navigate these challenges. Social networks and informal support systems are vital for maintaining social and economic ties and mitigating the impacts of precarious circumstances (Mabasa et al., 2021; Walker & Vearey, 2023). These strategies highlight the resilience and resourcefulness of migrant communities in the face of adversity, but also play a role in influencing their sexual decision-making.

2.2.4. Internal migration in South Africa

In the South African context, research on internal migration and migrant well-being is not as extensive as that focusing on cross-border migration. Particularly, internal young migrant men's experiences related to well-being and SRH in South Africa is not widely researched. This gap in the literature poses a challenge in understanding the internal migrant population, although studies on SRH in South Africa remain relevant for providing insights into the lives of young men within their province of origin prior to migration. Many young men, from outside Gauteng, migrate to Johannesburg in search of economic opportunities. This makes research on SRH among young men in South Africa, generally, relevant to discuss in the current section, which helps me build on the existing knowledge although not particular to the population I focused on – internal migrant young men. The relative scarcity of research on internal young migrant men also explains why some of the literature that I reviewed here is dated, but also the historical patterns of migration are foundational for understanding current trends.

Bouare (2000) provides an important historical overview of internal migration in South Africa, illustrating that during apartheid, migration was strictly controlled by law. However, with the country's democratisation in 1994, new migration patterns emerged. These patterns, determined by factors such as relative gross domestic product (GDP), unemployment, and crime rates, demonstrate that economic opportunities, especially in wealthier provinces like Gauteng, draw young people seeking better livelihoods (Statistics South Africa, 2023). For

instance, migration to Gauteng is primarily influenced by economic prospects, despite the high crime rates in the province, reflecting the prioritisation of economic survival over personal safety (Bouare, 2000; Jacobs et al., 2023; Statistics South Africa, 2023). This pattern aligns with the realities faced by young men migrating from provinces like KwaZulu-Natal to Johannesburg in pursuit of better opportunities. Therefore, economic vulnerability becomes a critical mediator of sexual decision-making, as the pressure to succeed can push individuals into risky sexual behaviours to gain social and financial advantages.

Pinchoff et al. (2024) examine internal migration in sub-Saharan Africa and its relationship with SRH, particularly among young women. Their findings highlight the intersection of migration with major life transitions such as marriage and parenthood, which impact contraceptive use and health facility visits. Although the study focuses on women, its relevance to this thesis lies in the understanding of how migration disrupts access to healthcare services. This disruption may similarly affect young men migrating to Johannesburg, who might struggle to integrate into healthcare systems, limiting their access to SRH services, including contraception. This is important for understanding the SRH outcomes of young migrant men, as their mobility and lack of established healthcare networks could hinder their efforts to protect their health.

Reed (2013) complements Bouare's (2000) work by mapping internal migration patterns, particularly among the Black people, and underscores the lack of good longitudinal data on the topic due to apartheid era suppression of information. Reed's (2013) analysis suggests that internal migration increased even before the repeal of the pass laws, indicating a historical trend of mobility that persists today. For young men, migration from rural areas to urban centers like Johannesburg forms part of a larger historical pattern of seeking better opportunities, often tied to labour demands in urban areas. This context is critical for understanding the structural forces driving young men's migration and how these forces shape their sexual decision-making and behaviours.

Chimbindi et al. (2022) provides further insights by studying migration, and offering important findings regarding SRH in young men from KwaZulu-Natal, a province from which some of my study's participants originate. Chimbindi et al. (2022) reveals that young men in KwaZulu-Natal often reject condom use, viewing it as a barrier to pleasure and procreation. This cultural attitude toward SRH may persist as these men migrate to urban areas like Johannesburg, influencing their sexual decision-making in their new environments. Such attitudes toward

SRH tools like PrEP or condoms may mediate how these young migrant men navigate sexual risks, reinforcing the need to address cultural perceptions in SRH interventions.

Baisley et al. (2018) add to the above understanding by noting that HIV testing among young men in KwaZulu-Natal is positively associated with mobility and higher education levels. For young migrant men in Johannesburg, their level of education and socioeconomic status may influence their engagement with SRH services, including HIV testing. Baisley et al.'s (2018) study highlights that young men are generally less likely to engage with HIV prevention and care than women, a trend that likely extends to internal migrants. Thus, mobility and education become factors in shaping the health-seeking behaviours of young migrant men, particularly in a context where internal migration is driven by the pursuit of economic opportunities.

In the context of my study, findings from related literature further illuminate the challenges migrant men face when engaging with healthcare services, particularly in relation to SRH. Chikovore et al. (2016) highlight how masculinity influences men's health-seeking behaviours, especially regarding HIV care. Chikovore et al.'s (2016) study in KwaZuluNatal found that non-migrant men were often unwilling to engage with HIV testing and treatment due to their desire to uphold traditional masculinity ideals such as strength, control, and sexual competence. This reluctance was tied to fears of receiving a positive HIV diagnosis and a preference for traditional medicine over formal healthcare services. Chikovore et al. (2016) highlight the stark contrast between men and women, with men facing challenges such as health centers perceived as unwelcoming to them, while women demonstrating more readiness to access care. These findings align with my current study's sample, where issues related to masculinity and SRH engagement are significant.

Similarly, Ginsburg et al. (2021) emphasise the impact of mobility on healthcare access. Ginsburg et al.'s (2021) study found that internal migrants in South Africa, particularly men, had lower healthcare utilisation rates compared to non-migrants and women. This gendered disparity in healthcare access, especially in urban areas, is crucial in relation to my findings, as I discuss in Chapter 5, section 5.4.2. in depth. The preference for private healthcare and traditional healers among migrants, as highlighted by Ginsburg et al. (2021), may reflect the broader trend observed in my current study, where young migrant men struggle or choose not to navigating public health systems in Johannesburg.

Ajaero et al. (2017) further contextualise findings on internal migration and health within the broader framework of mental health. Ajaero et al.'s (2017) study comparing the mental health

status of internal migrants and non-migrants in South Africa underscores the complex relationship between internal migration and well-being. In Ajaero et al.'s (2017) study internal migrants in 2014 exhibited poorer mental health than non-migrants, particularly young individuals, who may be more vulnerable to stress and health risks associated with mobility. This links to the broader discussion in my study on how poor mental health can exacerbate challenges in accessing SRH services, particularly in urban settings where migrant men may experience social and emotional isolation.

Overall, this section highlights the sociocultural and economic mediators – such as economic vulnerability and mobility – that may shape the sexual decision-making of internal young migrant men in Johannesburg. Studies in this section show that internal migration is often motivated by economic survival, and this vulnerability can lead to increased engagement in high-risk sexual behaviour. However, factors like education and mobility also provide opportunities for better SRH outcomes, illustrating the complex interplay of socioeconomic determinants in shaping sexual decision-making. The section engages with the limited literature on internal migration and drawing on SRH studies from comparable populations to bring some understanding of how internal migration affects young men's SRH, contributing to the thesis' broader argument about the influence of socio-cultural and economic mediators on sexual decision-making.

2.3. Gendered migration: young male migrants in South Africa

In this section, I discuss the often-overlooked experiences of young male migrants in South Africa, focusing on the intersection of gender, migration, and SRH. While much research has concentrated on the vulnerabilities of women migrants, I highlight the unique challenges young migrant men face as they navigate a complex social and cultural landscape. I explore how traditional notions of masculinity, particularly within a heteronormative framework, impact their SRH outcomes, including their sexual behaviour, access to services, and overall well-being. Additionally, I briefly discuss how current policy and legislation address, or fail to address, the specific needs of this population. Drawing on emerging scholarship that moves beyond a binary understanding of gender, I incorporate insights from feminist and queer theories to provide a nuanced perspective on the experiences of young male migrants, recognising the intersectionality of gender with race, class, and sexuality.

As a social construct gender is understood and applied in multiple ways. However, in this study I use Torgrimson and Minson's (2005) definition that, gender refers to behavioural, cultural,

or psychological traits that are typically associated with one's sex. Therefore, the social expectations of males and females to behave in certain ways has an impact on their self-identification and actions. In migration, the gender lens has primarily focused on the movement of women, their experiences, and recommendations on improving these (Kwakwa et al., 2021; Matose et al., 2022; Mutambara & Naidu, 2023; Palmary et al., 2010).

There is a wealth of research exploring the relationship between gender and SRH ranging from access to reproductive health services and education to the impact of gender norms on sexual behaviour and health outcomes (Jewkes et al., 2021a; b; c; Karp et al., 2020; Oram et al., 2017; Ozcurumez et al., 2021). This tends to focus on the influences of gender disparities on access to: contraception, prenatal and postnatal care, as well as STI prevention and treatment (Jewkes et al., 2021a; b; c; Karp et al., 2020). Studies often examine the barriers that women face in obtaining these services. Such barriers include socioeconomic constraints, lack of education, and cultural taboos (Karp et al., 2020).

Other studies, focus on the psychological impacts of gender inequality on SRH, highlighting how power imbalances in relationships can affect sexual autonomy and consent (Oram et al., 2017; Ozcurumez et al., 2021). There is also significant attention on the role of policy and legislation in either mitigating or exacerbating these disparities, with many scholars advocating for gender-sensitive approaches to health policy to ensure equitable access to SRH services (Hinson et al., 2021; Jewkes et al., 2021a). These studies have been recognised as crucial in advancing knowledge and advocacy for better SRH for all.

In migration research, gender has also been studied to generate gender-responsive ways to appropriately support the needs of different genders of migrants (Bircan & Yilmaz, 2023; Izaguirre & Walsham, 2021; Mzini, 2020). Additionally, it helps understand the disparities in how different genders are viewed and supported or not, in relation to migration (AU Commission, 2018; Castañeda, 2022; Palmary et al., 2010). However, gender and migration studies highlight that gender cannot be exclusively studied within the migration topic as there are broader contexts intersecting gender, including labour division, ethnicity, race, and power (Batisai, 2022; Bouaddi et al., 2023; Castañeda, 2022; Hiralal, 2018a; b; Palmary et al., 2010). This is a crucial approach for the current study in discussing and employing the concept.

Noteworthy, most of existing literature on gender, migration, and SRH has focused on women, to highlight several challenges that they face in accessing services and how this affects their

well-being. These studies (Freedman et al., 2020; Kuran et al., 2020) often provide a sense that women migrants are first and foremost a vulnerable population especially compared to men migrants. Recognising this, my current study aims to contribute to the broader conversation on migration and SRH by focusing on the experiences of young men. In my current study, when considering gender, I have primarily looked at the role of masculinity within the concept of heteronormativity and how it impacts migrant young men's well-being, with a particular focus on their SRH.

The understanding and study of gender in some countries within the SADC region has been undergoing a significant transformation, which can be credited to the influence of feminist and queer theories that have helped reframe the understanding of gender in the region (Morrell, 1998). These theoretical frameworks have been particularly useful in addressing heteronormativity by challenging the dominant assumption that heterosexuality is the norm and highlighting the need to recognise and accommodate diverse gender identities and sexual orientations (Reygan, 2020; Shai et al., 2022; Snyman & Rudman, 2022). They have also been useful in critically examining traditional or hegemonic notions of masculinity that may have been harmful or restrictive, and promoting more inclusive and equitable understandings of masculinity (Aboim, 2023; Maeresera & Runganga, 2020). By drawing on these theoretical perspectives, scholars and advocates in the SADC region have been able to move beyond the simplistic binary of male and female, and embraced a more nuanced and inclusive approach to gender identity and expression.

However, many national policies in the SADC region still fail to fully integrate the complexities of migration, gender, and SRH, resulting in fragmented approaches that can leave vulnerable populations underserved (African Centre for Migration and Society [ACMS] et al., 2023). Furthermore, the relationship between gender and migration in relation to health is not always fully understood or addressed in policy frameworks (IOM, 2021b).

A wealth of research has made it clear that a binary focus on gender ignores the fluidity of gender and its separation from biological characteristics (Connell et al., 2021; Greene & Patton, 2020; Jackson & Scott, 2022). Although other studies highlight how problematic gender norms are, the complexities of men's lived experiences often remain overlooked (Moolman, 2022; Morrell, 1998; Shefer & Clowes, 2021). This oversight can lead to incomplete understandings of how these norms negatively impact men and perpetuate broader societal inequalities. Furthermore, the intersectionality of these issues, including how race, class, age, and sexuality

interact with gender norms, requires more comprehensive exploration. Addressing these complexities is crucial for developing more effective strategies to combat gender inequality and promote healthier expressions of masculinity.

2.4. Male migrants and well-being and sexual and reproductive health

In this section, I discuss the experiences of male migrants, focusing on their well-being and SRH. I particularly pay closer attention to the experiences of men navigating complex transitions as migrants to new contexts. Specifically, I examine the impact of gender norms, including heteronormativity, on young men migrating to Johannesburg. Traditional notions of masculinity, such as the expectation for men to be providers and risk-takers, significantly influence their decision-making, particularly in relation to SRH. This narrative often portrays men as more independent and less tied to family responsibilities, except when affirming their masculinity, which has implications for their SRH outcomes.

There are already several studies that have directly or indirectly explored the links between heteronormativity, well-being, and migration (Musariri & Maharaj, 2021; Yarwood et al., 2022). These studies have shown several challenges and opportunities that are linked to men being the breadwinner or seeking to ascertain their gendered positionality as migrants (Batisai, 2022; Musariri & Maharaj, 2021). These studies are often focused on understanding migrant men within the labour migration phenomenon, since in the SADC region, as I reflected earlier, migration is strongly associated with economic opportunities. This is connectable to men as providers, risk takers, and able to move between countries to ensure that their families are sufficiently provided for, that is a narrative showing the importance of heteronormativity in the region.

The gendered nature of migration is an important consideration in understanding the experiences of Zimbabwean migrants in South Africa. Studies have shown that the motivations, patterns, and impacts of migration can differ significantly between men and women (Dodson, 2021; Musariri & Maharaj, 2021; Van Hear et al., 2020). For example, Zimbabwean women migrants in South Africa and abroad, in countries such as the UK often face challenges, such as the burden of leaving children behind in their home country or the vulnerability to exploitation in domestic work and other feminised sectors (Chikwira, 2021; Chikwira & Madziva, 2023; Crush & Tawodzera, 2014). In contrast, Zimbabwean as well as other migrant men across the world may be perceived or even perceive themselves as more independent and

less tethered to family responsibilities, except when they want to prove their masculinity (Batnitzky et al., 2009; Matshaka, 2009; Musariri & Maharaj, 2021). This can shape their decision-making and priorities, including in the realm of SRH.

However, it is crucial to recognise that the assumptions about gender within migration studies also shape research focus. Much of the literature emphasises women as migrant mothers and the challenges they face when leaving children behind (Chikwira, 2021; Chikwira & Madziva, 2023). This focus, while important, often overshadows the experiences of male migrants who also leave children and family responsibilities behind. The narrative around men as independent and less connected to family obligations, except in cases where they seek to affirm their masculinity contributes to the relative lack of attention to the emotional and psychological impacts on men who leave their children. Research that explores these experiences from a gendered perspective is still emerging, but it is necessary to provide a more comprehensive understanding of the migration experience for both men and women (Batnitzky et al., 2009; Matshaka, 2009; Musariri & Maharaj, 2021). Without such studies, there is a risk of reinforcing gendered stereotypes and missing out on a full picture of how migration affects families and individuals differently.

The above studies suggest that the broader context of Zimbabwe-South Africa relations and the gendered experiences of Zimbabwean migrants in South Africa may significantly influence the sexual decision-making of young heterosexual Zimbabwean men in Johannesburg. Factors such as social marginalisation, transnational ties, asserting masculinity, and the perception of men as more independent and less connected to family responsibilities can shape their perceptions, behaviours, and choices related to well-being, and particularly SRH. This literature review on Zimbabwe-South Africa relations, with a specific focus on labour migration and the gendered aspects of the migrant experiences, provides a critical foundation for understanding the broader context that may shape sexual decision-making of young Zimbabwean migrant men in Johannesburg.

2.5. Health and migration

In this section, I discuss the intricate relationship between health and migration, focusing on how SRH intersects with the broader context of migrant well-being. Migrants, particularly those in South Africa, face heightened health risks due to disrupted social networks, financial insecurity, and exposure to new environments. The migration experience significantly impacts

both physical and mental health, with challenges such as social isolation, trauma, and uncertainty contributing to elevated levels of anxiety, depression, and stress. For Zimbabwean migrants in Johannesburg, these challenges are compounded by cultural and social barriers, as well as systemic obstacles in accessing healthcare. I also discuss how age, gender, and the social context influence SRH outcomes, particularly among young migrant men, who are often vulnerable to high rates of STIs, including HIV. This discussion is situated within the historical context of South Africa's migration patterns and the socioeconomic dynamics that continue to shape the health outcomes of migrant populations.

As I have previously noted, WHO includes SRH as a key component of overall well-being. Thus, SRH must be understood within the broader context of well-being. Numerous studies have documented the relationship between migration and health, highlighting how the migration experience can increase vulnerability to specific health outcomes (Guinto et al., 2015; Parra et al., 2024; Suphanchaimat et al., 2015). Migrants often face heightened risks of contracting STIs, including HIV/AIDS, due to factors like disrupted social networks, financial insecurity, and exposure to new environments (Bell et al., 2022; Jochelson et al., 2020).

Migration can also profoundly impact mental health and well-being. Social isolation, trauma during displacement, and uncertainty about the future contribute to elevated levels of anxiety, depression, and post-traumatic stress (Bemak & Chung, 2017; Brunnet et al., 2020; Mesa-Vieira et al., 2022; Michalopoulos et al., 2022; Walker et al., 2023). Among migrants, including Zimbabweans, in South Africa, mental health challenges related to migration have been widely discussed, with studies emphasising the need for tailored interventions and support systems (Chigariro & Mhloyi, 2022; Edmore & Sharai, 2023; Osman et al., 2024).

Cultural, linguistic, and social barriers can hinder the integration of Zimbabwean migrants into South African society, leading to marginalisation and exclusion. Some studies suggest that Ndebele, Venda, or Xhosa-speaking Zimbabweans may find integration easier compared to other African migrants (Dube, 2017; Makina, 2012). However, xenophobia and discrimination remain significant challenges, with incidents of violence, negative attitudes, and discrimination against Zimbabwean migrants well-documented (Crush et al., 2021; Murenje, 2020; Sichone, 2020). Such experiences have profound impacts on migrants' mental health and well-being, contributing to stress, anxiety, and insecurity.

Access to healthcare in Johannesburg presents a complex landscape for migrants, characterised by systemic challenges. Many migrants, especially the undocumented, face significant legal

and administrative barriers to healthcare access (Ibisomi et al., 2023). Fear of being denied entry, arrested, or deported deters undocumented migrants from seeking medical help (Crush & Tawodzera, 2022; Makina, 2020; Munyoka, 2023). These barriers further exacerbate health disparities within migrant populations.

Studies also highlight the relationship between age, gender, SRH, and migration. Globally, migration rates decrease with age, with the 15-30 age group being the most mobile (Abdulai, 2016; AU Commission, 2018; Ehirim et al, 2012; Eonomopoulou et al., 2017; Freccero et al., 2017). Younger migrants tend to have better health upon arrival, but their health often deteriorates over time, potentially due to acculturation to less health-friendly behaviours in the host community (Beck et al., 2012; Goldberg et al., 2017). However, some migrants demonstrate resilience to these negative influences (Alarcão et al., 2021; Jarvis, 2021).

Research on migration, youth, and SRH in South Africa underscores the risks associated with acculturation to the host community's culture (Jarvis, 2021; Pérez-Escamilla et al., 2010). It is important to explore the resilience of economically motivated young migrant men in protecting their SRH, which is the focus of this thesis. While much of the literature has focused on the risks and vulnerabilities related to migration, there is a growing recognition of the need for a more holistic and empowering approach to understanding the SRH experiences of migrant communities (Amroussia, 2022).

2.5.1. Health, migration, and social context

The intersection of health, migration, and social context is complex and dynamic, heavily influenced by the social determinants of health. These determinants, including economic, social, behavioural, and environmental factors, are not static; they evolve with changes in the socioeconomic and political environment (Breilh, 2021; McGibbon, 2021; Schillinger, 2020). Migrants often experience shifts in these determinants, leading to worsened health outcomes due to the challenges posed by migration (Weir et al., 2020). Local health systems frequently lack the capacity to address the acute or chronic health needs of cross-border migrants, exacerbating their vulnerability (IOM, 2017; Sweileh et al., 2018).

Discrimination and stigma against migrants significantly hinder access to healthcare, often embedded within governmental policies and perpetuated by local populations and health service providers (Breilh, 2021; Maheen et al., 2021). Language barriers further complicate healthcare access, as misunderstandings and mistranslations can lead to misdiagnosis or

ineffective treatment (Castañeda, 2022; Ginsburg et al., 2021). The use of translators, while helpful, can still infringe on migrants' privacy and deter them from fully disclosing their health concerns (Maheen et al., 2021).

In urban settings, a lack of social cohesion can isolate migrants, making it difficult for them to build supportive networks crucial for sharing health-related information (Akwara et al., 2023). This isolation is especially problematic during crises, such as the COVID-19 pandemic, when access to accurate health information and services is vital (Farsi, 2021; Saud et al., 2020). Differences between migrants and health service providers contribute to social exclusion, as providers may lack the knowledge or resources to offer culturally sensitive care (Castañeda, 2022; Wilhelm-Solomon & Pedersen, 2017). This gap in cultural competence can further marginalise migrants, particularly in discussing sensitive issues like SRH (Maheen et al., 2021).

Research in South Africa highlights the social factors contributing to high rates of STIs, including HIV, among young migrant men. The history of HIV/AIDS in South Africa is deeply intertwined with patterns of labour migration and the socioeconomic dynamics that have shaped the country since the 1990s (Benatar, 2004; Brummer, 2002; Crush et al., 2005; Hodes, 2018; Hunter, 2007; 2021; Karim & Karim, 2002; Marks, 2002; Mojola et al., 2021). During this period, the HIV epidemic became highly concentrated among men who were part of the migrant labour force, especially those working in the mining sector (Crush et al., 2005; Rees et al., 2010). The apartheid era migrant labour system had already established a pattern of prolonged separation from families, which contributed to risky sexual behaviours, including multiple concurrent partnerships (Lurie & Williams, 2014). The lack of access to healthcare services and the stigma associated with HIV further exacerbated the situation, leading to high transmission rates (Stein, 2003; Visser et al., 2009).

The above historical patterns continue to influence the experiences of young migrant men today. Barriers imposed by healthcare providers with negative attitudes toward young men seeking SRH services, combined with societal values that discourage contraceptive use among young people, persist (Mulaudzi et al., 2018). Furthermore, xenophobia and language barriers remain significant challenges for migrants, reducing their willingness or ability to seek healthcare, which leads to delayed treatment and poorer health outcomes (Castañeda, 2022; Devakumar et al., 2022).

The legacy of economic disparities, rooted in South Africa's history of inequality, also continues to shape health outcomes for migrant men. Many still endure harsh living and working conditions, particularly in urban areas such as Johannesburg, where overcrowded and substandard housing environments increase the risk of disease transmission and mental health issues (IOM, 2020b; Sterud et al., 2018; Wilhelm-Solomon & Pedersen, 2017). Economic hardships further drive some migrants to engage in high-risk sexual behaviours, including transactional sex, heightening their vulnerability to STIs and other health risks (Bello et al., 2017; Khan & Cailhol, 2020). This ongoing intersection of historical and contemporary factors highlights the need for more targeted and culturally sensitive health interventions that address both the structural and individual determinants of health among migrant men in South Africa.

Migrants' precarious economic conditions are reflected in their working environments, where they often take on dirty, dangerous, and difficult jobs with little to no protection or access to health services (Hennebry et al., 2016). These jobs are typically temporary and informal, leaving migrants without the safety nets available to permanent residents. In some cases, economic desperation leads migrants, especially women, to engage in sex work, where they face additional risks such as violence, limited access to SRH services, and xenophobia (Gibbs et al., 2018; Kilburn et al., 2018).

Behavioural factors also contribute to the health risks faced by young migrant men. While some may avoid risky behaviours, a significant issue is the lack of STI testing, which leads to unknown sexual health statuses and late diagnosis (Baroudi et al., 2021; Fakoya et al., 2018). Migration is linked to high-risk sexual behaviour, with mobile men more likely to have multiple sex partners than their non-migrant counterparts (Boerma et al., 1999; Kishamawe et al., 2006; McCloskey et al., 2021; Zhao et al., 2022).

Not all young migrant men engage in high-risk behaviours; some actively seek to maintain healthy sexual practices to remain fit for work (Anglewicz et al., 2018). However, access to preventive measures such as PrEP remains limited, even in cities like Cape Town where efforts are being made to improve availability (Alessi et al., 2022). Peer pressure, especially among those living in large groups away from family support, further complicates the challenges faced by young migrant men (Ajayi & Somefun, 2019; Leclerc-Madlala, 2019). Studies on migration and health often use the social determinants of health framework to understand this complex interplay of factors that influence migrants' health outcomes (figure 2).

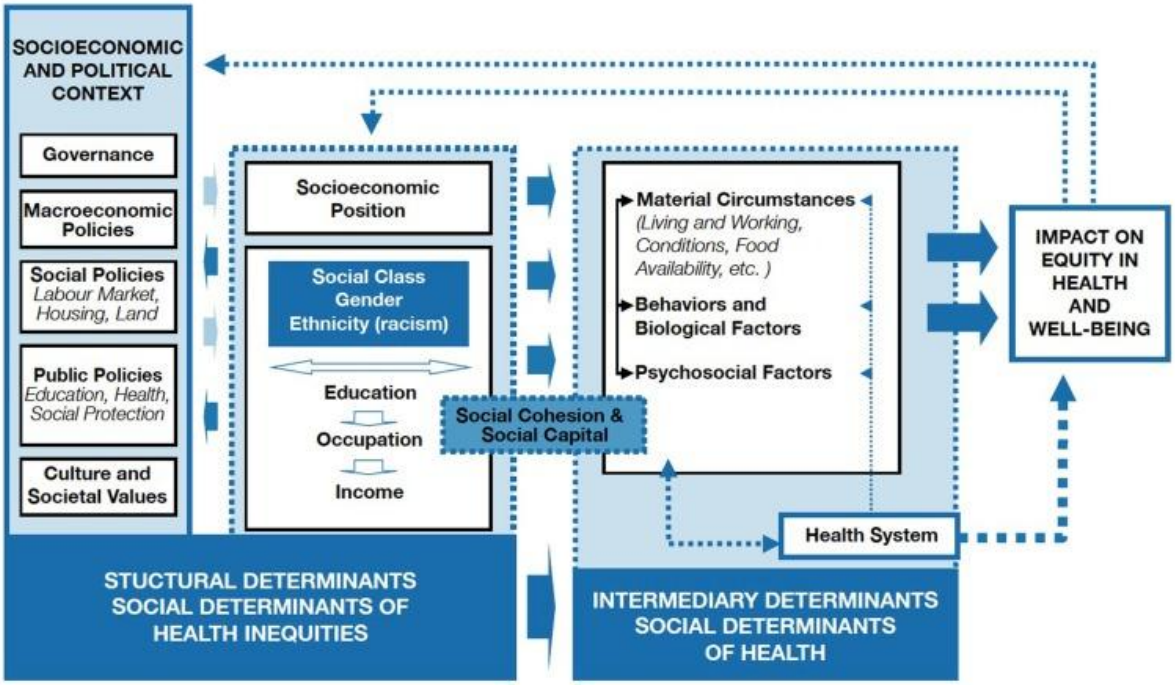

Figure 2: The social determinants of health framework (adopted from WHOa, 2010).

Although it does not include migration, the social determinants of health framework (figure 2, above) places emphasis on the broader socio-cultural and structural factors, rather than focusing solely on individual behaviours (Earnshaw & Chaudoir, 2020; Logie et al., 2021). In South Africa, peer pressure, economic hardships, and lack of healthcare access coverage increases the health risks faced by young migrant men, particularly in relation to their SRH (Mathew et al., 2019; Singh & Siddhanta, 2017).

Addressing these challenges requires a comprehensive approach that includes improving access to healthcare, promoting cultural competence among healthcare providers, and addressing the social and economic conditions that shape migrants' health outcomes. Without such efforts, the health disparities experienced by migrant communities, particularly young migrant men, are likely to persist and potentially worsen (Amroussia, 2022).

2.6. Theoretical frameworks

To critically engage, conceptualise, and place the study's findings within global and local SRH research, theory, interventions, and policies, in this study I apply one theoretical and two analytical frameworks. Throughout data presentation and discussion chapters, the study will employ culture theory as the theoretical framework, in conjunction with protection-risk and social, ecological, analytical frameworks.

2.6.1. Culture theory

Culture theory is crucial in understanding the reciprocal influence between the study's participants and their Johannesburg inner city context in mediating their sexual decision-making. To support this claim, I reference sexual and reproductive health rights (SRHR) literature and interventions, highlighting the importance of culture in strategies aimed at ensuring that everyone within the SADC region enjoys a healthy sexual and reproductive life, through sustainable access to quality SRHR services (Chawhanda et al., 2022; Musuka et al., 2024).

Schein (1991) discussed different institutions in which culture can be contextualised and analysed. These are; narration, system of social interaction, the mode of production, legal-political system, system of security, system of healthcare, and system of education. The system of social interaction is of relevance in the current study's data analysis. Also, it is barely utilised in other SRH studies. A system of social interaction, in culture theory, is an established and acknowledged system within or among social groups (Murray & Schaller, 2016; Price & Hawkins, 2007). This system creates a room for individuals to engage with one another on mutually acceptable and intelligible terms, to enhance their well-being through expected constant productivity. The system of social interaction normatively enables individuals to navigate through life, while they pursue various interests (Schein, 1991). Additionally, the system of social interaction becomes a relational point of reference, and assist individuals to predict consequences of their social actions (Belshek, 2006; Latané, 1996; Lebrón, 2013).

There are two major culture concepts (culture shock and culture learning) valuable in producing an analysis demonstrating how practically, cultural differences played a role in mediating participants' sexual decision-making (Oberg, 1954; Pacheco, 2020). These concepts align with how the participants reported the role of cultural differences between their home of origin and Johannesburg inner city, in influencing their sexual decision-making. Culture shock has been dominant as a theory that explains how people view different cultures. However, this theory has recently been losing traction due to culture learning as a relatively new theory (Oberg, 2006; Pacheco, 2020). Nonetheless, both culture shock and culture learning have been mostly used in understanding and developing mental health interventions for cross-border migrants. In the current study, culture learning is employed to understand sexual decision-making for both internal and cross-border economic young migrant men.

Culture shock refers to the psychological distress often experienced by individuals who immerse themselves in novel social contexts (Pacheco, 2020; Pedersen, 1995). However, technology has loosened the concept of culture shock. Now migrants have an advantage of utilising technology such as internet, TVs, and Cellphones to learn about the new culture of their potential destinations (Adler, 1975; Pacheco, 2020). Technological resources assist migrants to learn about the culture in advance. Pacheco (2020) refers to this practice as virtual culture learning. By the time of their migration, migrants will be well-informed. Therefore, they may not experience any shock related to the culture of the new environment. I later demonstrate how these culture concepts are important, as I discusses the findings. The findings reveal how differences in culture and immersing into the new culture play a role in mediating young migrant men's sexual decision-making.

2.6.2. Protection-risk framework

The protection-risk framework was initially developed by Jessor et al. (2003), to describe protective and risk factors that play a role in determining young people's SRH. Theoretically, protective factors decrease the likelihood of young people engaging in, risky behaviours, such as practice of unprotected sex and sex under the influence of substances. Therefore, protective factors provide models for positive or prosocial behaviour, personal, or social controls to prevent problem or risk behaviour (Bernays et al., 2023; Jessor et al., 2003; Tumwesige et al., 2023). Conversely, risk factors, increases the likelihood of engaging in problem, unconventional, or risk behaviour by providing models for problem behaviour, increased opportunity for engaging in problem behaviour, and greater personal vulnerability to problem behaviour involvement (Bernays et al., 2023; Jessor et al., 2003; Tumwesige et al., 2023).

In many studies the protection-risk framework (table 1) has been applied to assess and design intervention strategies that are not explicitly associated with SRH (Holzmann & Jørgensen, 2001; Jessor et al., 2003). Other studies have employed the protection-risk framework to apply to SRH topics, such as prevention of the transmission of HIV (Crankshaw et al., 2012). There are few other studies and policies that used the framework to understand the risks faced by young women of contracting HIV, other STIs, and unwanted pregnancies (Jessor et al., 2003; Saul et al., 2018).

With reference to Zuma et al. (2020), who used the risk-protection framework to situate a young person in a context where HIV interventions were delivered, the framework seems helpful in understanding heterosexual economic young migrant men's sexual decision-making

mediators. To employ the framework in the current study, I divided the focus of analysis to: (1) protection, and (2) risk (table 1). By including the protection-risk framework as an analytical tool, this study demonstrates the contextual, social, and individual mediators for heterosexual economic young migrant men sexual decision-making mediators in Johannesburg inner city. The framework enabled me to better understand and discuss why some participants effectively considered safer sexual practices, while others did not. Borrowing from Zuma et al. (2020) and Jessor et al. (2003), the protection-risk framework in this study is conceptualised as in table 1, below:

Table 1: Summary of protection-risk framework, as utilised in this thesis.

Protective mediators (mostly economic ambitions and opportunities)	
Models protection	Mediators that promote and encourage prosocial behaviour and safer sexual engagements
Controls protection	Include individual-level or social-environment level factors promoting social values - For example, young migrant men's personal career and economic goals, young migrant men's agency and family planning.
Support protection	Refers to contextual support or other social environments that promote prosocial or health enhancing behaviour or decision-making - For example, cultural similarities between home of origin and Johannesburg inner city, availability and relative ease of access to contraceptives such as condoms and intimate relationships.
Risk factors/mediators (some socio-cultural related to fitting in)	
Models risk	Includes models that induce health-compromising behaviour – thus a lack of external controls - For example, young migrant men; perceiving Johannesburg inner city as a temporary space, being away from their family structures including parents and other members, easy access to technology including TVs, smartphones, and free Wi-Fi.
Opportunities risk	Refers to exposure to or access to situations that increase the likelihood of engaging in risk behaviours - For example, the ease of access to sexual partners in Johannesburg inner city, freedom of living alone and having economic resources,

	recreational activities such as clubs and alcohol consumption that are usually followed by risky sexual engagements.
Vulnerabilities risk	Refers to individual characteristics that increase the likelihood of engaging in risk behaviour. - For example, negative peer pressure, and discontinuation of condom usage.

Table 1 illustrates how I utilised the protection-risk framework in my current study. All the examples that I use in the table come from my findings. Table 1 shows two key aspects in protection-risk assessment. The first are protective factors/mediators, that enhance positive sexual health behaviour. They are divided into three: models protection, controls protection, and support protection. Models protection are familial and positive peer role-models who promote pro-social behaviours that may assist in enhancing young people's sexual decision-making (Bernays et al., 2023; Inanc et al., 2020). Controls protection refer to protective factors operating at individual-level, such as religious faith, or social environment-level that includes monitoring by family, older friends, or trusted adults.

The controls protection is regulatory and somehow monitor young people's sexual behaviour. In addition, they exert positive social and environmental pressure, so their behaviours are likely to promote SRH (Bernays et al., 2023). Then support protection includes contextual support in form of peer networks or work colleagues, promoting pro-social, health enhancing behaviour, and building protective social assets (Bernays et al., 2023). In some cases, controls protection for heterosexual young economic migrant men may manifest in possibly paradoxical ways. For example, when they cannot afford to pay sex workers for sexual services, or have a sexual partner, they may be at a position where they are controlled from accessing sex. Thus, they are forced to abstain (Tumwesige et al., 2023).

The second aspect of the protective-risk framework is risk factors (table 1). Risk factors increase the probability of engaging in risk sexual behaviours. They are divided into: models risk, opportunities risk, and vulnerability risk (Jessor et al., 2003). Models risk are role models that promote SRH compromising behaviour. Models risk may include peers who promote practicing unprotected sex (Bernays et al., 2023; Inanc et al., 2020). Opportunities risk include exposure to situations that may negatively encourage young migrant men's sexual decision-making, so potentially leading to risky sexual behaviours. Furthermore, opportunities risk in Bernays et al.'s (2023) study, include examples such as working in a bar where additional

income is expected to be from providing sexual services. Then, vulnerability risk involves individual factors that increase the chances of engaging in risk sexual behaviours, such as being socially isolated, feelings of worthlessness, or being hopeless.

2.6.3. Social ecological framework

Overall, the social ecological framework focuses on the connectivity and reciprocal influence of systems, ranging from micro (individual), meso (relationships), to macro (community and society). The model focuses on understanding the complex interplay between these systems to understand a range of factors (as highlighted using the protection-risk framework above) that put people's health at risks or promote safety. The primary intention thereafter is to create useful interventions to protect people's health from these risks. The social ecological framework has been employed in various health related interventions and studies (Chynoweth et al., 2020; Dahlberg & Krug, 2002). I employed this framework as per figure 3 below:

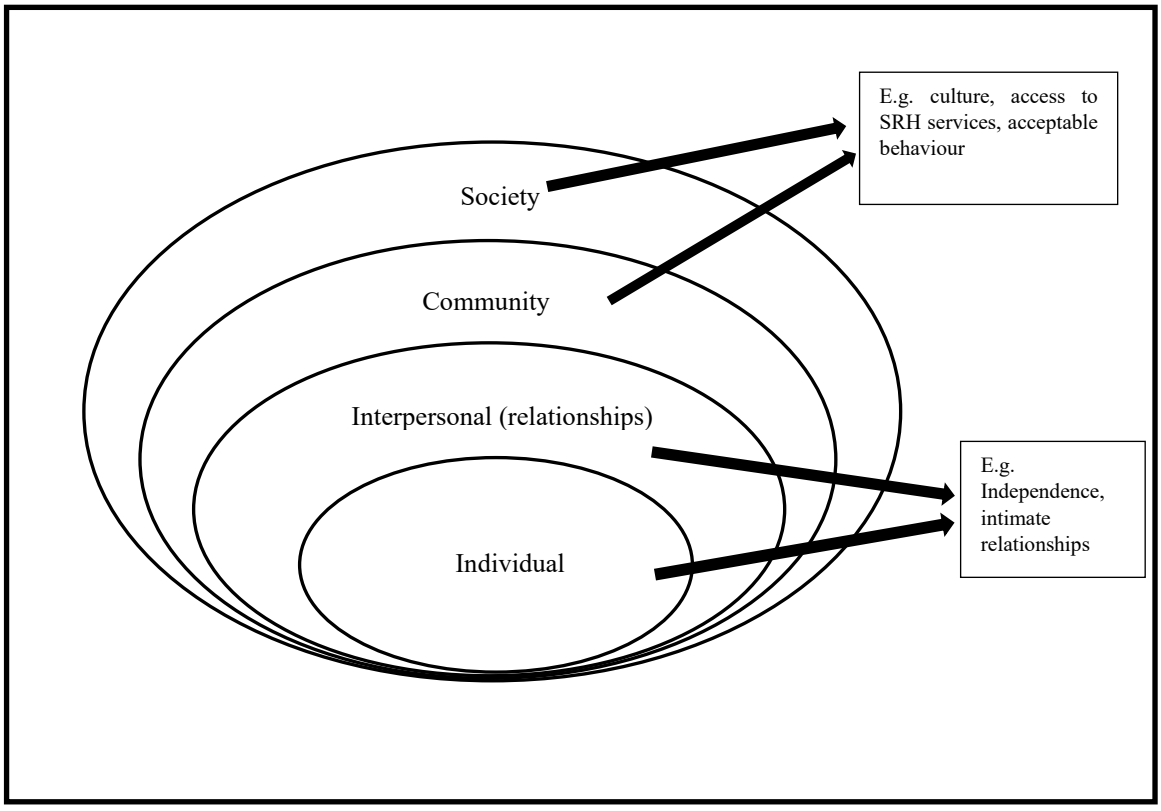

Figure 3: Overall Social ecological framework as conceptualised for this Thesis - see also (Chynoweth et al., 2020; Dahlberg & Krug, 2002).

Although the protection-risk framework is used in this study to highlight and categorises of sexual decision-making mediators, the social ecological framework helped in demonstrating that these mediators are inter-connected in many cases. The overlapping rings in figure 3, demonstrate the connectivity between one level of mediators to the next. They also demonstrate that the influence of mediators is reciprocal to each other (Chynoweth et al., 2020; Dahlberg & Krug, 2002).

2.7. Conceptual framework

This section presents the conceptual framework generated to synthesise and present the most interconnected and complex factors central in this study, towards understanding mediators for heterosexual young economic migrant men's sexual decision-making. The interconnections are illustrated in the following figure 4:

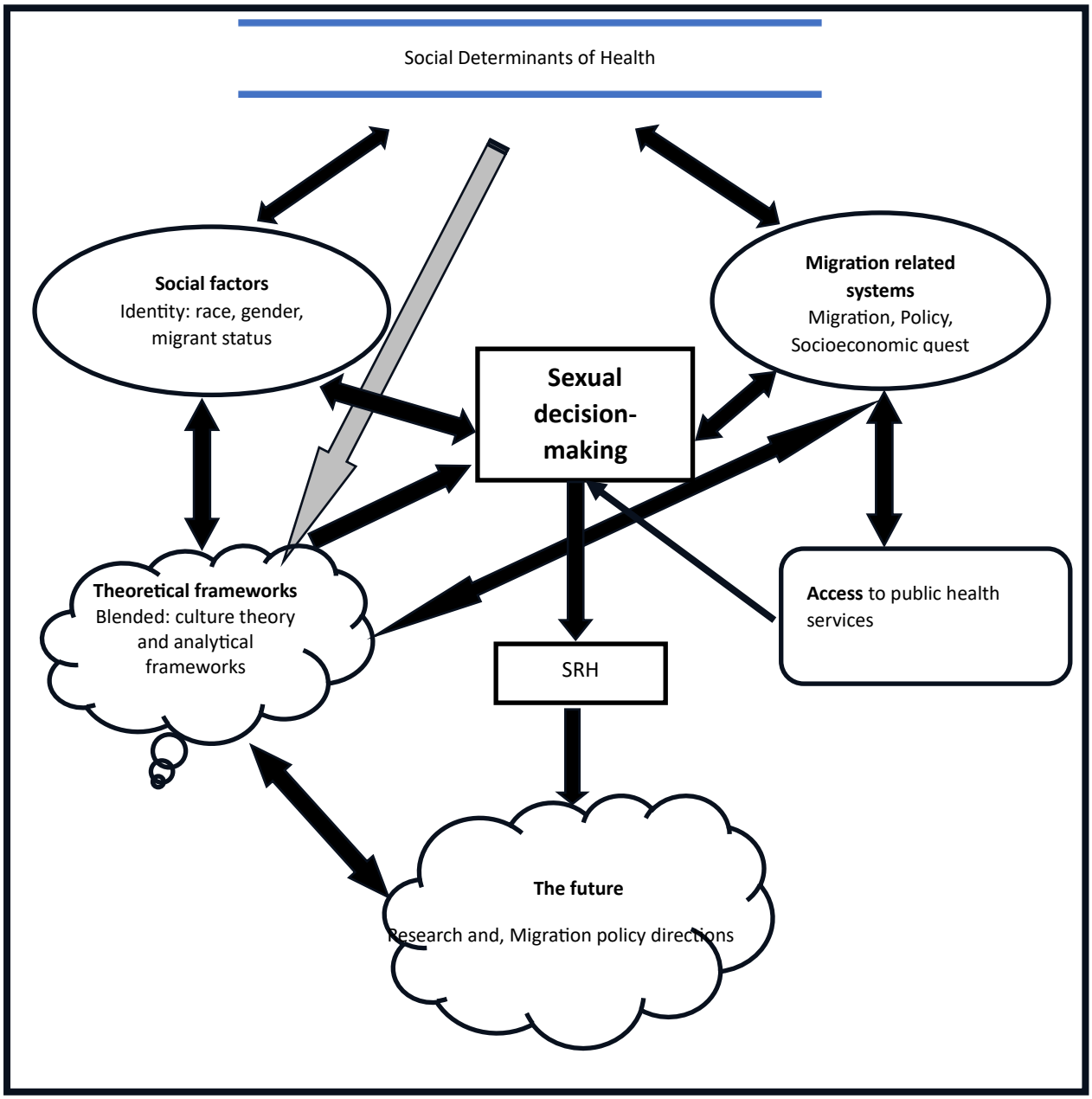

Figure 4:Conceptual framework for understanding young migrant men's sexual decision-making mediators.

Figure 4 above, demonstrates young migrant men's sexual decision-making, that are directly and indirectly connected to all other factors in the study. It also demonstrates that young migrant men's sexual decision-making usually determines their SRH. Furthermore, figure 4 shows the most prominent framework used in the current study to understand overall migrants' health (social determinants of health) which is important and useful in reviewing the existing literature on migrants' sexual health. Literature highlights two key broad factors in understanding migrants' health: the social structure (including gender, identity, race, and

migrants' status – documented or not, and how this affects their social acceptability), and other migration related systems such as policy and migrants' socio-economic quests. While prominent frameworks assisted in identifying these two broad factors, these factors seem to continuously inform and reshape the frameworks. The theoretical frameworks are integral components of my analytical approach, including my research methods.

As illustrated using a pale black one-directional arrow, in figure 4, social determinants of health assisted in considering theoretical frameworks used in the current study. The theoretical frameworks then played a crucial role in data analysis, which is demonstrated with one-directional black bold arrow, from the theoretical frameworks to sexual decision-making. Moreso, theoretical frameworks had direct and indirect reciprocal relationships with all other components of the study, including informing future research and policies, which this study has contributed to.

2.8. Conclusion

This chapter has critically engaged with relevant literature, theory, and policies which ends with the conceptual framework provided above. The chapter provides basis for the study's aim, which is to explore the mediators of sexual decision-making for young migrant men and highlights the wealth of research focusing on migrants' SRH and other health concerns.

The literature review shows that the existing literature does not have strong focus on economic migrant men's SRH needs and does not strongly focus on economic young migrant men's sexual decision-making on its own. Furthermore, it does not pay attention to their sexual decision-making mediators as migrants. Yet, a number of policies for migration suggest the need to protect all migrants, and support migration because of its promising socio-economic future. Therefore, my study finds its home in the global and South African interdisciplinary literature, that intends to support migrants' SRH. From a holistic perspective, this study adds a focused exploration on young migrant men's sexual decision-making mediators. In the following section I discuss how I achieved the aim of the study by discussing the research methods.

Chapter 3: Research methods

3.1. Introduction

In this chapter, I provide a detailed overview of the research methods that I employed to explore the mediators of sexual decision-making among young migrant men in Johannesburg inner city. Building on the conceptual framework and literature review presented in Chapter 2, I discuss how I designed the study, the process through which I collected data, and the approach I used for data analysis. Through this chapter, I aim to convey not only the methodological choices that shaped the study but also the rationale behind these decisions, reflecting on how they align with the study's overall aim.

3.2. Research design and paradigm

In this study I utilised a qualitative research design, which is concerned with understanding how participants perceive, experience, and construct their worlds (de Gialdino, 2009; Mason, 1996). My objective is to explore the mediators of sexual decision-making among heterosexual young economic migrant men. To do so, I explored participants' perceptions and experiences of migration, the environments they lived in, including their places of origin and Johannesburg inner city. I also paid specific attention to their social contexts to produce reliable and valuable findings (Mason, 1996).

I situate this study within the pragmatism paradigm (Kaushik & Walsh, 2019). Pragmatism informs my understanding of young migrant men's sexual decision-making in Johannesburg inner city and influences how I interpret and derive meaning from the findings. The pragmatism worldview is appropriate for this study because it recognises the relationship between human behaviour and its consequences. According to pragmatism, human actions are linked to beliefs that stem from experiences (Kaushik & Walsh, 2019; Morgan, 2014). By applying pragmatism, I analyse the data under the premise that heterosexual young economic migrant men's sexual decision-making is connected to their beliefs, which may be shaped by their culture, values, ethics, and migration experiences.

3.3. Sampling and access to participants

To recruit the participants for this study, I employed purposive sampling, a conceptually driven approach where I deliberately selected a sample that I believed to be most effective in answering my research question (Farrugia, 2019; Serra et al., 2018). Purposive sampling

allowed me to consider variables such as age, gender, and socioeconomic status (Farrugia, 2019). I conducted the data collection for this study in two distinct periods: before and during the COVID-19 pandemic, which affected my access to participants, recruitment, and data collection methods. Two structures were pivotal in facilitating my access to participants, namely: (1) Outreach Foundation[7] (Appendix D), and (2) my own social networks. I distinctly discuss the periods of data collection for this study below.

3.3.1. Prior to the COVID-19 pandemic period

Prior to the COVID-19 pandemic, I accessed initial participants through the Outreach Foundation, an organisation in Hillbrow that offers social work and related services to young people, including internal and cross-border young migrant men in the wider Johannesburg inner city – although with an emphasis on Hillbrow. My connection with the Outreach Foundation began when I was in my first year of studying for my social work degree at Wits University in 2012. During our coursework-related visits to the organisation, I met key staff members and began building relationships that continued to grow throughout my time as a student.

As part of my PhD research at the African Centre for Migration and Society (ACMS), I participated in various academic and organisational activities, including conferences, outreach programs, and seminars. One such activity was a monthly Psychological Rights Forum[8] where ACMS and Outreach Foundation were members. Leveraging my relationships with Outreach Foundation staff, who served as key contacts, I presented my PhD study to them and requested their assistance in identifying potential participants.

Following my request, I submitted a formal proposal, which was approved within a few weeks (Appendix D). This approval allowed me to participate in Outreach Foundation's programs that focused on young migrant men, facilitating my recruitment of initial study participants. Outreach Foundation also provided me with a venue for face-to-face interviews with initial participants. I met a few participants at a venue within Wits University, which was within walking distance for participants, thus eliminating the need for financial assistance for transportation.

To increase the number of participants, I also employed snowball sampling. The central advantage of snowball sampling was accumulating more data, which could have been difficult

[7] https://outreachfoundation.co.za/wp/
[8] https://www.facebook.com/PsychoSocialRights/

with only purposive sampling and the given timeline. I asked initial participants to suggest additional potential participants (Farrugia, 2019; Moser & Korstjens, 2018). Some participants referred me to others, most of whom agreed to be interviewed. However, the main disadvantage, as noted in other studies, was that most participants knew each other and shared similar social circles, which could have led to potential influence or bias (Browne, 2005; Navarrete et al., 2022).

3.3.2. During the COVID-19 pandemic period

The COVID-19 pandemic, which emerged in late 2019 and escalated into a global crisis by early 2020, profoundly disrupted my activities for this study. The pandemic restricted my ability to conduct fieldwork and caused me significant personal challenges, both psychologically and socially. The South African government's lockdown measures, implemented in March 2020 (IOM, 2020a), made physical access to participants impossible due to both the virus risks and imposed restrictions.

The pandemic's impact on my current study's fieldwork was immediate and substantial, similar to the experiences of other researchers globally (Enoch et al., 2023; Webber-Ritchey et al., 2021). The initial strict lockdown restrictions effectively halted all in-person data collection (Hunersen et al., 2021). I had to abandon my plans to conduct semi-structured face-to-face interviews with participants due to the risks posed by the virus. While the shift to remote communication methods initially seemed promising, it proved challenging, as I will discuss further in the data collection section.

The South African lockdown measures were necessary to curb the virus's spread but had a profound impact on both my current study and the lives of the study's participants. The pandemic led to widespread job losses and income insecurity, particularly affecting vulnerable groups like young migrant men, aligning with broader observations of the pandemic's disproportionate impact on marginalised communities (Mbeve et al., 2020; Sengupta & Jha, 2020). As shown in other studies, some of this study's participants also had to juggle working from home and managing their daily lives, including participating in interviews, which impacted scheduling of, and maintaining focus during interviews (Enoch et al., 2023; Webber-Ritchey et al., 2021).

The pandemic necessitated my adaptation of the research methods for the current study and exploring alternative approaches to data collection, a requirement shared by many researchers

(Hunersen et al., 2021; Webber-Ritchey et al., 2021). I transitioned to phone interviews (direct calls, rather than WhatsApp), which also required adjusting the participants recruitment methods. I relied more on personal contacts, within my social network, for participant referrals and continued using snowball sampling.

My personal contacts included colleagues who either (1) lived in Johannesburg inner city at the time, or (2) had lived there long enough to develop a network of contacts within that context. At the time of this thesis, I had spent more than 10 years in Johannesburg and established a network of long-term colleagues and friends who have their own social networks. This network helped me to identify potential participants. In total, I accessed participants through three personal contacts when the COVID-19 lockdowns began. These contacts were my colleagues who had studied and completed their degrees at the University of the Witwatersrand and whom I had known for at least four years. At the time of their involvement, my personal contacts were working outside the university and living in flats in Johannesburg inner city, near to Gandhi Square[9].

3.4. Inclusion and exclusion criteria

The inclusion criteria for this study were as follows:

- Aged 18-30 years
- Lived in Johannesburg inner city for at least six months
- Heterosexual men
- Migrated from Zimbabwe or from outside Johannesburg
- Identified as economic migrants
- Could communicate in English, Shona, Ndebele, or IsiZulu

The exclusion criteria were:

- Individuals younger than 18 or older than 30 years
- Individuals who had lived or worked in Johannesburg for less than six months
- Students

[9] A plaza located in Johannesburg CBD named after Mahatma Gandhi.

3.5. Research population and sample

The research population comprised both South African and Zimbabwean heterosexual men aged 18-30 years. This is a highly mobile population within SADC, primarily migrating to Johannesburg inner city (IOM, 2021a; Mathekga, 2022; Rupiah, 2022; Statistics South Africa, 2023). The study's sample included both cross-border and internal migrants to challenge the limitations of methodological nationalism (Drangsland, 2020; Landolt et al., 2022) and embrace methodological cosmopolitanism, recognising the interconnectedness of global migration and the diverse experiences of migrants within a shared society (Drangsland, 2020; Landolt et al., 2022). This approach highlights the contributions of both types of migrants, moving beyond the traditional focus on cross-border migration alone (Castañeda, 2022; Drangsland, 2020).

This study's participants were aged 23-30, a range determined by participant accessibility when I was conducting the study. A limitation of this sample was that it only included the perspectives of the men themselves and did not engage other demographics, including key informants, who may have provided different insights. Participants also held certain views that sometimes, objectified women, which is not desirable in some settings. Nonetheless, focusing on this sample was a strength, as it allowed me to conduct a detailed examination of young men's perspectives, contributing to the existing knowledge on well-being, SRH, and migration.

The sample consisted of 22 young economic migrant men: 11 Zimbabweans and 11 South Africans. Below, table 2 and 3, briefly describe the demographic information of the participants, starting with the South African young migrant men.

Table 2: South African participants' (n=11) demographic information.

Name	*Age*	*Place of origin*	
Marvin	29	Rabali, Limpopo	Rural
Tshepo	30	Gaba, Limpopo	Rural
John	27	Clare, Mpumalanga	Rural
Jabulani	26	Breyten, Mpumalanga	Rural
Nkosi	29	Mpumalanga	Rural
Lethabo	26	Mpumalanga	Rural
Siyabonga	29	eThekwini (on its rural periphery), KwaZulu-Natal	Rural

Kungawo	28	KwaZulu-Natal	Rural
Senzo	28	King William's Town, Eastern Cape	Rural
Sipho	25	Eastern Cape	Rural
Bandile	30	Eastern Cape	Rural

Table 2 above shows that South African young economic migrant men in this study were aged between 25 to 30 years. Four participants' province of origin was Mpumalanga, three from Eastern Cape, two from Limpopo and another two from KwaZulu-Natal. South African participants originated largely from rural areas.[10] Below is a table providing overview information about the Zimbabwean economic young migrant men:

Table 3: Zimbabwean participants' (n=11) demographic information.

Name	*Age*	*Place of origin*	
Themba	28	Bulawayo	City
Khaya	30	Bulawayo	City
Bangi	25	Bulawayo	City
Mthokozisi	30	Cowdry Park, Bulawayo	Township
Tinashe	29	Glenview, Harare	Township[11]
Munya	26	Harare	City
Tendai	23	Mbare National, Harare	City
Andile	26	Dzivarasekwa, Harare	Township
Troy	27	Kwekwe	Town
Andrew	30	Kwekwe	Town
Tanaka	28	Chinhoyi	Town

As shown in the above table 3, the Zimbabwean participants were aged 23-30 years. Compared to South African participants, the Zimbabwean young migrant men were from several urban

[10] In a South African context, a rural area refers to sparsely populated areas where the main economic activity is farming, which they rely on. Rural areas are also characterised by low infrastructural development, most major structures such as clinics and hospitals are at a long distance from the residential areas (Mubangizi, 2023).

[11] Usually used to refer to underdeveloped settlements, which mostly are found in urban boundaries and are commonly residential areas for those with lower economic status. Although this has changed over years, to the areas being the main residential areas for people with diverse economic status. Most townships have a similar history where during colonialism workers were forced to live in these residential areas, near their working places (see Pernegger & Godehart, 2007; Philip, 2014).

areas in Zimbabwe. Four of them were from Bulawayo, another four from Harare, two from Kwekwe, and one from Chinhoyi. Despite the difference in places of origin, for Zimbabwean and South African migrant men, many of the experiences of the participants were similar. I provide more detailed information about each participant in Appendix A.

3.5.1. Data collection

I collected the data for this study using semi-structured one-on-one interviews. I designed an interview schedule (Appendix B) with a set of initial questions, and then I used participants' responses to probe further (Kumar, 2020). This approach allowed me to collect rich data by encouraging participants to reflect on their experiences and sexual decision-making (Creswell, 2009; Ollerenshaw & Creswell, 2002). Each interview lasted between 45 and 60 minutes, except for one participant, with whom the conversation extended to nearly 90 minutes. The in-depth interviews were crucial for achieving my current study's objectives by providing a deeper understanding of participants' experiences within their contexts.

The major challenges that I encountered during face-to-face interviews included finding suitable venues and scheduling convenient times. We often had to rescheduled or canceled the interviews due to difficulties in finding mutually agreeable times, as many participants worked during the day and were available only late in the evening. However, face-to-face interviews allowed me to observe participants' non-verbal communication, which was valuable for probing. Additionally, these interviews were cost-effective, as they did not incur expenses for airtime or transportation, and were conducted in accessible venues within walking distance.

I conducted most interviews telephonically, which had several advantages. Given the nature of the interview questions, some participants might have felt more comfortable speaking freely over the phone, without the pressure of face-to-face interaction. This facilitated more open responses due to the absence of eye contact. Telephonic interviews were also more convenient as they could be scheduled during participants' free time, typically after 17:00hrs, eliminating the need for travel for both parties.

However, telephonic interviews presented some challenges: they were more costly compared to face-to-face interviews due to the need for airtime[12]. I also encountered issues with audio recording; using the same cellphone for both conducting and recording the interviews led to

[12] Airtime was required for me only, not the participants since I was calling them on direct calls. They did not need data to connect.

interruptions from incoming calls, resulting in lost audio segments. Additionally, some participants had low voices or faulty cellphone microphones, making it difficult to obtain clear recordings.

Furthermore, unstable mobile network connections occasionally disrupted audio recording, leading to loss of some participant responses. Although I attempted to ask participants to repeat missed information, this occasionally led to incomplete data. It was also challenging for me to maintaining participants' focus, as they often requested breaks or wanted to leave the interview early. This sometimes resulted in interruptions, segmented interviews, or rescheduling. Lastly, the inability to observe non-verbal communication meant that I missed on opportunities for probing based on participants' physical cues.

3.5.2. Data analysis

In this study, I conducted the data analysis using Braun and Clarke's (2006) thematic data analysis method. After completing the audio-recorded interviews, I hired a transcriber to produce verbatim transcripts. I asked the transcriber to sign a contract that required them to protect the identities of the participants and refrain from sharing any information about what the participants said outside of this study, thereby ensuring the confidentiality and anonymity of the participants, as I discuss further in section 3.8. A risk that was associated with having the data transcribed by someone else is that the transcriber could misinterpret or slightly misrepresent the data. To mitigate this risk, I re-listened to the audio recordings and verified that the transcripts accurately reflected the recordings.

I used an inductive thematic data analysis approach, as my goal was to develop rather than test or support existing theories. Inductive analysis involves starting with evidence to build theories, explanations, or interpretations that elucidate aspects of the evidence (Willson, 2019).

For the current study, I followed a six-step approach inspired by Braun and Clarke (2006) for conducting thematic data analysis. This approach is well-suited for understanding experiences, thoughts, or behaviours across the dataset (Kiger & Varpio, 2020). The steps that I followed are: (1) familiarising myself with the data, (2) generating initial codes, (3) searching for themes in the data, (4) reviewing themes, (5) defining and naming themes, and (6) producing this final thesis (Braun & Clarke, 2006; Kiger & Varpio, 2020; Willson, 2019). In table 4 below, I summarise my execution of these six steps.

Table 4: Thematic analysis process.

Step	Activity
1	a. Synchronising interview audio files with transcripts. b. Cleaning, reading, and rereading transcripts. c. Starting first level coding.
2	a. Systematically noting, highlighting[13], interesting features of, and collating data.
3	a. Collating initial codes into potential themes. b. Gathering all thematic relevant quotations, from the transcripts.
4	Revising, to ensure that quotations that I selected best represented respective themes and entire data set.
5	Revising what each theme conveyed.
6	Writeup

As I conducted the six steps (table 4), I followed a system of coding which assisted me in effectively generating the codes presented as findings in the write up (step 6).

3.5.3. Coding

Thematic data analysis involves identifying and analysing patterns within the data to reveal overarching themes that reflect participants' lived experiences (Williams & Moser, 2019). Codes, which are words or expressions, capture the essence of the data and ensure that the analysis remain grounded in the participants' own words and perspectives (Williams & Moser, 2019).

Thematic coding in this study followed a three-stage process: open coding, axial coding, and selective coding (Williams & Moser, 2019; Willson, 2019). Open coding involved me thoroughly examining the transcripts, field notes, and interview observations to identify initial concepts and themes (Willson, 2019). This process facilitated my deep understanding of the data and ensured the accuracy of the transcripts. I built upon the initial themes using axial coding by connecting them to broader categories and exploring their relationships (Flick, 2005; Williams & Moser, 2019; Willson, 2019). This stage included identifying key concepts such as participants' reasons for migrating, their experiences in Johannesburg inner city, and the interplay between their economic aspirations and sexual decision-making.

In the final stage, selective coding, I focused on refining and integrating the themes into a coherent narrative (Williams & Moser, 2019). This involved organising the themes into a table

[13] Using Microsoft Word highlighters.

(for example table 5 below) with supporting quotations from the interviews to illustrate the connections and relationships between the identified concepts. This process provided me with a comprehensive and nuanced understanding of participants' experiences and the factors influencing their sexual decision-making within the context of migration.

Table 5: My coding example.

Overall initial theme	***Initial sub-theme***	***Selected quotations***
Johannesburg inner city influencing young men to live for a purpose	Young migrant men's new adopted socioeconomic values	*So, I am here for a purpose which I want to fulfil without any negative consequences and that influences my way of thinking and engaging in certain behaviours, such as sex, I have to think about the social implications, my purpose in Johannesburg and the consequences that come with fulfilling those sexual desires and that influences me to decide carefully about engaging in sexual activities* (Senzo, South African).
		…I was in the Eastern Cape during December but I didn't decide on having sex, my mind was in Johannesburg where I have goals which I want to achieve, so deciding on having sex with people from home wasn't really something I could think of. I know it won't take me anywhere so I would rather do something I would benefit from (Sipho, South African).
		There is a lot happening in Johannesburg… Joburg doesn't

		sleep Yoh guys, like we talking economic activities (Munya, Zimbabwean).

3.6. Trustworthiness

In this study I prioritised trustworthiness, which is a critical element in qualitative research that ensures the validity and reliability of findings (Korstjens & Moser, 2017). Trustworthiness in this context is about demonstrating rigor and credibility in the research process rather than achieving absolute objectivity (Porter, 2007). My goal was to ensure that findings are grounded in participants' experiences and I presented them transparently. Given the sensitive nature of the questions, particularly those related to participants' sexual lives, building trust was paramount. To address potential socially desirable responses or reluctance to share personal information (Nancarrow et al., 2021; Bispo Júnior, 2022), I implemented several strategies to enhance data trustworthiness.

Prolonged engagement with the Outreach Foundation prior to the COVID-19 lockdowns provided me with valuable insights into participants' experiences and fostered trust. This immersion allowed for rapport building with individuals involved in supporting the participants, enhancing the credibility of the data that I collected. Regular supervision and field notes facilitated my critical reflection on potential biases and ensured that my analysis aligned with research objectives, contributing to data accuracy and validity.

To enhance the transferability of the findings, I provide in this thesis, a comprehensive description of the study site (see background section of this thesis, section 2.2.) and participants, including details about their characteristics, socioeconomic, and cultural context (see Appendix A). This rich description allows readers to assess the potential applicability of the findings to similar contexts and populations (Korstjens & Moser, 2017; Sergi & Hallin, 2011; Younas et al., 2023). While qualitative research is inherently subjective, providing detailed context increases the potential for transferability and strengthens the study's trustworthiness (Austin & Sutton, 2014; Toma, 2000; Younas et al., 2023).

3.7. Reflection and reflexivity

Mostly, in qualitative research, the researcher plays a significant role in constructing meanings throughout the research process, making qualitative research inherently subjective (Austin &

Sutton, 2014; Toma, 2000). For this study, by reflecting on my role, personality, identity, power, and voice, I offer insights into how these factors influenced my analysis and interactions with participants (Corlett & Mavin, 2018).

As a Zimbabwean young man conducting interviews, my identity influenced the process. Zimbabwean participants perceived me as an insider researcher, even though this was not explicitly stated. An insider researcher shares the same identity and cultural understanding as the participants (Kerstetter, 2012). In the current study my identity facilitated gaining participants' trust but also led to expectations that I would fully understand their cultural references and experiences. Participants compared the flexibility of Johannesburg inner city's culture, which they associated with high-risk sexual behaviours, to their home culture, which they valued for its restrictive nature. This comparison influenced their responses, revealing insights into their perceptions of cultural differences in sexual decision-making.

Conversely, my experience with South African participants was different. Despite my extensive work with South African young people and familiarity with their contexts, I found that South African participants often queried my understanding of their experiences based on my non-South African identity. This dynamic may have affected the study's findings (Corlett & Mavin, 2018; Orr & Bennett, 2009). Some participants generalised experiences across Johannesburg inner city, viewing them as uniform regardless of one's origin, suggesting a dynamic perception of my identity (Cousin, 2010).

Additionally, my gender identity as a man may have influenced participants' interactions, potentially affecting their willingness to discuss sensitive topics that challenged traditional masculinity norms. This could have led to a skewed perspective, as participants might have felt pressure to conform to certain gendered expectations. That is offering socially desirable responses (Bispo Júnior, 2022).

Reflecting on these dynamics allowed me to refine my approach, improving my probing questions and enhancing the richness of the data that I collected.

3.8. Ethical considerations

Researchers are obligated to protect participants' life, health, dignity, integrity, right to self-determination, privacy, and confidentiality (Fisher, 2012; Korstjens & Moser, 2017; Pietilä et

al., 2020). In this study, I ensured informed consent, voluntary participation, no harm, anonymity, confidentiality, and no deception.

I informed the participants about the study's aim, the nature of the interviews and data analysis (Zhang, 2017), as well as that audio recordings would be transcribed by a research assistant. I also made them aware of the presence of three supervisors who would access the data. I further informed participants about the interview duration and scheduling. Providing this information ensured transparency and prevented deception (Sobottka, 2016). After their full understanding of the study and agreeing to participate, some participants signed consent forms, while others provided verbal consent.

Participation was voluntary, with no direct benefits offered. I also ensured participants that they could withdraw from the study at any time without consequences and could choose not to answer specific questions. To minimise harm, especially psychological, I provided access to a psychologist for support if needed (Appendix E). Only one participant expressed concerns about psychological harm, and I directed him to the psychologist.

I protected participants' anonymity and confidentiality by using pseudonyms and excluding identifying details from transcripts (Korstjens & Moser, 2017). However, I acknowledge that despite efforts to maintain confidentiality, some risks remained even with anonymisation (Korstjens & Moser, 2017; Sanjari et al., 2014). I asked the participants for permission to use their quotations when writing up this thesis. Furthermore, I ensured the protection of the interviews both audio and transcribed, by using password protection. The study was ethically approved by the University of the Witwatersrand's Human Research Ethics Committee (Non-Medical), protocol number: H18/11/32.

3.9. Study limitations

I collected the data for this study during the peak of the COVID-19 pandemic. I had intentions to interview a larger sample, it was difficult to recruit and interview more participants than 22, during this time, as discussed earlier.

Another limitation of this study could be that I used once-off interviews for data collection. While these interviews were sufficient for the present study and offered rich insights into participants' experiences and perceptions, it would be beneficial for a further study on this topic to use other methods such as ethnography or also utilise follow up interviews.

Furthermore, while it was my intention in this study, I interviewed only male migrants, but this may have affected the findings, as I have also highlighted in the reflexivity. It would have been necessary to also interview service providers to hear their perspectives in relation to the topic. This would have improved the richness of the findings and deepened the understanding of young migrant men's framing of their sexual decision-making within the migration phenomenon.

3.10. Conclusion

In this chapter, I discuss the various research methods that I employed for my study, providing a comprehensive overview of my approach to data collection and analysis. I start the chapter by outlining the research design (qualitative research) and paradigm (pragmatism), which set the foundation for the methodological choices that I made throughout the study. I provide a discussion of sampling strategies (purposive and snowball), including the shifts that I had to make, necessitated by the COVID-19 pandemic. In this, I demonstrate the adaptability required to maintain research integrity during unprecedented times.

I detailed the criteria for inclusion and exclusion, ensuring that my research population was appropriately defined. In the subsequent sections on data collection, analysis, and coding, I illustrate the meticulous process that I employed to manage and interpret the data, reinforcing the rigor and reliability of my findings. I emphasise trustworthiness as a critical component, supported by my reflections and reflexivity, as well as the ethical considerations that I adhered to throughout the study.

Additionally, I address the limitations inherent in my research design, acknowledging potential areas for improvement and the impact these limitations may have on the generalisability of my findings. By encompassing these diverse elements, I have laid a solid foundation for the ensuing analysis and discussion, setting the stage for a deeper exploration of my findings in the subsequent chapters.

Chapter 4: Findings: Socio-cultural sexual decision-making mediators

4.1. Introduction

In this study I explore the mediators of sexual decision-making among Zimbabwean and South African economic young migrant men living in Johannesburg inner city. This study is significant as it sheds light on the interplay between migration, economic vulnerability, gender, and SRH in a high migration and mobility context. This chapter marks the beginning of the two chapters in which I discuss the study's findings[14]. All the findings in this study address the main aim. In this chapter, I demonstrate the role played by various sociocultural factors in mediating young economic migrant men's sexual decision-making. Additionally, the chapter lays the foundation for the findings that I further discuss in Chapter 5, which focuses on participants' economic ambitions and opportunities in Johannesburg inner city. These ambitions and opportunities reciprocated with their sociocultural mediators.

The two findings chapters highlight a blend of social adjustments and changes, influenced by migration, or having migrated, that happen within a context of economic pursuit for young migrant men, as well as how these are strong mediators of sexual decision-making. All the themes and sub-themes that I discuss in the both findings chapters are summarised in Appendix B.

The current chapter's central argument is that while economic ambitions often similarly encourage both internal and cross-border migrant men's caution as well as restraint regarding sexual behaviours, the sociocultural influences – both from their home cultures and Johannesburg's inner-city environment – create a tension between traditional values and newfound independence, leading to varied sexual choices. These choices range from being more SRH-cautious to engaging in high-risk sexual behaviour due to increased opportunities for sexual engagement in the city.

This chapter contributes to the overall thesis by reinforcing the idea that sexual decision-making is not driven by one-dimensional factors but is a nuanced process shaped by a combination of economic motivations, cultural backgrounds, and the urban environment. The participants' narratives illustrate how the intersection of gender expectations, cultural

[14] Additional findings from this study were published elsewhere as a book chapter (Mbeve et al., 2022).

influences, and economic vulnerability ultimately affects their SRH outcomes, supporting the broader thesis' argument that these sociocultural and economic mediators are critical in understanding sexual health behaviours among young migrant men. The chapter highlights how independence and urban living can both challenge and reinforce traditional sexual norms, contributing to the thesis' exploration of how these factors shape SRH outcomes. I begin the current chapter with an overview of the study participants (detailed demographic information about the participants is in Appendix A).

4.2. Overview of the participants and research findings

In this study I interviewed a total of 22 participants (11 South Africans and 11 Zimbabweans). The age range of the participants was 23 to 30 years. Among all the participants, the shortest period of time any of them had lived in the Johannesburg inner city was two years, while the longest was 14 years.

In this study I feature a diverse group of young South African and Zimbabwean migrant men who had made Johannesburg inner city their home and/or work place. Each participant brought a unique story, shaped by their individual backgrounds and experiences of migration. Some, like Themba and Khaya, moved from Zimbabwe seeking better economic opportunities, leaving behind families and cultural norms. Others, like Marvin and Tshepo, came from different parts of South Africa (see also Appendix A), each with their own motivations for settling in the Johannesburg inner city.

The participants' lives in Johannesburg were a blend of challenges and opportunities. They navigated the complexities of urban life, juggling demanding jobs and the pursuit of their dreams. While some, like Themba, prioritised their economic goals over romantic relationships, others, like Bangi, strived to balance their career aspirations with their personal lives. The city, with its vibrancy as I discussed earlier, offered new experiences and freedoms, influencing their perspectives on intimate relationships and sexual health.

In this study I provide a glimpse into the lives of these young men, showcasing their resilience, aspirations, and the unique paths they were forging in the vibrant and challenging environment of Johannesburg inner city (see Appendix A for more details). Each participant's story offers a valuable insight into the diverse sexual experiences of young South African and Zimbabwean migrant men in the modern urban landscape.

Since this study's participants included both internal and cross-border migrants, it would generally be expected that their experiences in Johannesburg inner city are different. This expectation is supported by earlier discussions in this thesis, which highlight how factors such as a migrant's legal status, particularly documentation, and various forms of xenophobia are central to the experiences of cross-border migrants in South Africa (Crush et al., 2021; Crush & Tawodzera, 2014; Maringira & Vuninga, 2022). In contrast, internal migrants may be less likely to encounter these challenges, as they are more likely to possess a national identity document (ID), speak multiple local languages, and be readily identifiable as South Africans by members of the host community and by law enforcement officials, who may otherwise exhibit xenophobic attitudes.

Interestingly, however, the findings of this study reveal more similarities than differences, for internal and cross-border migrants, particularly regarding sexual decision-making. The differences that emerge by nationality are mostly related to how men access and engage with sexual healthcare services. Nonetheless, although documentation and xenophobia issues could be potential barriers that would negatively affect the sexual health of young migrant men, they did not appear to play a significant role in this study. Many cross-border migrant men in the study were able to afford and access sexual health services through the private sector, including clinics, retail outlets, and spaza shops, where they purchased contraceptives. These nuances are further explored in the forthcoming discussion of the findings.

4.3. "*Culture in Zimbabwe* [and in a South African home of origin] *is very good culture…*"

In this study, culture emerged as a central theme in shaping the identity and sexual decision-making of participants. In this theme, I lay the foundation for understanding the study's further findings. I show that, although participants had varying understandings of what culture meant to them, they all, despite nationality, consistently emphasised or recognised the importance of preserving the cultural heritage of their home of origin. They perceived this heritage as a crucial aspect of their identity and sense of belonging, which significantly influenced their sexual decision-making. The theme illustrates the complex interplay between cultural heritage and the realities of urban life, highlighting how migrants navigate their cultural identities in new social contexts.

Participants framed culture as an aspect of their life that significantly influence their identity, sense of home, and history. Some felt a strong desire to preserve the cultural heritage of their home of origin. However, the participants did not have a similar understanding of what they meant by 'culture.' They provided different interpretations that fitted into their daily experiences. Commonly, though, participants recognised that there was a difference in culture between their home of origin and Johannesburg inner city. This difference played a role in mediating their sexual decision-making. Most participants reported that, compared to the culture of their home of origin, the culture of Johannesburg inner city suggested that they could freely participate in any sexual behaviour of their choice, which some of it can be categorised as high-risk. For example, Tanaka compared his experience of Zimbabwean culture with that of Johannesburg inner city in relation to sexual engagement. He described Zimbabwean culture as discouraging young men from engaging in sexual intercourse, until they reach a certain age:

> *…in Zimbabwe there is a certain age where one can indulge in sexual activities, but not as students. We did have sex with girls at school but as being mischievous. When you are older in age and after finishing school or university that's when you have sex. Culture in Zimbabwe is a very good culture; it actually encourages young man to reach at least the age of 25 without having sex.*

Tanaka highlighted that Zimbabwean culture has a set of shared and enduring values and beliefs. These values and beliefs characterised what he understood to be a national norm with regards to intimate relationships and engaging in sexual intercourse. These included reaching a demarcated and acceptable age (+/-25), and educational status (after one is no longer a student), before one could engage in sexual intercourse. However, this seemed to be particularly applicable to heterosexual men, and not women. Furthermore, it seems it was mutually agreed upon and participants celebrated this norm, as Tanaka emphasised, when he said *"culture in Zimbabwe is very good culture…".* In this sense, it was believed that the culture was followed by virtually all members of society.

Nonetheless, Tanaka and other participants in this study may have also been subscribing to a realm culture in which members secure their belonging and acceptance in a group or society by fulfilling its expectations, duties, and social statuses (Schein, 1991). For example, they may seek to fit well into the social structure as Zimbabweans and as family members. However, for Tanaka, it seems this fulfillment was not always practiced, but only acknowledged at times. So, perhaps he had to be careful in recounting his public narrative in settings such as this study's interview.

Thus, he was performing "front stage" by narrating in the interview a discourse viewed as acceptable about his culture in relation to sex and intimate relationships. "Front stage" in this regard refers to behaviours and beliefs we perform because they are acceptable by the general society. However, they do not necessarily mean they reflect who we are in our back stage, and private environment, as discussed in Goffman's front stage and back stage behavioural theory (Cole, 2018). Thus, the front stage in Tanaka's narrative can be viewed as what he had always known about his culture. Thus, he could talk positively about it, to express conformity to his origin. Yet, for few other participants, there was tension when he spoke about his sexual behaviour and adhering to his culture.

Tanaka explained earlier that he, and possibly his friends and peers, were aware of the 'good culture', that they should not engage in sexual intercourse earlier than allowed. However, they still engaged in it, as he said, "*we did have sex with girls at school but as being mischievous."* Therefore, he explained it as mischief since it was culturally unacceptable. While he expressed it this way, most of the other participants still described being at home as being bound by a culture that appeared to protect their SRH by instilling strict measures that could enhance their sexual decision-making or related behaviours. Some participants felt the need to adhere to their home culture, when they were still back home. Andile framed his belonging as being secured by following certain social norms, such as having to fit into certain age categories (such as being older than 18) or having to explain to parents or grandparents before deciding to attend social gatherings like going to clubs:

> *…in Zimbabwe, you go to the club, and before you even think of going there you need to explain at home to your parents or grandparents that where are you going, even if you are more than 18 years old or maybe above 21 years old, you need to explain where you are going, why are you going there to do what?*

From a cultural analytical perspective, the system of social interaction described by Tanaka shows the value assigned by the social structure to parental presence as well as parent-child communication, and their role in mediating young people's sexual decision-making. Although there is evidence of the need for more research with a specific focus on young migrant men in Johannesburg, there are several studies that have focused on these roles in the SADC region (Agudile et al., 2020; Ndugga et al., 2023; Usonwu et al., 2021). In these studies, parental control and parent-child communication have been perceived as crucial in mediating young people's sexual decision-making. Additionally, some research findings have argued that it

enhances healthy sexual behaviours, including sexual abstinence (Chiweshe & Chiweshe, 2017; Maziwisa, 2021).

Conversely, other studies have demonstrated that some of the strict parental control in Zimbabwe on their children's sexual behaviour, could be perceived as undermining their SRHR (Lanham, et al., 2021). For example, some young people may have not received information about the importance of and use of PrEP. This may be due to fear of their parents connecting PrEP to sexual involvement, therefore discouraging their children to buy or access PrEP as a way to prevent them to engaging in sex (Lanham, et al., 2021; Macapagal et al., 2020). Similarly, in comparison to the Zimbabwean young migrant men in the study, I found that some young of the South African migrant men experienced what they viewed as strict parenting from their home of origin. This finding suggests that both internal and cross-border migrants remained influenced by parental control, which shaped their sexual decision-making but this is complex, as the nature and impact of this influence varied. For example, John (South African), explained:

> *"I come from a very strict* [parental] *background and now when I got to the city, I had freedom to do just about anything, sexual, being that plays a huge role in my sexual decision making."*

John's quotation continues to show that parental control before migration instilled certain sexual behavioural boundaries. Some participants, as indicated in the earlier quotations in this theme, either maintained or negotiated differently once in Johannesburg inner city. However, this is not to make a general claim that all parents shaped favourable SRH outcomes, instead it would be more accurate to state that some participants actively chose to uphold certain cultural or moral expectations instilled during childhood, which they associated with responsibility and positive SRH practices.

Others, however, as John indicated in the above quotation, framed their migration as a turning point enabling them greater autonomy, which sometimes resulted in more experimental or risk-prone sexual behaviours. This underscores the complex and often ambivalent role of parental influence, rather than suggesting a uniform or universally positive effect.

In John's quotation, above, there is a sense of what has been discussed in the literature review earlier, that owing to its significant vibrancy, Johannesburg can be viewed as a place in which there is a feeling of freedom in choices and behaviours for young migrant men (Abrahams &

Everatt, 2019; Lewis & Zack, 2022; Onoya et al., 2021; Yeo et al., 2022). In this sense John felt that in Johannesburg, he had the freedom to do anything that he wanted. This included sexual encounters, which he described as playing an important role in his sexual decision-making. In this sense the culture in Johannesburg is contrary to that at home, which is more restrictive. Notably, the freedom that young migrant men experienced in Johannesburg's inner city had the potential to influence risky sexual behaviours. This freedom could lead to experimentation, misuse of their decisional power to control partners, and a degree of naivety regarding the risk of acquiring STIs, as further discussed under the sub-theme 'Gendered space' in Chapter 5 of this thesis.

My findings demonstrate that young migrant men's sexual decision-making was also shaped by their fear of not being accepted by their family and home culture if they did not respect their parents' guidance. However, various other studies conducted in South African rural areas, such as KwaZulu-Natal, suggest that parents may not always provide relevant or correctly-informed SRH guidance (Knight et al., 2023; Vukapi, 2020). Some studies demonstrate that some parents in KwaZulu-Natal and other African rural areas, such as in Nigeria, might be present and willing to provide appropriate guidance. Yet, they may not have adequate and correct knowledge concerning SRH. Therefore, they may lack confidence to speak to and guide their children (Knight et al., 2023; Mason et al., 2022). Additionally, some studies have shown that poor SRH child-parent communication often forces children to find their own ways, sometimes risky, to navigate these issues on their own (Nattabi et al., 2023; Ndugga et al., 2023; Mullis et al., 2021).

However, this study's findings suggest that general cultural expectations, although lacking in detail, instill a sense of fear and respect in young people in rural areas. This encourages them to avoid engaging in sexual intercourse at a younger age, regardless of the relevance or accuracy of the information they receive from their parents and other community members. Another way that culture influenced some of the participants' sexual decision-making was when they found Johannesburg inner city's context welcoming or familiar, as it was similar to the culture of their home of origin. The familiarity of social systems such as music, food, clothing, and language made it easy for them to adjust to Johannesburg's inner city, as reported by Bangi (Zimbabwean), below:

> *...my experience has been fine, as someone who spoke or grew up speaking Ndebele, I found it much easy to adjust to Johannesburg city life, in a city where most people spoke*

> *Zulu, so I managed to adjust. Ah, compared to home, there hasn't been much of a difference because in Bulawayo we borrow a lot of cultural stuff from Johannesburg. So, it was more or less (…) a smooth transition.*

For Bangi, a context with a similar culture, where common language and norms existed thus, between Bulawayo and Johannesburg's inner city, became a pathway that enabled easier integration, similar to the experience of internal migrant men. This contrasted with the experience of encountering a hostile host community (Blynova et al., 2020; Ezennia & Mutambara, 2021; Mironova et al., 2021; Rammala, 2020). Although from a socio-psychological perspective, they contributed to easier integration, these also became controls acting as important social values (InterAction, 2020; Jessor et al., 2003; Zuma et al., 2020). These social values promoted more stable and healthier sexual decision-making for Bangi. Khaya (Zimbabwean), as indicated below, explained the extent he felt Johannesburg inner city did not appear as a different context from his home of origin, Bulawayo. However, he still had to adjust, which he called having to "*transition*':

> *I would say there wasn't much transition because Bulawayo culture is sort of the same with Joburg*[15] *culture and the fact that the languages are almost similar. So, there wasn't much of a transition. I felt like I was in a bigger space, seeing Bulawayo as small and Johannesburg as the larger version of Bulawayo, so the transition for me wasn't much. It was just being in a different* [context]*, but which still has the basic principles, like where I come from*.

Khaya's opinion on the ease of transition was common among most of the participants from Bulawayo. They believed that they had limited socio-cultural challenges to overcome to feel as part of Johannesburg inner city population, particularly due to the similarities between Ndebele and Zulu languages. Ndebele is predominantly spoken in Bulawayo, whereas Zulu is the predominant language in Johannesburg inner city (Abrahams & Everatt, 2019; Dube, 2017). However, other participants highlighted that Johannesburg inner city had a different social context compared to their homes. This finding emerged from participants whose home of origins were Harare, Kwekwe or Chinhoyi. Munya (Zimbabwean), who was from Harare, explained below:

> *Even if you tell them that I am not from here like uh they will just keep on insisting they will want to talk to you in vernac* [meaning a local language] *and there is this thing of umm you know like we just like people, like I do not think it's like hatred, but I think it's like uh different people like they don't understand us* [migrants] *maybe. Yeah, they just*

[15] Shortened to mean Johannesburg.

> *have these things like, I do not think maybe sometimes it is not intentional it's unintentional, but there's this like hatred to people from other countries.*

Munya reported feeling socially disconnected, primarily due to language and cultural differences. This sense of disconnection was not commonly reported among internal migrants in the current study, highlighting a key distinction in the experiences of cross-border migrants in Johannesburg inner city. Munya's challenges appeared to be shaped by subtle forms of xenophobia, although he did not explicitly name them as such. He described interactions with South Africans that involved negative attitudes towards migrants and being spoken to in local languages, despite only understanding English.

Munya's challenges can be connected to issues of access to SRH services, in relation to how he would engage with, especially local, health service providers in public health services. For example, earlier in the literature review, I have shown that some local health service providers as nurses are already xenophobic through having negative attitudes towards migrants and sometimes preventing them access (Breilh, 2021; Castañeda, 2022; Maheen et al., 2021; Wilhelm-Solomon & Pedersen, 2017). In this sense, Munya, who already did not understand the local language, and had viewed the South African society as less accepting of him because of his background as a migrant, he was likely to experience challenges when trying to access SRH services. Knowing the language differences and anticipating the attitudes of the South Africans as negative, could influence his choices to go to the public health services or not.

While Munya expressed some empathy toward the local population, he also placed the responsibility on them to accommodate him by communicating in English, rather than making an effort to learn local languages himself. This contrasts with findings from other studies, including research on Zimbabwean migrants in South Africa, which suggest that stronger social connections between migrants and host communities can be fostered through cultural adaptation, including language learning (Tarisayi & Manik, 2021).

Nonetheless, the process of working towards socio-cultural integration, required mostly for cross-border migrants, can be strenuous and depressing, resulting in poorer migrants' well-being through negatively affecting their sexual decision-making, as suggested by other scholars (Zeng et al., 2021). In addition, the feeling of exclusion from the mainstream socio-cultural context may affect migrants' access to SRH services, as demonstrated in various countries, including South Africa (Obisie-Nmehielle, 2021; van Wees et al., 2021).

4.4. Disconnection from home and new connections in Johannesburg

The above theme focused on some of the participants' narratives on their allegiance of their home of origin's culture, and how they seemingly described the culture of Johannesburg inner city as being less restrictive in relation to sexual activity. The current theme explores the aspect of participants' socio-cultural disconnection from their homes of origin, which played a crucial role in shaping their sexual decision-making. The discussion is divided into sub-themes that highlight the impacts of: independence, intimate relationships, as well as acceptable behaviours and agency.

4.4.1. Independence

Most of this study's participants were originally from smaller and less vibrant communities compared to that of Johannesburg inner city. The feeling of independence in form of being away from these smaller and seemingly more restrictive communities, in terms of their sexual decisions and behaviours, was expressed by both internal and cross-border migrants. Their home communities consisted of the general community and family members acting as observers, as well as mediators of their sexual decisions. Parents as observers played a crucial role when living with young men in their homes. Khaya (Zimbabwean) explained that at his home he, *"…also stayed with my parents and there is no way that I could go out and have sex… I have never even tried imagining it when I am in Zim* [Zimbabwe]".

In the above quotation, Khaya viewed the presence of his parents, the observers, at home as restrictive to his sextual decisions and behaviours. Yet, compared to when participants were living in Johannesburg inner city, some reported that they could bring multiple sexual partners to their apartments, since there were no observers to compromise them. Talking about Johannesburg inner city context Lethabo noted:

> *You could have any girlfriend you know, its unlike when you at home because there if you bring this girlfriend then your daddy is going to ask like who this is here, tomorrow you can't bring another one you see. But here in Joburg you can do that…* (Lethabo, South African).

Lethabo emphasised the importance of the presence of the parents as observers in his possible sexual choices and behaviours. While at his home of origin there was strict observation, as exemplified by his father who would be actively involved with his sexual choices and behaviours by asking, in Johannesburg this does not exist. Parents at the home of origin seem

to have assisted participants, such as Lethabo, to think about the number of potential sexual partners they could bring home, thereby reducing potential sexual engagements. Although participants could engage in sex wherever, including at their home of origin, parental presence in Lethabo's narrative seem to had offered him an opportunity to scrutinise his sexual decision-making when at home, compared to how he exercised it in Johannesburg inner city. It further seems that Lethabo, as with other participants, feared the social repercussions of casual sex if their parents or other family members were to find out. Lethabo expanded on how family members modeled his behaviour when he arrived in Johannesburg by saying:

> *…I'll give you an example (…) 2013 (…) I managed to get an internship* [in Johannesburg] *I worked there for an entire year and I was staying with my cousin, he doesn't drink. If I tell you I spent the entire year without touching alcohol you know so it's the environment that you in when I'm home I don't even drink* (Lethabo, South African).

Although the above quotation does not directly show how Lethabo's sexual behaviour was modeled by his parents, it offers a point of reference on behaviour modification or change due to the presence of a family member. In fact, the quotation continues to emphasise the role of being observed by the community or family members in young migrant men's decision-making, including alcohol consumption. Later in the interview, Lethabo demonstrated how his current alcohol consumption activities were closely associated with multiple concurrent sexual partnerships, he said, *"…having multiple girlfriends, you don't know what you are doing in the club then tomorrow the next thing they are waking up in your bed"*. Yet I have discussed earlier that alcohol may reduce one's inhibitions and increase their sexual risks including condomless sex (Onoya et al., 2021; Yeo et al., 2022).

Another sense of being observed was felt by participants at a community level in their homes of origin. The population of their home communities was generally considered small, and most participants reported that people in these communities know each other well. Therefore, some participants suggested that at their homes of origin, elders in the community felt a responsibility to guide or advise young people on SRH. Young people received guidance that influenced their sexual decision-making at social gatherings held in their home communities. In these smaller communities, participants felt scrutinised and were cautious in their sexual practices, as Nkosi (South African) said:

> *…at social gathering(s) you know people are open readily open to everyone, small towns people know each other or they conversate [sic] with each other because they*

> *know like a common person basically… so you can't just have sex…* [but in Johannesburg] *you just do it* [sex]*, and you should not be bothered about what they think even, while in that side* [home of origin] *you… more concerned about the old people and what they feel about it.*

In addition, some participants believed that in their small communities back home everyone knew each other, as described by Andrew (Zimbabwean):

> *…Kwekwe is probably the fourth or fifth largest city in Zim it's very small… it's pretty much a city where everyone knows everyone, that's how small it is, I wouldn't know the square metres of the area but it's pretty much smaller than Randburg* [a sub-area of Johannesburg]*, the whole of Randburg…*

As recounted by Nkosi and Andrew above, some participants' sexual decision-making at their home of origin was affected by the size of the community and the sense that all community members knew each other. In Nkosi's quotation, he understood his community of origin as a place where people had conversations that may include openly talking about other community members' sexual behaviours. With this understanding, Nkosi suggested that young people would not want to be spoken of as perhaps sexually immoral or their behaviours as not fitting in with the sexual norms in the community. Young men felt they needed to act in ways that, if their parents heard about it, would reflect well on them and strengthen their relationship with their parents. Andrew's narrative also aligned with Nkosi, who described his community as small, and where community members know each other, a context that seemed to influence sexual decisions to result in safe sexual behaviours.

In the case of Nkosi and Andrew, their community sizes and familiarity between members may have been beneficial for their SRH because, as indicated by previous studies, small communities are intimate spaces, making them conducive to strong social support networks, increased access to resources, and a heightened sense of belonging, all of which are crucial factors in promoting positive mental and physical health outcomes (Goodman-Scott et al., 2018; Zuma et al., 2020). Moreover, participants expressed the perception that being observed by people who knew them influenced their sexual behaviour, aligning with Foucault's (1977) theory of the panopticon. This suggests that the potential for surveillance, even if not explicitly present, created a sense of being watched, leading young men to self-regulate their sexual behaviour.

While, in contrast, Johannesburg inner city offered them space for anonymity and independence in exploring their sexual interests, including engaging in high-risk or safe sexual

behaviour. This is shown in Nkosi's quotation above when he said, *"*... [but in Johannesburg] *you just do it* [sex]*, and you should not be bothered about what they think even..."* In addition to this narrative, Troy (Zimbabwean) described the sexual context in Johannesburg as follows:

> *...when you are in Joburg no one really knows you, you just have a few close friends… from home but everyone else who is around they do not know you. So, the moral aspect of life at times is thrown away because you don't have a grandmother who is going to say to you "don't do this…"*

Just like Troy, most participants in this study suggested that, being free from parents and community members and moving to Johannesburg inner city, influenced their sexual decision-making. Troy, above, further emphasised the cultural liberty and freedom to make sexual decisions without being judged or observed. As I have discussed earlier, Johannesburg is densely populated, large in size, and vibrant (Abrahams & Everatt, 2019; CoJ, 2018). These factors increase the sense that people's sexual choices and behaviours are not monitored (Abrahams & Everatt, 2019; CoJ, 2018; Lewis & Zack, 2022).

However, the concept of morality, as mentioned by Troy above, must be carefully examined. Various scholars have contested what comprises correct and incorrect behaviours as well as morals as context-specific, not fixed (Anderson et al., 2020; Buchtel et al., 2020; Schein, 2020). My findings corroborate Worby's (2010) research on Zimbabwean migrants in Johannesburg, who often distanced themselves from their relatives back home. This disconnection, characterised by limited contact and avoidance of communication, likely stemmed from a desire to escape the influence of traditional norms and values associated with their place of origin. Some Zimbabweans wanted to avoid exposure of what they perceived as immoral behaviour. As demonstrated by Troy above, in my study, what was suggested as immoral were their newly adopted sexual behaviours in Johannesburg. These included engaging in hook-ups as reported by both Bangi (Zimbabwean) and Kungawo (South African) in the following quotations:

> *...the hooking-up aspect… but I wouldn't limit it to people coming outside of the country, people coming from the rural areas to Johannesburg as well, it is also the behaviour that they also adopt because it is what makes a single Johannesburg culture, essentially migrants; international migrants and local migrants coming together and forming a single migrant culture* (Bangi, Zimbabwean).

Kungawo (South African), added below:

> *Like what I am saying, you get to use, or it is much safer to use online dating or hook-ups here in Johannesburg, than back home. Because at home you never known who you might be talking to and it might not be safe, it might be a catfish. So, here* [Johannesburg] *there are more opportunities, and you can meet people that you can engage in sex with. So, in a sense Joburg, moving here to Joburg, opened up those opportunities.*

The above quotations suggest that Johannesburg inner city is a context where young migrant men are free, and can easily engage in online dating and hook-ups. They also viewed this as uniform behaviour in Johannesburg inner city, which Bangi categorised as a *"…single Johannesburg culture…"*. This suggests that a "single Johannesburg culture" is created by both cross-border and internal migrants, away from their home community members and parents. Additionally, some young economic migrant men perceived women at their home of origin as likely to not participate in sexual behaviours, as would those in the Johannesburg inner city, as described by Tendai (Zimbabwean) below:

> *…in Zim, I think it is like hard to do that* [one night stand] *than here* [in Johannesburg's inner city] *... in Zim you cannot just talk to a girl, like it is tough… Because they do not respond or they do not talk to you, so ja, I think that here* [in the Johannesburg inner city context] *they are friendly. Makes it easier* [to initiate certain sexual behaviours]. *Because I feel like it is easier for us…*

Tendai, above, was reporting his own experiences and perceptions, because it cannot be generalised that in Zimbabwe, potential female sexual partners are hard to approach for sexual relationships. There have been studies that associated Zimbabwe and rural areas in South Africa with what is viewed as traditional culture that usually discourages sexual practice among young people (Kurebwa, 2017; Ncube, 2018; Osuafor & Okoli, 2021). However, as shown in culture studies, culture is fluid, it changes over time, so a social structure may change over time (Lebrón, 2013; Schein, 1991). But in the current study, participants' feeling that they were in a different context in which sexual partners were easily accessible compared to their home of origin created a sense of the abundance of sexual partner choices while they were at their period of independence from their home communities, these shaped their sexual decision-making.

4.4.2. Intimate relationships

My findings demonstrate that, as they migrated, young economic migrant men shared their socio-cultural connection between their home of origin and the Johannesburg inner city context. As they settle after migration, they mostly disconnected from their home of origin's socio-cultural context and society, and increasingly connected to the Johannesburg inner city

context in various ways. The social disconnection is well summarised by Sipho who said, when he went for holidays in Eastern Cape, his home, for festive seasons he could not feel as connected to the society of his home anymore, as well narrated below:

> *The lifestyle and certain conversation that people have, I realise that is not me (...) the way they socialise I realise you know I really can't fake it. This is not me so I can't because the entire festive season I have to force myself just to push that time pretending till I go back to Jozi which is what made me realise that no I don't belong here* (referring to his home of origin)*, this where I am from because the moment I get to Johannesburg, I just fit because that is where I spend most of my time so it has nothing to do with it's a village or what, it is the people, the society. Eastern Cape and Johannesburg are totally different areas with different people, society, they are just different, in terms of the conversation they have, culture (...)* (Sipho, South African).

The above quotation from Sipho highlights the deep sense of disconnection from his home community and the identity shift that he experienced as a result of his migration to Johannesburg. His narrative emphasised the cultural and social dissonance, while in other studies participants faced some psychological issues with this dissonance (Biaback Anong et al., 2023; Kanwal, 2022), to Sipho it appeared normal and acceptable. He gave an emotionally neutral snippet but heavy social disconnection when he returned to his place of origin, specifically the Eastern Cape. The lifestyle and conversations that were prevalent in his home community felt alien to him, indicating a significant cultural divergence, realised in several migration and culture studies (Ho et al., 2022; Oomen et al., 2021; Rapoport et al., 2020), between his current life in Johannesburg inner city and his roots.

Sipho's statement about having to "force himself" to endure the festive season at Eastern Cape suggests that he felt alienated and the effort required to conform to a social environment that no longer resonates with his identity. His reference to Johannesburg as the place where he "just fits" underscores the idea that his identity was now reshaped by his experiences and social interactions in the city, leading to a redefinition of belonging (Petersen, 2020).

The comparison between the Eastern Cape and Johannesburg as *"totally different areas with different people, society"* points to the geographical influence on cultural identity. This disconnection can be interpreted as a byproduct of migration, where the new environment in Johannesburg provides a sense of freedom and identity that contrasts sharply with the

expectations and norms of his home community (Blachnicka-Ciacek et al., 2021; Franz & Silva, 2020; Petersen, 2020). This dissonance can lead to a permanent shift in self-perception and belonging, where the migrant increasingly identifies with the urban setting, finding it difficult to relate to the values and social structures of their origin.

Sipho's experience reflects the broader theme of migrants' evolving identities, where the new social environment plays a crucial role in shaping their sense of self, often leading to a disconnection from their cultural roots and a reorientation towards the values and norms of their new home. This plays an important role in young migrant men's further life choices including who to be in an intimate relationship with, who to engage in sexual activities with, and how to do so. I further discuss this in the following findings.

One of the interesting ways of connecting to the Johannesburg inner city, that played a role in some participants' sexual decision-making, was being involved in intimate relationships. Some of the Zimbabwean participants were in intimate relationships with South African women. For example, Andile (Zimbabwean), reported:

> *To me it was very interesting to hear a South African girl saying I am in love with you, I want to have a relationship with you… I want to build a home with you, regardless that you are Zimbabwean… and all that kind of things so for me I trusted her because I knew she had pure intentions. But at the time I didn't know that she really did love me, you know here in South Africa, sometimes they do not like us* [Zimbabwean migrants] ...

Andile seemed to be fascinated by being in an intimate relationship with a South African woman, when he had not expected it. This is a feeling that was unique for him, especially as a cross-border migrant having developed a meaningful connection with a local intimate partner. When reviewing scholarship on cross-border migration in South Africa, xenophobia is a common theme (Crush et al., 2021; Crush & Tawodzera, 2014; Maringira & Vuninga, 2022; Mulaudzi et al., 2018; Rowlands, 2021). An expectation or experience of xenophobia seemed to be the case as well for Andile when he said, *"…in South Africa, sometimes they do not like us* [Zimbabwean migrants] *…"* It was then an unexpected turn of events when he felt in love with a South African woman, who told him that she indeed loved him. Few studies have shown the complexity of intimate relationships between Zimbabweans and South Africans in relation to xenophobia (Paat & Torres, 2020; Tafira, 2009). Such love and prospects in Johannesburg, as explained by Andile above, seemed to mediate his and other participants' sexual decision-making.

Linked to the ideology of heteronormativity and masculinity, as I discussed earlier, in the current study, some young economic migrant men perceived being in intimate relationships with women as equivalent to securing sexual access. The implication that women should engage in sexual intercourse with them because they were dating is problematic because it reinforces gendered power dynamics and the commodification of women's bodies within intimate relationships. This perception underscores a patriarchal view that prioritises male sexual entitlement over mutual consent, contributing to harmful norms around masculinity and sexual behaviour (Harvey et al., 2023; Van Anders et al., 2022).

Some participants felt the need to engage in sexual activities, which can be connected to Nolan and Smyth's (2020) argument that sexual activity is perceived as an important component for physical, mental health, and well-being in young people's intimate relationships. Similarly, other studies suggested that social expectations and norms exerted on young people as they grow, are that they need to develop intimate relationships and engage in sexual intercourse and sometimes procreate (Mai & King, 2009; Msweli, 2020; Zhou & Hesketh, 2017). Explicitly, Tinashe (Zimbabwean), below, emphasised that intimate relationships could not be separated from sexual intercourse. He defined this as being part of the "package" of being in an intimate relationship:

> *"If I am in a* [intimate] *relationship with somebody, naturally I would want to have a moment of intimate and sex with that person. In short, it's part of who we are, it's a package you get in an* [intimate] *relationship."*

Tinashe expressed the social expectations associated with being in a heterosexual intimate relationship, in other studies associated with intimate partner violence, when the expectations are not achieved (Blumenstock, 2022; Makongoza & Nduna, 2021; Meenagh, 2021; Moskowitz et al., 2020). Other participants suggested that in an intimate relationship, sex helped them to bond with their sexual partners, as stated by John (South Africa), *"…we were dating… we wanted to share that bond… it was to strengthen the bond"* and Bangi (Zimbabwean):

> *I would say definitely, because sex is a big part of any* [intimate] *relationship. It is a way to bond with your partner, in a sense, yes definitely, I think sex comes naturally in a relationship. There is no trigger I can say, it comes naturally, whereas with casual sex, it is more of a transaction is consenting adults coming together and saying we both have sexual needs, let us just meet each other's sexual needs and that's it. But then with the relationship it also come with the bonding aspect and the intimacy aspect, wanting to bond with your partner.*

Like Tinashe, Bangi also saw sex as a normal part of intimate relationships, reinforcing traditional masculinity and men's sexual desires (Grave et al., 2020; Khera et al., 2022; Meenagh, 2021). The further justifications for the need of sexual intercourse in intimate relationships is that it is a bonding strategy, as the above participants mentioned. These participants shifted the focus of intimate relationships from activities like conversations and spending non-sexual quality time together to merely sexualising the relationships. While this shows the role played by intimate relationships in participants' sexual decision-making, it is also important to reflect on how they understood intimate relationships.

Participants held heteronormative beliefs about intimate relationships and sex (Smuts, 2021; van Anders et al., 2022). They perceived themselves as holding power to make decisions in these intimate relationships, over their female intimate partners, that is in line with the ideals of toxic masculinity (Levant et al., 2020; Mahalik et al., 2020; Papp et al., 2021). These notions are problematic as participants did not view the relationship in terms of equality and normalised masculine dominance. However, some participants as Andile, below, indicated that being in a relationship motivated him to have sex or make sexual decisions collaboratively with his female partner, as quoted below:

> *…being in a relationship motivates me to have sex or to make sexual decisions with the person that I am in a relationship with, so it does have an influence… when you feel like you are connected to the person then you just end up talking about it and you have sexual intercourse* (Andile, Zimbabwean).

In the above quotation, Andile noted that feeling connected to his partner led to them talking about sex and them engaging in sexual intercourse. The quotation indicates some level of participating in mutually informed and consensual, rather than unilateral sexual decision-making. In line with this finding, scholars argue that communication and collaborative planning between sexual partners, are effective in ensuring safer and healthier sexual engagement by young people globally (Bell et al., 2020; Ellis & Aitken, 2020). It improves contraceptive usage, overall SRH awareness, mental health, and generally leads to better intimate relationships, with limited occasions of intimate partner violence or GBV (Bell et al., 2020; Ellis & Aitken, 2020; English et al., 2020; van de Bongardt & de Graaf, 2020).

Overall, it is important to note that this section primarily focuses on the perspectives of young men, and the women in these relationships are largely depicted through their role in the men's sexual experiences. This limits our understanding of the involved women's own agency and

perspectives. This absence of women's voices perpetuates a power imbalance that reinforces the dominant narrative of men as active agents and women as passive objects in sexual relationships (Malesa, 2022; Mulligan, 2024; Oku, 2021). It also risks reinforcing harmful stereotypes about women's roles and desires. This silencing of women's voices is present in other studies on sexuality and intimate relationships, and it reflects the broader societal power imbalances that often disadvantage them (Malesa, 2022; Mulligan, 2024).

4.5. Acceptable behaviour and agency

Most participants perceived the Johannesburg inner city population and infrastructure as diverse; hence, they wanted to explore the several opportunities offered by this. In their exploration, they found independence to redefine what could be acceptable behaviour for themselves and possibly appropriate to the context they lived in. For example, Kungawo (South African) explained:

> *Joburg has so many people from different places, it enhances you to want to go there and go there. We have so many nightclubs here and it's very affordable. Now some go there to get sexually hyperactive… and they will have sex and there is always someone to have sex with in Joburg especially if you like going out clubbing.*

Kungawo, in the above quotation highlighted the vibrancy of Johannesburg. He also highlighted the availability of several sexual options from which young migrant men could pick for their pleasure, this is induced by the high population density associated with a young population of university students as well as independent working professionals who mostly live within the Johannesburg inner city (Abrahams & Everatt, 2019; CoJ, 2018; Lewis & Zack, 2022; Onoya et al., 2021). In addition to Kungawo, Tendai (Zimbabwean) explained that, compared to his home of origin, in Johannesburg inner city, he could afford to attend entertainment places, such as clubs, buy food, and alcohol. This freedom made it easy for some young economic migrant men to engage in developing possibilities for sexual engagement, as he said:

> *…maybe the availability of like resources… as I said like everything here is just available… beer, food, you can just easily take someone out. Like, in Zim it is not easy to do that… In Joburg everything is just way easier…*

That is, Tendai highlighted that the availability of resources and entertainment options in Johannesburg made it easier for him to engage in a variety of sexual activities compared to his home country of Zimbabwe. Specifically, Tendai noted that in Johannesburg, *"everything is*

just way easier," suggesting that he could easily take a woman out, access beer and food, which were not as readily available or affordable back in Zimbabwe. This suggests that the increased economic opportunities and disposable income Tendai gained after migrating to Johannesburg enabled him to more freely participate in the local nightlife and entertainment scene. The ability to afford things like meals out, drinks at clubs, and so on, provided Tendai with greater means to pursue casual sexual encounters or relationships. This links to the experiences of many other participants of this study, who similarly began earning incomes and spending money on alcohol, food, and entertainment venues after relocating to the Johannesburg inner city. This newfound financial independence and access to consumable goods/services appears to have reshaped their sense of acceptable social and sexual behaviours. Troy (Zimbabwean) explained:

> *I started drinking alcohol when I was here in Johannesburg in 2011, so you can imagine I look at the time frames now that is like a decade ago you know so it's just something that is in me now…*

Troy clearly suggested that his behaviour changed since he moved to Johannesburg when he started to participate in acceptable behaviour at the context, which is drinking alcohol. Similar, to Troy, most participants engaged in behaviours they believed would make them more integrated within their host community (O'Mara et al., 2021; Ozer & Schwartz, 2021). These behaviours include drinking alcohol after starting a new life in Johannesburg inner city. Alcohol consumption appeared to be a behaviour that would help one become more acceptable within Johannesburg inner city culture, among both migrants and non-migrants. Yang and Yang's (2019) use of the concept of social network homogeneity may be valuable in understanding this phenomenon. Social network homogeneity describes the extent to which a network shapes peer pressure, sub-cultural beliefs, and cohesiveness for individuals. For the study's participants, their network was with peers within the community, with whom they had made friends regardless of place of origin. However, a common discourse among the participants was that they felt pressured to belong to the inner city's network, so that they could enjoy their time in the city, while also safely subscribing to its culture. However, in some ways, the network was not clearly defined, although it was very relevant.

People have their own agency in deciding their lives and what they do. Therefore, the context (structure) of where participants were living was not the only factor in their sexual decision-making. For example, engaging in alcohol consumption may not solely be associated with it

being available, but also due to personal decisions which may be associated with various factors, such as psychological development and growth (Boyd et al., 2022). In the current study, some participants were conscious of the implications of their decisions to participate in clubbing activities, and being under the influence of alcohol. Bangi (Zimbabwean) provided a detailed explanation:

> *I would say it doesn't affect me* [clubs and drinking alcohol]*; I don't think that it is a trigger* [to engage in high-risk sexual behaviour] *although the popular narrative now is that engaging in such things drive your sexuality. For me it is a matter of agency. Like I keep going back to agency, like saying, I think that I am fully aware of what is going on, so for me those environments* [clubs and other alcohol outlets] *just contribute to my agency that I know what is going on.* [I] *am out, and therefore, I choose whether I want to do it or not. I wouldn't say that it stipulates my engagement to sexual encounters… it does not influence my decision… I get to choose if I want to engage in sexual encounters* (Bangi, Zimbabwean).

Bangi's quotation, above directly challenges the popular narrative that engaging in activities like going to clubs and drinking alcohol necessarily leads to young people's high-risk sexual behaviour (Biney et al., 2022; Carels et al., 2022; Mayanja et al., 2020). Instead, Bangi asserted that he maintained a strong sense of personal agency and control over his choices, even in those environments. He emphasised that he was, *"…fully aware of what is going on…,"* and that the club/drinking environments, *"…contribute to [his] agency…,"* rather than diminishing it. He directly states that these contexts do not, *"…stipulate…,"* or, *"…influence…,"* his sexual decision-making. He retained the ability to choose whether or not to engage. This perspective aligns with the earlier discussion of how improved economic circumstances in the city opened up new opportunities for sexual activity among the study participants. Bangi's quotation suggests that even with increased access to bars, clubs, and alcohol, he still exercised autonomous sexual decision-making. Bangi's quotation counters the notion that the availability of resources and entertainment options automatically lead to riskier sexual practices. Instead, Bangi demonstrates a nuanced understanding of personal agency and the ability to make informed choices, even within social environments that are often stereotyped as promoting irresponsible behaviour.

Numerous studies that connect young people's sexual behaviour and substance use, imply that they are passive victims of substances when they engage in high-risk sexual behaviour (Baiden et al., 2021; Gunardi et al., 2021; Tesfaye & Agenagnew, 2020). This narrative is also repeated in Johannesburg inner city and in other various big cities across the world. In addition, such

behaviour has been associated with migration and migrants (Ajaero et al., 2020; Kheswa, 2020). However, Bangi, as mentioned above, provided a different narrative that illustrates the agency and decision-making power some young economic migrant men may have in relation to the interplay between their sexual decision-making and substance use. Furthermore, Bangi's narrative suggests that the agency and opportunity that men have is likely different to women's, by that men have more freedom. While they may engage in many recreational activities, it does not always necessarily lead to high-risk sexual behaviour. Agency also played a role in migrant men's daily lives' sexual decision-making. This was explained by Munya (Zimbabwean) as follows:

> *I don't know, don't get me wrong I enjoy sex just like everyone else, but I don't think I'm like the kind of person, even if I go without it for a week or three, I don't mind. I can go without it for like three whole weeks or a month. I think, for me it is more because I always find something to occupy my time. Yeah, like if I can't have sex maybe I'll start reading a book or watching TV or work… I want to be healthy* (Munya, Zimbabwean).

Munya narrated full control of his sexual decision-making, even though he lived in Johannesburg inner city, a context viewed by other participants as promoting high-risk sexual behaviour. For him it was not absolutely necessary to engage in sexual intercourse. In his quotation, he narrated a view that seem contrary to especially toxic masculinity, that he needed to be sexually involved and control women to confirm himself as a man (Levant et al., 2020; Mahalik et al., 2020; Papp et al., 2021). He suggested being able to distract himself and be involved with other activities as reading a book, or watching TV to keep himself occupied with something else instead of thinking about sex or finding a female sexual partner to engage with.

Some participants also highlighted that if they decided to engage in sex, they would be cautious because they wanted to exercising their agency through doing what is right. For example, Themba (Zimbabwean) said, *"…when I use condoms it's cool because I will be protecting my life and my sexual partner."* In this sense agency was associated with the commitment to doing what is considered socially correct, that is the use of condoms as is advocated in several contexts including in public spaces. Participants also considered it as being responsible for their own and others' SRH, as Jabulani (South African) said, *"You need to take accountable you need to protect yourself and others."* These attitudes contributed to my findings of sexual self-efficacy (or agency) as a factor in young economic migrant men's use of condoms.

When viewed through the social determinants of health framework, Munya and Bangi demonstrated outcomes opposite to those who argue that the longer the migrants stay in the receiving community, the more likely that their initial health advantage will deminish. This is often supported by the argument that migrants joined the culture of a receiving community, which may expose them to reduced health consciousness (Cézard et al., 2020; Ziersch et al., 2020). However, in my findings, a sense of agency played a crucial role in young economic migrant men's sexual decision-making, contributing to protecting their SRH.

4.6. Access to and choices about sex

In this theme, I demonstrate that the study's participants had various choices that they could make regarding their sexual decision-making. Johannesburg inner city offered many possibilities for young economic migrant men to engage in high-risk sexual behaviour, since sex was proximally accessible to them. Additionally, several participants had suitable venues to use for sexual intercourse, since they lived alone in their apartments. As such, some participants had more regular sexual intercourse compared to when they were at their home of origin. Most participants appreciated that the cosmopolitan nature of Johannesburg inner city (as a destination-hub for migrants), afforded them access to women of various ethnicities and nationalities to choose for sexual intercourse. For example, Tinashe (Zimbabwean) said that:

> *Zimbabwe is more of a limited place in terms of movement of people unlike here. In the Johannesburg inner city, you can just walk down the street and you can meet somebody from Malawi, Zambia, Tanzania, Nigeria, or Congo even South African. …and I know people would want to have a relationship with somebody from Zambia or any other tribe or any other region for the fact of fun, of having it* (Tinashe, Zimbabwean).

Tinashe demonstrated that in Johannesburg there were many women to choose amongst, given the diversity of the city's population, induced by cross-border and local migration, as also discussed earlier in this thesis. The diversity, according to Tinashe, was much enjoyed by those living in the inner city, as that is usually the first place of arrival for most new migrants, as well as a conducive business place for formal and informal businesses, leading to relatively higher employment (CoJ, 2018; Lewis & Zack, 2022). In line with Tinashe's narrative, Tshepo (South African) said:

> *…in Johannesburg everyone is just there so you have choices as a young man. If I am going to see a girl, probably from Mpumalanga or KZN* [KwaZulu-Natal]*, Malawi or Zimbabwe… so I have a lot of choices to make that enhances my sexual experience …in my head I slept with a Zimbabwean girl, now I should try and sleep with a Malawian*

> *girl. You know if there are options at your disposal, you just want to try each and every girl that you see.*

Tinashe and Tshepo highlighted how young migrants' age, gender, and availability of various potential sexual partners influenced their access to multiple sexual partners. In their youth, they appreciated the abundance of sexual options and used these opportunities to express their masculinity. Tshepo, for example, intentionally sought to diversify his sexual experiences by choosing partners of different nationalities, demonstrating his sexual drive and ability to satisfy it, a sign of sexual prowess as a masculine young man (Bollas, 2021; Fiaveh, 2020; Langa, 2021; Zheng, 2020). Some participants also reported that it was relatively easy to find sexual partners in this diverse population for long-term sexual relationships, or alternatively they could buy sex from sex workers. This is further discussed in Chapter 5.

When John (South African) was describing Johannesburg inner city, he mentioned, *"…there's prostitution* [sex work] *…"* by which he implied that sex work was another way for young economic migrant men to access sex. Noteworthy, numerous studies on SRHR across the world, including on Johannesburg inner city, are focused on young migrant women as sex workers (Chinyakata & Raselekoane, 2021; Marnell et al., 2021; Richter et al., 2020; Vidima et al., 2022). However, other studies pay attention to young men in roles such as "money boys" in China and in relationships with "sugar mummies" within different contexts in South Africa (Huynh et al., 2020; Pleaner et al., 2022; Tsang, 2020). Such approaches continue to contribute to assumptions that all migrants engage in sex for survival. Hence there is limited focus on sexual encounters for pleasure, that young economic migrant men may be involved in places such as Johannesburg inner city. Yet my study shows that to understand young migrant men's sexual well-being it is necessary to understand their sexual decision-making holistically, including that they may engage in sexual intercourse through sex workers merely for pleasure, exploration, or ascertaining their masculinities.

To add nuance to my argument, some participants narrated that being away from their sexual partners, the interplay of experiencing the need for sex and the proximity of available potential sexual partners, encouraged them to engage in regular casual sex:

> *…the reason I have a friend* [Johannesburg sexual partner] *is because I am away from my girlfriend in Eastern Cape, so it's obviously the reason I have sex with this one here* [in Johannesburg's inner city] *… if I was there back home, I would be sleeping with my girlfriend alone…* (Senzo, South African).

Senzo, above, aligned with my earlier analysis that some of the current study's participants was to ascertain their masculinity. Therefore, for Senzo, leaving his intimate partner at home, whom he found the necessity to engage in sex to confirm their intimate relationship, compromised his continued maintenance of his masculine character, to engage in regular sexual intercourse. Therefore, to show his sexual prowess in the Johannesburg inner city, he had to find another sexual partner. In similar lines as Senzo, Bangi elaborated on long-distance relationships as follows:

> *…when I moved to Johannesburg, I was already in a long-distance relationship and I think for migrants it is always a reality because it is not always the case that you are in the same setting with, so, because we are living in the space where we are moving a lot, so, it is not always easy as a migrant. I am not saying that it is impossible, but it is not usually the case that you date someone that is in the same city as you, if you do, then work or study opportunities come up and you are forced to move. So, I think for migrants, long distance relationships are kind of like a reality* (Bangi, Zimbabwean).

Bangi demonstrated that there was a common link between young economic migrant men and long-distance relationships, which for Senzo influenced multiple concurrent intimate partnerships. This suggests a link between migration, young men and perpetual concurrent sexual partnerships that could increase high-risk sexual behaviour. Both Senzo's and Bangi's accounts can be related to previous studies that show the historical connections between STI transmission and migration. This connection has long been a characteristic of the Southern African regional migration discourse (Mlambo, 2019; Vearey, 2018). Studies and political discourses have continued to emphasise or inaccurately blame migrants for spreading STIs, by characterising them as disease carriers (Chekero & Ross, 2018; Dias et al., 2019).

A discourse that emphasises a relationship between migration and the spread of HIV is likely to perpetuate xenophobic sentiments for cross-border migrants, especially in a South African context. However, there is an urgent need for a more critical and careful discussion. The potential opportunities for STI transmission through circular migration remain due to several reasons reported in internal circular migration within South Africa (Coffee et al., 2007). Another study conducted by Correa-Agudelo et al. (2021), in the broader southern Africa region among the countries: Angola, Malawi, South Africa, Zambia, and Zimbabwe also found a link between mobility and HIV serostatus, although not in all studied countries. The opportunities for the spread of STIs can also be realised through sexual decision-making of individuals, as Senzo and Bangi explained in the extracts above.

Most of this study's participants agreed that sex was more easily available in Johannesburg inner city in comparison to their home of origin. They also indicated that they had access to free venues to engage in sexual intercourse without being observed by people who knew them. Tanaka (Zimbabwean) explained that living alone in his apartment allowed him to have more regular sex, as he said, *"…in Zimbabwe she has to pop in sometimes and here in South Africa I stay alone she can come and give me good love, sex…"* Sipho (South African) also highlighted that he would decide to engage in sexual intercourse if he was in his apartment compared to his home of origin, *"…for me to decide that I want to have sex is when we are in that private space, my room and am alone which gives me an opportunity to touch her and kissing…"*

Overall, the findings that I discuss under this theme showcase that most of the participants felt in charge of their sexual decision-making and willingly engaged in sex. However, some engaged in high-risk sexual behaviour, for example, through multiple concurrent relations and casual sex. These sexual practices have been found to be associated with a lack of or inconsistent use of condoms, in cities such as Benin, and Ouagadougou, as well as in Johannesburg and other urban slums within the SADC region (Ahinkorah et al., 2020; Amuyunzu-Nyamongo & Magadi, 2006). Furthermore, men with economic resources and clients of sex workers, have been found to have high rates of engagement in condomless sex (Ahinkorah et al., 2020; Azinar et al., 2020; Gharehghani, 2020; Huber-Krum et al., 2020). By connecting these previous studies to my findings, I argue that some young economic migrant men through their sexual decision-making, may engage in high-risk sexual behaviour. It is the behaviour they may not have engaged in if they had not migrated. Therefore, this means that various aspects of migration had negatively mediated their sexual decision-making. However, I also noted that in some cases, young economic migrant men's strong sense of their own agency may reduce their risks.

4.7. Conclusion

In this chapter, I have discussed socio-cultural sexual decision-making mediators rooted in young economic migrant men's economic ambitions and opportunities they are exposed to in Johannesburg inner city. Through the themes discussed in this chapter, I explored various socio-cultural mediators that made it easy for young economic migrant men to engage in high-risk sexual behaviour. However, there were also cases where a strong sense of individual agency played a crucial role in shaping individuals' sexual decision-making towards protecting

their SRH. This chapter also focused on the role of culture in mediating young economic migrant men's sexual decision-making. There were two general effects of culture upon the participants' sexual decision-making. They disapproved of the Johannesburg's inner -city culture in relation to sexual decision-making, by suggesting that it is not strict enough towards young people, and sometimes allows them to *'recklessly'* explore their sexual interests. Yet at the same time although most participants celebrated their home culture for being conservative in relation to young people's sexual engagement, they also come to undermine it when they became independent. Their feelings of independence allowed them to create a sense of belonging within the Johannesburg inner city, through developing intimate relationships that became key social structures in redefining their sexual decision-making. For some participants, being strongly connected to their home of origin's culture motivated their sexual decision-making, and be more SRH cautious. However, while most participants emphasised experiencing independence in the inner city, opportunities for new sexual activities, access to multiple potential sexual partners, as well as having their own private apartments to engage in sex, their sexual decision-making often resulted in regular sexual engagement, and sometimes in high-risk sexual behaviour.

Chapter 5: Findings: Economic-related sexual decision-making mediators

5.1. Introduction

This chapter explores the interconnections between economic migrant men's financial aspirations, the improved job opportunities they encountered in Johannesburg, and the sociocultural factors that influenced their sexual decision-making. All participants reported that they migrated to Johannesburg inner city to secure better economic opportunities.

Most participants perceived that Johannesburg offered economic opportunities that will enable them to achieve their economic goals. They spoke of this as having kept them highly motivated and occupied with several economic activities. The participants' narratives suggest that they often avoided sex for reproductive purposes, and high-risk sexual behaviours that could lead to STIs. This was because such activities were seen as potential distractions from their primary economic ambitions. The central argument of this chapter is that, participants' economic motivations often served as an important counterweight, restraining them from engaging in high-risk sexual behaviours, even though their sexual decision-making may have otherwise inclined them towards such risky activities.

The above argument plays a crucial role in framing the overall thesis by highlighting how economic motivations significantly influence the sexual decision-making processes of young Zimbabwean migrant men in Johannesburg inner city. By demonstrating that participants' focus on achieving economic goals often acted as a counterweight to engaging in high-risk sexual behaviours, these findings challenge conventional assumptions that place undue emphasis on risky sexual practices among migrant populations. The significance of this argument lies in its contribution to a more nuanced understanding of how economic ambitions shape sexual behaviour, suggesting that migration-related economic pressures can act as protective factors against health risks. This insight not only enriches the study of sexual decision-making but also emphasises the importance of considering the broader socioeconomic context when designing public health interventions for migrants.

This chapter has two main themes: 1. Economic ambitions and opportunities (with sub-themes of; a. Family planning and, b. Access to SRH services); and 2. Spatial and temporal perceptions of Johannesburg and their impact on sexual decision-making.

5.2. Economic ambitions and opportunities

As is shown earlier in the literature review for this study, the push or pull factors of migration are highly complex, hence there may not be established push and pull factors (IOM, 2023a; b; Reed, 2013). However, several studies suggest that migrants predominantly move in pursuit of better economic opportunities, sometimes which has been referred to as 'imaginary lives at a distance' (Chen & Bao, 2020; Hoang, 2020; Sibanda & Stanton, 2022; Walker, 2020). This study's findings suggest that Johannesburg remains an important destination for economic migrants. Themba (Zimbabwean) explained that Johannesburg is generally considered a city that attracts migrants for its perceived better economic opportunities, referring to it as *"…a city of gold…"* Themba's framing of Johannesburg relates to its historical reputation as; first, a city in which gold is literally found through mining (Crush et al., 2005; Moodie & Ndatshe, 1994), secondly as a city where migrants can secure several opportunities for economic development, that they would otherwise not have in their home of origin (Mpe, 2011; Palmary, 2017). After migrating, the perceived economic opportunities in Johannesburg motivated participants to work hard to improve their own lives and the lives of others, as explained below:

> *Johannesburg is a city of gold. Jozi*[16] *has opportunities to change a person… I mean in Jozi you can do something of your own, from scratch. If you have money… you can change other people's lives* (Themba, Zimbabwean).

In the above quotation, Themba further explained his understanding of Johannesburg as a city of gold, that is where he was prepared to seek all the available opportunities to secure an income that he could use to improve his own and others' lives. This finding aligns with Musariri and Maharaj (2021) on Black men in Johannesburg, who perceived their responsibility as using the available economic opportunities in Johannesburg to provide for women and family around them. This was a way to prove their masculinity in the city and at their home of origin, where they sent remittances to care for their families there.

In the current study, when speaking of economic opportunities, it is necessary to mention that participants were not merely thinking of employment, in fact the opportunities included economical infrastructure that enabled them to engage in successful entrepreneurship in similar ways that migrants in other contexts do (Cooke et al., 2021; Mago, 2020). The economic

[16] A popular name for Johannesburg.

ambitions of the study's participants were amplified by the competitive, economically-driven environment they encountered in Johannesburg's inner city. Specifically, participants viewed the cultural and economic vibrancy of the urban center as motivating them to strive for greater economic progress (CoJ, 2018; Lewis & Zack, 2022). Tinashe (Zimbabwean) summarised this by saying:

> *"…in the inner city everybody has got something to do* [referring to economic activities]*, everybody is preoccupied with what they are doing. So, thinking about or engaging in sex is not something that is profound*."

In the above, Tinashe emphasised the inner city's vibrance which he experienced. He also considered himself contributing to this vibrance which he seemed to view as positive for his own and the lives of people around him. Tinashe, suggested that the competitive inner city economy required most of his time and attention, to also "make it in Johannesburg," as discussed earlier (Bhana et al., 2022). That is, he was contributing to the Johannesburg inner city culture, as also discussed earlier. For most participants, Johannesburg's economic opportunities and competition led them to develop new innovations and ideas they did not have at their home of origin. Jabu (South African) said, *"…I can say, my stay in Johannesburg has been good, it has been really good, and it has introduced me to a lot of things* [economic infrastructure and innovations] *that I do not have at home."*

Jabu further explained his view that Johannesburg is a city of economic opportunities which could have motivated him to be economically dedicated to be innovative and generate more money than he would have done when he was still at his home of origin. Due to this perception of Johannesburg, some participants reported intentionally limiting or being careful about their sexual activities. Such intentions aligned with the healthy migrant hypothesis, a hypothesis that suggests that migrants fare better in their health compared to those who they leave behind or those who they find in the receiving community (Long et al., 2020; Wu et al., 2020). The link is particularly when Jabulani prioritised economic opportunities in Johannesburg over engaging in risky sexual behaviour. The healthy migrant hypothesis suggests that migrants, driven by a desire to improve their lives and achieve economic stability, often adopt healthier lifestyles, including limiting risky behaviours like unprotected sex, to achieve their goals (Long et al., 2020; Wu et al., 2020). Some of the current study's participants reported abstaining from sexual intercourse, linking it to being too busy with their economic activities, Themba (Zimbabwean) said:

> *…as a migrant, coming here was to work, the situation back home is not good. So, here in Johannesburg, to plan to have sex is not anything primary because work keeps you busy and when you knock off there is something else* [more economic activities] *to do.*

For Themba, the economic activities that he was involved in kept him busy both at work and at home. The quotation suggests that he did not have sufficient time to participate in sexual activities, which affected his sexual decision-making. However, this seems to align with Themba's overall understanding of his purpose as a migrant young man, which as described earlier in his profile, he saw his role as to uphold the values that he had had from home, that included responsibility and care for himself and people around him. Expanding on his above extract, I argue that some young migrant men intentionally had very limited time to engage in sexual intercourse, or in situations that would allow them to be involved in sex.

Furthermore, I have demonstrated in the next sub-theme that when some participants decided to engage in intimate relationships and sexual intercourse, they did so with careful consideration of consequences. Aligned with Themba's narrative, South and Lei (2021), suggest that globally, in the last few decades, there has been a decrease in young people's engagement in casual sexual intercourse. In support of this perceived trend, some of the participants decided to reduce their engagement in casual sex. They anticipated economic difficulties that could arise due to unplanned pregnancies or STIs, which would be a liability in terms of their economic endeavors. Similarly, Senzo, an internal migrant, narrated his commitment to his economic activities that required his undivided attention. He perceived his economic activities as restricting him from inviting sexual partners to his apartment. He explained, *"…for me, I am here to work, that keeps me focused away from thinking about or having time for inviting ladies which might end up leading to me having sex. So, for me work restricts me"* (Senzo, South African).

As illustrated earlier by Themba's quote, Senzo, above, also demonstrates that economic activities and responsibilities, such as work or entrepreneurial pursuits, restricted his sexual behaviours. In other words, his economic priorities and obligations tended to make his sexual decision-making more restrictive. In a similar manner, most participants' economic ambitions acted as strong protective control upon their sexual decision-making, with reference to the protection-control framework (Jessor et al., 2003; Saul et al., 2018; Zuma et al., 2020).

Furthermore, some participants' perception of their economic ambitions shaped their sexual decision-making as more cautious and well-informed. As indicated in above extracts, some

participants preferred to abstain from sex. While other studies highlight sexual abstinence as a decision that young people make to avoid unwanted pregnancies and STIs, this was not the only motivation for most of the study's participants. Their primary reason was that they lacked time to allocate to sexual activities, they were too occupied by their economic endeavours, and possible sexual consequences could be costly for their economic ambitions, as explained by Khaya (Zimbabwean) below:

> *… at the end of the day, there are also things that would happen for example if someone contract HIV, my health is sort of at risk and more money is involved to sort of pump into my health, compared to a situation where like now, I have always been healthy and barely been in a hospital, so if I do not protect myself [sexually], it will lead to those situations.*

Khaya's quote suggests that he was highly cautious in his sexual decision-making because he did not want to contract an STI that could negatively impact his health. Khaya believed that an STI could strain his budget by requiring additional healthcare costs that he had not previously faced, thereby affecting his overall well-being.

Many studies have reported the existence of various types of high-risk sexual behaviour among young people in Johannesburg inner city (Hill et al., 2021; Magni et al., 2020; Motholo, 2020). The findings in this theme however, highlight an area of research that has not received sufficient attention globally. This 'deficit' focus on migrants is perhaps due to gendered research on migration and SRH, which has over-prioritised the vulnerability of migrant women with the intention of promoting improvements in their SRH. However, the findings here show that a focus on migrants' agency and positive decision-making, could support effective implementation of empowering SRH interventions. This perspective in migration and SRH research will expand an understanding of migrants not as a mere burden, but as members of a community that positively contribute to upholding the community's health.

The findings under this theme demonstrate that perceived and available economic opportunities in Johannesburg, influence some participants' sexual decision-making. Overall, the Johannesburg inner city context conditioned most participants to pursue their economic endeavours more than sex. They spent most of their time formulating goals to achieve economic stability. Thus, various economic opportunities challenged the participants to be innovative and harness the inner city's economic vibrance and infrastructure to secure income. There were two possible impacts of the Johannesburg inner city. Firstly, it made young migrant

men more involved and busier, which distracted them from multiple sexual encounters, that is their sexual choices were not too deliberate in this case. The second impact was where young men were more deliberate and careful about their sexual encounters with a perspective to protect themselves, as discussed in this theme. Based on their current economic status, in line with their endeavours, they argued that they were not yet ready to start families.

5.3. Family planning

This study's findings show that factors associated with being a migrant, such as economic endeavours and future goals, influenced young economic migrant men to participate in family planning. Several participants in this study linked sexual intercourse to reproductive purposes. Sipho, below explained that he broadly understood sex as important for reproduction which, he ambitiously suggested would be useful for different areas of global economic development:

> *The world is generated by sex, I mean if we talk about the future of the economy, the future is based on the next generation and we can't have the next generation without sex, we don't buy kids, we don't download them. We need to have sex if we don't have sex then the world is going to die* (Sipho, South African).

In the above quotation, Sipho highlighted a fundamental connection between sex, reproduction, and the future of the economy that some participants in this study recognised. Sipho's emphasis in the quotation is on the perspective that he was aware that sexual intercourse comes with potential responsibilities, as if unprotected sex is between two opposite sex individuals it is likely to result in pregnancy. He suggested that for him sex is not just for pleasure, but has an important reproductive component.

Sipho's narrative aligns with the notion that most of the study participants' economic ambitions and responsibilities were inextricably linked to their sexual decision-making and behaviours. Sipho's assertion that *"if we don't have sex then the world is going to die"* demonstrates how he recognised his own importance in sexual intercourse. This echoes other participants' views that suggested that young economic migrants' economic priorities and obligations directly influenced their sexual choices and activities, as they sought to balance their economic aspirations with their reproductive needs and desires. Although Sipho did not pin his narrative to his individual-level sexual decision-making, it seemed to inform his narrative throughout the interview. Expressing similar ideas, Themba (Zimbabwean) added that his instinct when engaging in sexual intercourse was to have children, *"Okay what comes into my mind is that okay before having sex, okay if we have sex, I want to have a baby."*

As shown in the above quotation, Themba also emphasised the narrative that connects sex to reproduction. Furthermore, some participants' narratives stretched the complexities of understanding gender, migration, economic ambitions, and sexual intercourse. They thought about the economic implications of who they would have children with. For Siyabonga (South African), it was important to think of his economic future and his future children before he engaged in sexual intercourse. He compared sexual partners he was exposed to in Johannesburg inner city, with those in his home of origin in eThekwini, KwaZulu-Natal:

> *…another thing is not that I am undermining anyone, but I would rather have sex with someone that can think, someone with a future for instance here in Johannesburg chances are that I am likely to date someone educated. For example, in Braam*[17]*, there are many students and young professionals. I stay with them in this building so that increases my chances of dating someone educated unlike back home, I am highly likely to end up having sex with someone without matric, someone who is just sitting at home in the village not knowing what to do with their life.*

The above quotation demonstrates several traits associated with gender, migration, and economic ambitions for Siyabonga. Siyabonga, as a man, already fits the demographic profile in which from the perspective of toxic masculinity, he has the privilege to migrate and seek better economic opportunities, as he is expected to be the provider, a role not typically associated with women in research (Levant et al., 2020; Mahalik et al., 2020; Mavhandu-Mudzusi, 2021; Papp et al., 2021; Rispel, 2022). Consequently, in his narrative, Siyabonga suggests that women have reduced opportunities for migration compared to men hence he spoke less about the women he left behind in his village.

In the quotation, Siyabonga reflects a privilege of choice for a woman intimate partner. This choice can be associated with the ideals of heteronormativity that men are the ones responsible for choosing a woman intimate partner. To further fit his social category, as a 'progressive young men,' who lives in the cosmopolitan and culturally advanced city, as well as he is future oriented, therefore, he had certain expectations from a woman that he chooses. This is a woman who is educated and ambitious. By contrasting the perceived qualities of women in the city, who are *"students and young professionals"* to those *"back home in the village,"* Siyabonga was positioning himself as a man who valued intelligence, agency, and a sense of future orientation in a female partner.

[17] Short for Braamfontein in the northern parts of the inner city, near Wits University.

Siyabonga's preference suggested that sexual decision-making for migrant young men can be complicated by their gender and choices that are associated with it. Siyabonga's narrative shows that some participant's ideals of masculinity were bound up with a desire to associate with women who embody a certain level of social and economic status. Siyabonga seemed to view educated, urban women as more compatible with his own aspirations and sense of self-worth as a man.

Siyabonga's dismissal of women *"without matric"* and who are *"just sitting at home"* implies a degree of disdain or disinterest in women perceived as lacking future direction or ambition. This points to his internalisation of societal norms that now equate female worth with educational and economic attainment. Moreover, Siyabonga's migration to Johannesburg inner city seem to had expanded his pool of potential partners and allowed him to be more selective in his sexual decision-making. This access to a new social milieu of educated, urban women reinforced his preference for this type of partner, as it validates his own masculine identity and status.

Furthermore, Siyabonga provided a notion that decontextualised young women in the rural areas, and viewed them out of the context that defines them. They would face difficulties in accessing education and other developmental economic opportunities, because this is the nature of most rural areas in South Africa (Alhassan & Dodoo, 2020; Hyseni Duraku et al., 2020). However, he still provided an instance of what is recorded in Hendrickson and Underwood's (2020) findings, that migration affects family planning between intimate partners. For example, women in Nepal with currently migrating spouses were significantly less likely to report recent spousal discussions about family planning than women with non-migrant spouses (Hendrickson & Underwood, 2020). Therefore, it would be hard for this study's participants to raise their children with sexual partners they left at their home of origin.

For economic reasons, most participants reported that they had decided to not have children yet, because they were still focusing on their career development as Andile (South African) said:

> *…mostly it is to avoid pregnancy, we do not want to get pregnancy yet, we do not want to have kids yet… so we are trying to prevent pregnancy in our relationship we just trying to focus on our careers to see if we can build a home for the children.*

Andile explained that he and his sexual partner were in family planning to avoid pregnancy, so that they can first develop their lives as a couple. Andile highlighted some of the challenges that modern young people face, such as delays in procreation or having fewer children, due to mostly focusing on achieving their career goals first (Delbaere et al., 2020; Hill, 2020; Song et al., 2021).

The findings in this theme show how economic young migrant men took into consideration their sexual decision-making with a strong alignment to their economic ambitions, although some of this was then driven by other factors such as masculinity. Nonetheless, the findings align with their initial reasons for migration, which is that they primarily migrated to Johannesburg inner city as young professionals seeking economic opportunities. Therefore, economic involvement and making gains was their everyday intention. However, for some participants, their concern of avoiding procreation was so extreme and less informed, they were ignorant of the possibilities of acquiring STIs when deciding on their contraceptive methods. This could mean that they left their SRH vulnerable or unattended, as exemplified by Siyabonga (South African), below:

> *…with her, the main issue was preventing pregnancy. So, I wouldn't say that we were practicing safe sex because like I told you, condom use was not consistent, so I feel like when we were not using condom, apart from preventing pregnancy, we would have contracted diseases and we were exposing ourselves to a lot of things. But it was not in mind at that time…*

While they were aware of the STI risks of not using condoms, for Siyabonga and his sexual partner, the use of condoms was primarily to prevent pregnancy. STIs were not viewed as important, leaving their sexual health at risk. As a result of focusing mostly on preventing pregnancy, condom use was inconsistent. A similar finding was reported in KwaZulu-Natal, South Africa, where young men feared more their sexual partners falling pregnant than acquiring STIs, hence, such views yielded inconsistent condom usage (Manyaapelo et al., 2019). Andrew (Zimbabwean) narrated a similar discourse on using contraceptives mainly for the purpose of preventing pregnancy when he said:

> *…obviously we are not trying to have a kid at the moment so we on the contraceptive mode uh until we are both at a place to make that move so yeah its, we still getting to know each other more…*

These participants and those from previous studies (Manyaapelo et al., 2019) have demonstrated the commonality of this discourse among young men in South Africa. In addition,

the choice of other contraceptives may have side effects to young people by increasing the rate of condomless sex. Thereby, creating possibilities of a rise in the spread of STIs. Some of the participants indicated that they were mainly focusing on preventing pregnancy. Also, it was easier for them to take risks for condomless sex, as narrated by Nkosi (South African), *"I think we generally do not have, we do not want kids yet, so we avoid them, but we cannot really account for times that we drunk cos I generally do not remember* [using condoms]*."*

To conclude this sub-theme, although family planning concerns were central in participants' sexual decision-making, influenced by their economic ambitions, they ignored the risk of STIs by only focusing on preventing pregnancy, using contraceptives than condoms.

5.4. Access to sexual and reproductive health services

As previously discussed, the vibrant Johannesburg inner city, which is a magnet for economic opportunity, profoundly shaped the lives of this study's participants. Participants were attracted by the anticipations for a better future. However, when in Johannesburg they navigated a complex landscape where economic aspirations intertwined with sexual decision-making. This theme reveals how the urban environment, with its unique pressures and opportunities, significantly influenced their access to SRH services. While family planning decisions were often driven by economic ambitions, the Johannesburg inner city also provided a crucial access point to SRH resources, offering a stark contrast to the limited options available in their home communities. The theme sheds light on the vital role of urban environments in shaping individuals' access to SRH services.

The two main barriers to accessing SRH services faced by both internal and cross-border migrant men in Johannesburg, compared to their places of origin, were distance and availability. As highlighted in the extract below, Senzo (South African) said that condoms were more available in Johannesburg inner city compared to his village. He also explained that in his village, in the Eastern Cape, health facilities were too far compromising the ease of access, and condoms were not available in local shops:

> *…accessibility of condoms: we have them here in Johannesburg but not as much in the Eastern Cape, where I am from, it's a village, pure village and it is difficult to get condoms, I haven't seen them in shops as well. Maybe they are there in town…*

Senzo's quotation, above, provides important insights into the mediators of sexual decision-making among young migrant men. The unambiguous contrast in condom accessibility

between Johannesburg and Senzo's rural Eastern Cape hometown highlights a key structural factor shaping SRH decisions and behaviours. Senzo's description of the difficulty in obtaining condoms in his *"pure village,"* setting, as he described above, suggests that limited availability and distribution of condoms in rural, resource-constrained areas may constrain the ability of young migrant men to consistently access and use condoms prior to migration.

In contrast, Senzo's observation that condoms are readily available *"here in Johannesburg"* indicates that his migration to Johannesburg inner city improved his access to condoms and SRH commodities, potentially expanding his options for sexual decision-making. The disparity in condom access between the two settings may have influenced Senzo's sexual decision and behaviour. That is when he had limited access in his home of origin, he potentially had more inconsistent or non-use of condoms, while improved access post-migration could have facilitated greater condom use and safer sexual decision-making.

Nkosi (South African) also reported his own experience in relation to accessing condoms. For him health service facilities at his home of origin, where he could access SRH services, were too far compared to when he was in Johannesburg inner city. He indicated that at his home of origin, *"...* [he could access condoms at] *the main hospital, but it is in the main city... I think about 15-20 minutes' drive. If you actually go into the hospital, you'll find them* [condoms] *readily available."*

Nkosi could only access condoms from the main hospital which was about 15-20 minutes' drive, and it was the nearest to his home of origin. For Nkosi, although it was distant, condoms seemed to be readily available. Nkosi's narrative is similar to other studies conducted in the southern African region suggesting the long distances from the health service providers, which is often the only place to access condoms and SRH knowledge (Chawhanda et al., 2022; Nyalela & Dlungwane, 2023). In addition, there are many sociocultural challenges, including Christianity and attitudes held by healthcare service providers that discourage young people from accessing condoms and SRH knowledge from such facilities (Mtasingwa, 2020; Mutea et al., 2020). However, these challenges have been experienced differently, or had limited impact on some of the participants in this study when they were in Johannesburg inner city. This is due to a variety of issues, including proximity of healthcare services, condoms, and SRH information being widely accessible beyond healthcare service facilities.

In Johannesburg inner city, participants could access contraceptives from various outlets, including government clinics. Themba (Zimbabwean) explained, *"…in Joburg they offer free protection like condoms… in government clinics…"* Kungawo (South African), added, *"In terms of health, they are adequate clinics here, they dispatch condoms."* As a cross-border migrant, by this quotation, Themba demonstrated a sense that despite his nationality, he knew about the access to contraceptives even in public service sector. This quotation suggests a similarity to health services access between internal and cross-border migrants, while on the contrary, research on migration and health service access tend to consider internal migrants as having better access to public health services compared to cross-border migrants (Ginsburg et al., 2021; Peng & Ling, 2023).

However, some participants felt that they were not comfortable going to public health services. For example, Siyabonga (South African) said:

> *Because I feel like everyone is thinking the same thing that they* [young men] *will not take them* [condoms in public clinics] *they do not have the courage to just take them. So, like why I should be the only one to take them and everyone just looks at me… when you go to general public toilets sometimes, they are there and sometimes they not but then like you go to government departments let's say government labour wards but it's* [a box of free condoms] *like right in the corner where everyone is sitting in the queue* [for other services at the health facility] *and just look at you.*

Siyabonga suggested that, although he lived in Johannesburg inner city, his perception of belonging was that he could only be comfortable in accessing SRH services where he was afforded privacy. Similarly, for Nkosi (South African), the situation in Johannesburg inner city's public health services, as described by Siyabonga above, created discomfort, and he would not collect condoms there as *"…I felt uncomfortable like just taking them I do see them, but I feel uncomfortable in taking them."* The discomfort was in form of social pressure, as he highlighted that numerous patients in public clinics or hospitals who were not collecting condoms, made it hard for him to break the norm and collect them as he wanted to. Thus, his concern was questioning why others were not collecting the condoms, or being observed whilst collecting them.

Another reason for avoiding the collection and utilisation of the condoms from public health services was associated with condom preferences. Participants suggested that the free government condoms did not offer them the comfort and attraction they need for best sexual

experience. Hence, for Tendai (Zimbabwean) condoms he bought were good and clinic condoms were his least preferred option, as he explained:

> *...I do not have a specific* [type of condoms]*, it just depends on what I can afford at that time… when I am broke, I can use the Max*[18]*, sometimes I have money I can go get some Durex… I buy them from Clicks and clinics for free ones*

By referring to when he was *"broke,"* Tendai explained that it was only because of price that he would use Max, the government-provided condom. Most participants had a similar narrative that they would prefer any other condoms except the government one. They also seemed to enjoy the opportunity to choose from a variety of condom brands found in shops, as explained by Tshepo (South African), below:

> *…every spaza or store that is in Joburg sells condoms and they don't sell just like regular condoms, they sell all types of condoms. Normally, you wouldn't go and buy the same type of condoms every time, you would want to try that one and that one also… so you don't have to really sit down and think, okay let me go to the clinic and get condoms… there is nothing wrong with condoms at Joburg hospitals or clinics but they are weird and they are not exciting*.

Tshepo also expressed hesitancy in using public clinics to access condoms, possibly due to experiences of discrimination and the quality of the government condoms, which have been reported to be disliked by young people in previous studies. In addition, public healthcare services in Johannesburg inner city, and various global big cities, are commonly faced with criticism for failing to offer indiscriminatory services to both internal and cross-border migrants (Alarcão et al., 2021; Machado et al., 2021; Maheen et al., 2021; Obisie-Nmehielle et al., 2022). In my findings, discrimination when accessing SRH services from public health providers was also experienced by internal migrants. Therefore, some of the reported deterrents were service providers' discouraging attitudes:

> *The nurses in the hospital or clinic will look at you funny if you go there to get condoms as if you have committed a crime. Some of us are very short and we do not have grown up faces so when you go you actually look young, so it's weird for them to give you condoms… sometimes it discourages you to get the condoms* (Tshepo, South African).

His experience has also been reported in other studies in the southern African region, where indeed healthcare providers demonstrated to be discriminatory towards younger people when accessing contraceptives (Jonas et al., 2020; Ninsiima et al., 2021; Watara et al., 2020).

[18] South African government brand of free condoms.

However, Tshepo reported that in Johannesburg there were alternative solutions for accessing them.

> *...but when you go to some spazas in Joburg they do not care about what age you are or whatever, they are selling. You want to buy you buy they don't look at you in a funny way, like nurses do in the clinics, so obviously I am going to go where I am welcomed to buy thus cancelling the clinic* (Tshepo, South African).

Despite the discrimination, participants such as Tshepo and few others showed a distinct interest in ensuring healthy sexual practices. Nonetheless, this finding is not widely discussed particularly within the migration and SRH in Johannesburg context. However, although few, other studies in the African context have shown that some migrants find ways to stay healthy and circumnavigating challenges (Babatunde-Sowole et al., 2020; Chikovore & Maharaj, 2023). While this shows the dedication migrants have to maintain a healthy life, Tshepo reported alternative access to obtaining condoms. However, it is not guaranteed that their economic means will enable them to access their needs, including other issues such as social discrimination (Ginsburg et al., 2021). It is easier for migrants with economic means to maintain access to their health needs.

Although all participants in the current study could afford condoms, previous research in urban slums and among less privileged young people demonstrates that, they may not always be able to afford condoms (Bose et al., 2021; Kyaddondo & Sempanyi, 2020; Logie et al., 2021). Therefore, challenges in accessing free condoms in public services, as outlined above, may result in condomless sex for others (Zuma et al., 2020). However, it is key to note under this theme that most scholarship on SRH and migration strongly emphasised challenges faced by migrants in accessing health services. In contrast, in Johannesburg inner city, the study's participants had a variety of avenues to access contraceptives and/or alternative health professionals, apart from the public health services. Other participants reported retail shops and pharmacies, such as Clicks in Johannesburg inner city as playing a crucial role in easing access to condoms. These avenues were usually proximal for participants. They also provided a variety of condoms as explained by Andile earlier. In comparison to public health services, these avenues for accessing condoms were preferred by participants. Also, they were not available in their homes of origin. It is noteworthy that in their endeavours to practice safe sex, within a context with various resources, most participants emphasised the use of condoms. Only a few mentioned other sexual safety methods such as PrEP:

> *I am using PrEP and condom… I get them at the clinic… It is there in Johannesburg CBD, it is there in Tembisa*[19]*… sometimes my sexual partner will go take the PrEP if I cannot go take it myself* (Mthokozisi, Zimbabwean).

One other participant (Khaya) added that he was intending to use PrEP, but he was not yet fully knowledgeable about it. However, he was committed to learn and use it:

> *…PrEP is something that has always been at the back of mind because when you take PrEP it reduces chances of transmitting HIV. So, it is one important thing and as I have mentioned it is something that I have been investigating and when the right opportunity comes, I am going to start taking PrEP. So, I think its condoms and for added protection, I think PrEP is very important* (Khaya, Zimbabwean).

My findings show that use of PrEP was rare among participants. Knowledge and use of PrEP also remains low in other global contexts, including in Tanzania, Kenya, Italy, and Bangladesh. In these countries, it is associated with the fear of stigma of being perceived as living with HIV (Chynoweth et al., 2020; Jani et al., 2021). One of the barriers to using PrEP is lack of knowledge on how to use it, and how it protects against HIV. However, few of this study's participants, as shown above, had an interest in learning and using PrEP, if supported by more knowledge and advice.

My findings under this theme suggest that, the Johannesburg inner city has a variety of SRH services and resources. In addition, access to SRH services improved most participants' sexual decision-making, as it was mostly associated with their intentions to practice safe sex. Therefore, by combining the study's findings and suggestions based on the healthy migrant hypothesis, I argue that economic migrants are often cautious in their sexual activities. Moreover, they are mostly concerned with protecting their health, because their primary intention post-migration is to harness economic opportunities at their disposal. As such, their economic ambitions influenced safer sexual decision-making. Nonetheless, long-standing challenges of poor access to public health services, need to be addressed through more scrutiny and better ways of addressing them.

[19] A large township east of Johannesburg next to Kempton Park.

5.5. Spatial and temporal perceptions of Johannesburg and their impacts on sexual decision-making

In this section, I discuss how space, time, and temporality shape the sexual decision-making of young economic migrant men in Johannesburg inner city. I explore these concepts through the sub-themes of space, peer pressure, technology, and access to free Wi-Fi. The overarching discourse that emerges from these sub-themes is that many young migrant men perceived Johannesburg as a temporary space, affecting their decisions in terms of sexual behaviour and lifestyle choices.

Space in this context refers to the physical environment of Johannesburg inner city, which is not only a geographic location but also a socio-cultural setting with unique opportunities and constraints. For most participants, Johannesburg represents a space of economic possibility, but not necessarily a place for long-term settlement. The city's inner-city areas, with their dense urban dynamics, serve as transient spaces where many young migrant men in the study focused on short-term goals, such as earning money or establishing temporary relationships. This lack of rootedness in the city influenced their attitudes toward risk and reward, including decisions about engaging in sexual relationships.

Time and temporality refer to how individuals perceive the duration of their stay and their plans for the future. For many of young economic migrant men in the current study, time in Johannesburg was limited. They saw their presence as temporary, viewing the city as a stepping stone to better economic opportunities either within South Africa or elsewhere. This sense of temporality means that some of the participants' decisions were often based on short-term goals rather than long-term considerations. Such a mindset can impact how they assess risk, including their engagement in sexual relationships. When the future in a particular place is uncertain, some individuals may be more likely to prioritise immediate pleasures over long-term consequences, contributing to participation in risky sexual encounters.

By conceptualising space, time, and temporality in this way, I show how some young economic migrant men perceive Johannesburg as a temporary space for immediate economic gain, which directly influences their sexual decision-making. This sense of temporality, combined with peer pressure and the use of technology, facilitates a certain disengagement from the potential risks of sexual encounters, as their focus is primarily on short-term enjoyment rather than long-term consequences. Each of these sub-themes reflects a broader understanding of how young

migrant men negotiate their lives in a city they do not intend to stay in for the long term, which significantly impacts their sexual choices.

5.5.1. Space, time, and temporality

For some participants, being an economic migrant in Johannesburg inner city meant they were temporarily there because their primary interest was to secure economic opportunities. However, they indicated being flexible in their willingness to seek economic opportunities anywhere within South Africa, as well as globally. For example, Troy (Zimbabwean) said that:

> *…when you are migrating from Zim coming to Joburg you don't have that much of freedom to stay in the next 20 years, because we don't know what's going to happen, probably in the next 5 years I'll be in Zambia.*

In addition, Bangi (Zimbabwean) said, *"In Johannesburg people are moving in and out and there is also a possibility of me not being here in the next two years that also plays a factor in sexuality in a sense."* These views from Troy and Bangi, align with some previous studies' findings on migration and temporality (Barber & Lem, 2018; Gabaccia, 2014). Their narratives demonstrate a key aspect of labour migration, where it is highly likely that migrants will return home or will continue exploring better opportunities elsewhere. This has also been found in studies on Congolese refugees who migrate from one place to another, in pursuit of better economic opportunities (Mbeve & Ngwenya, 2022; Landau & Freemantle, 2022). Therefore, this feeling of temporality played a crucial role in mediating the sexual decision-making of this study's participants. Troy (Zimbabwean) explained how his sexual decision-making was affected by his sense of temporality in Johannesburg as follows:

> *Remember the ultimate goal is to not have kids and sometimes you not aware that when you have sex with someone you can have kids with someone so as a migrant you don't just want to have kids everywhere you know. You know, just leaving your seeds everywhere that you probably never going to see* [your possible children] *again…*

In his narrative, Troy indicated his willingness to explore economic opportunities globally. Therefore, he did not want to plan to stay in Johannesburg permanently. As a result, his family planning decisions were focused on avoiding having children. He wanted to avoid the burden of financially providing for a child. In addition, he was worried that, if he had a child in Johannesburg, he might have to leave him\her behind if other economic opportunities arise elsewhere.

Troy's narrative reiterated challenges in relation to space and time shown in other studies (Chen & Bao, 2020; Hoang, 2020). Migrants may struggle to decide where they belong and where to raise their children, that is, in a receiving community or at their home of origin. Studies have also shown another possible predicament some migrants face in terms of raising children. When migrants perceive themselves as permanently settled in a destination city, some found it difficult to raise their children away from their families (from their homes of origin). They worried that their children might lose traditional cultural values upheld by their families (Chen & Bao, 2020; Liu et al., 2020; Mugadza et al., 2020).

Temporality in Johannesburg inner city also exposed some participants to sexual decision-making mediators likely to result in high-risk sexual behaviour. Thus, temporality in this sense acted as an opportunity risk (table 1, in Chapter 2), based on the way some participants viewed Johannesburg inner city. They perceived the mobility of the population in Johannesburg inner city as being directly linked to their perception that, the inner city facilitated fast and readily available sex. Bangi (Zimbabwean) explained it as follows:

> *…I find Johannesburg to be more fast based compared to Bulawayo. Bulawayo is more chilled and relaxed…* [in terms of] *sexual activity… but with a space like Joburg where many young people are very sexually active… it also plays a role in my sexual decisions.*

The mobility amongst Johannesburg inner city population affected most participants' lifestyles. It sometimes influenced them to participate in high lifestyle risk factors such as high level of alcohol consumption, visiting night clubs, and engaging in unprotected sex (Wandai et al., 2017). These lifestyle risks were mainly associated with the Johannesburg inner city context. For example, this association seemed to have influenced Bangi's perception of how sexual life, which he viewed as fast and busy, is understood in Johannesburg. Some of the participants indicated that they were pressured to utilise activities available in Johannesburg inner city, while they were still living there. However, a utilising entertainment (described by Khaya in the next extract as 'fun') was associated with a possibility of increased sexual activities, as Khaya (Zimbabwe) explained:

> *… for me Joburg is a very temporal space and for most people Joburg is associated with fun - it is a city that is associated with fun, it is a vibrant city that a lot of migrants come … so in a sense it allows you to explore a whole lot more, like sexual life, unlike back home where Bulawayo is not associated with a migrants' culture, it is basically a place where people actually live for many, many years unlike in Johannesburg there is*

> *also a possibility of you moving in and out. So, that in a sense can affect your sexual life...*

For participants such as Bangi (Zimbabwean), the temporality and 'fun,' raised the possibility of young migrant men to engage in transactional sex:

> *...In terms of adopting behaviours, I would say Johannesburg makes people very transactional, it is what happens at that time. With casual sex, you will probably meet people at the club… at that moment you are just transacting* [purchasing sexual services from sex workers] *... and afterwards, you will never see them again. So, it makes people very transactional. It is like I am meeting you today… let us have sex and then that's it, and then probably never see you again. So, in a sense Joburg made me very transactional*.

In addition, the combination of temporality and pursuit of better economic opportunities, reduced some of the participants' time commitment to ensuring safer sex in their sexual decision-making. The likelihood of their engagement in casual sex increased compared to when they were still at their homes of origin. This finding contrasts with the findings in Dash's (2020) study conducted in India, Bangladesh, and Pakistan. It was argued that migrants' uncertainty about their future migration trajectory may detach them from their current context. They keep remembering back home and that enables them to live stable lives, which are considered safer in terms of their SRH. My participants, seemed to have detached from the Johannesburg inner city social context and focused primarily on their economic activities. However, for some of them, this increased their likelihood of engaging in casual sex which is categorised in literature as high-risk sexual behaviour, due to lower chances of using condoms (Choi et al., 2021; Renzaho et al., 2017).

5.5.2. Gendered space

Many participants in this study described feeling closely connected to their friends, who were often other men. These social circles provided a supportive environment for developing and maintaining gender norms, which significantly influenced sexual decision-making. This theme will be explored through a focused gender analysis.

Jabulani, aged 26, was one of the younger participants suggesting he was particularly susceptible to social influences. Jabulani (South African) said:

> *...like I said, back then I was young and I wasn't really too focused on [indaba ze] sex and relationships, it was only me, church, and school. So, yeah, I was not sexually active. I wasn't sexually active, until I came to Joburg…*

In the above quotation, the isiZulu expression *"…indaba ze…"* that Jabulani used translates to *'…issues of…'.* Jabulani's narrative connected his experience in Johannesburg inner city with independence and deliberate participation in certain sexual behaviours. As an independent male in an unfamiliar urban space, Jabulani was able to take advantage of opportunities of gendered space. Gendered in terms of men being able to behaviour in certain ways, without worrying about social judgements.

However, it should be noted here that literature has shown that while migrant men, particularly Black men, may have the freedom to navigate these urban spaces with a sense of independence, they are also disproportionately vulnerable to various forms of social targeting (Gatwiri & Anderson, 2021; Smith, 2023). This includes direct violent xenophobia and other forms of discrimination rooted in their migrant status, which often manifest in public spaces. As a result, while these men may feel empowered by the anonymity and independence of urban life, their visibility as migrants can simultaneously expose them to heightened risks of violence, exclusion, and other social issues (Musariri & Moyer, 2021).

Jabulani revealed a significant shift in his understanding of sexual decision-making after moving to Johannesburg inner city. Jabulani explicitly linked his awakening about sexual activity to his arrival in the city, highlighting the role of the gendered urban space in shaping his experiences and desires. The combination of newfound independence and an active focus on sex suggests that Johannesburg inner city, with its opportunities for self-discovery and more permissive social norms (Onoya et al., 2021; Yeo et al., 2022), created a space where Jabulani felt empowered to explore his sexuality.

The opportunities for exploration as the participants in this study continued to develop psycho-socially and economically were also influential for Andrew (Zimbabwean). His narrative explicitly showed that Johannesburg inner city was a gendered space shaped by the influence of young men's peer circles. Within these circles, they reinforced and agreed upon social codes that helped confirm their masculinity. Andrew described his recreational activities, such as going to clubs, as being primarily related to his friends, who he identified as *"my boys,"* referring who he typically socialised with, and felt as if he owned, in Johannesburg inner city. He explained:

> *…its either my boys or I'm with my girlfriend, it might also be going out with a friend who's trying to hook up with chicks for themselves… what's amazing for me is how I*

> *observe things when I'm out like how… I can see people hitting on girls and especially like in Bram… where I see like girls making out its very much when I go out, I would say that the environment is very sexual, like the time I went to Bram with one of my female co-workers… and I saw a lot of sexual activity happening around...*

In the above quotation, Andrew highlighted the complex and often contradictory nature of gendered spaces within Johannesburg inner city's nightlife. It reveals how social norms, expectations, and individual choices intersect to create a dynamic environment. Andrew demonstrated the closeness he was to the network of his peers as he described them as, *"…my boys,"* implying that they were strongly connected. It further may mean a certain extent of control over what he and his friends would do during their recreational activities. Importantly, this suggests that Andrew and his network's sexual decision-making was strongly influenced by his friends or peers. It further suggests that he may had been mostly invested in being part of this group, influencing how himself understood his position, in influencing sexual decision-making, and how he spoke about his and his peers' sexual decisions and behaviours.

Andrew's observation of *"…people hitting on girls…"* and the prevalence of sexual activity in places like Braam[20] underscores the perception of these areas as *"…hook-up…"* zones, where casual encounters and sexual exploration are readily expected. Andrew's quotation also suggests that these sexual activities were 'normally' initiated and controlled by men, over women whom he feminised as, *"chicks"* who seen as potential targets for sexual attention. This narrative is aligned with the harmful toxic masculinity, in which men seem themselves as dominant to women, that's feminising them, and thinking that they have control over their sexual choices (Levant et al., 2020; Mahalik et al., 2020; Papp et al., 2021). Andrew further noted the presence of *"…a lot of sexual activity happening around…"* indicating his heightened awareness of the fluidity and complexity of these spaces, where various groups and individuals engage in sexual expression in diverse ways.

Like other participants in this study, Andrew experienced Johannesburg inner city from a gendered perspective, particularly in relation to sexual behaviour. He suggested that men in Johannesburg inner city felt the need to prove their manhood by demonstrating a high sexual drive, visible to their community through the active pursuit of female partners, whether for one-off sexual encounters or potential long-term relationships. He said:

[20] Short for Braamfontein.

> *...for example, you might go to a club and say you meet someone and flirt with them then you go home with, do you understand?... Or actually maybe be sexual with someone you don't have a contact with them so I'm that type of person basically when I go out it's all about me and my friends or sometimes I go out with my partner so the question would then be are we going to have sex after we go out...*

Based on the above quotation, for Andrew, in Johannesburg inner city, it was considered normal for men to frequent clubs with the intention of *"flirting"* with women and *'taking them'* home for sex. This attitude treated women as submissive objects to be pursued, rather than as autonomous individuals with the right to make their own decisions about sexual activity (Garcia, 2021; Liong & Chan, 2020). Andrew revealed a specific understanding of gendered space within the context of Johannesburg inner city's nightlife, highlighting a dynamic where traditional gender roles and expectations are reinforced, potentially leading to power imbalances and exploitation of women. However, it is possible that Andrew and other participants' narratives on how they understood and viewed women in relation to sex could have been to impress me as an interviewer, who myself is also a man. That is, in Andrew's case, he seemed to want to show his control over his situation, including the control power his sexuality, although this came at a price of women objectification.

Andrew's casual, transactional approach to relationships, particularly in club settings, suggested that he viewed sexual encounters as separate from deeper emotional connections. This perspective, focused on male agency in a way that emphasises a sense of entitlement and control over women's bodies (Garcia, 2021; Liong & Chan, 2020). While he mentioned going out with his partner, his focus remained on the male perspective, revealing a potential blind spot in his understanding of gender dynamics. The lack of emphasis on consent and the expectation of sexual activity even within committed relationships points to a potential culture where women's agency and autonomy are marginalised.

In adding to Andrew's perspective that prioritised men's agency and control over women's bodies, Andile (Zimbabwean), below, also suggested that Johannesburg inner city was a context in which being a man was confirmed through one's inflated access to sex with females. He described that when he came to Johannesburg inner city, his access to sex was seemingly inflated and easier because every time that he would go to the club, he would bring a woman at his place to indulge into sex. He said:

> *I remember about a year ago, I used to be in that life of like okay we go to the club we party and party and come back with a woman to have sex with… it was not that I wanted*

> *to go but it was about the people I used to hang out with and my surroundings which used to push me to do those kinds of things in which I really regret doing because it was a lesson…*

Andile's narrative clearly shows that Johannesburg's inner city influenced his sexual decisions through a gender discourse that encouraged increased sexual activity. He mentioned significant peer pressure that connected manhood with recreational activities like clubbing and sexual engagement. Andile's story highlights the complex interplay between individual agency and the influence of gendered spaces in shaping sexual decision-making. However, his regret over his experiences indicates an awareness of his gender vulnerability, potential exploitation, and the disconnect between his actions and true desires. His account underscores the impact of the urban environment, especially clubs and nightlife, in shaping expectations and reinforcing a culture of casual sex associated with being a man.

Andile also demonstrated that, besides having to visibly prove their manhood by going to clubs, he and his circle felt pressured to be highly sexual and controlling over female partners even in private spaces, such as online dating mobile applications (dating apps) and at home. Their sense of men social code was influenced by the belief that being in Johannesburg inner city came with a gendered responsibility for men to engage in and dominate sexual activities. Andile explained:

> *…nowadays there are things like dating apps for getting any sexual pleasure that you want, like mentioning that I just want sexual pleasure and that's all so that is why I feel like the city is quite influential, so the city and the way of living*

In his quotation, above, Andile demonstrated a sense of sexual agency that benefited him while viewing women as sexual objects, again, a perspective linked to toxic masculinity. He believed his gender was sexually dominant over women (Garcia, 2021; Liong & Chan, 2020), prioritising his sexual pleasure without considering its impact on his female partners. His mention of dating apps and the explicit pursuit of *"…sexual pleasure…"* suggested a shift towards a transactional understanding of intimacy, influenced by Johannesburg's fast-paced, consumerist culture (Moodly et al., 2023; Sihlongonyane, 2021). This urban environment highlights a potential disconnect between traditional notions of romance and the commodification of sexual experiences, which benefits men. While Andile framed his actions as personal choice, his narrative suggests that the city, with its technological advancements and emphasis on individual sexual gratification, has created a space where men feel the need to

excessively engage in sex. This environment potentially reinforces a sense of entitlement and control over men's sexual access.

Although young migrant men in this study suggested that their sexual decision-making was strongly influenced by their masculinity, which was supported and enhanced in their circles, the urban context also made them more vulnerable, which compromised their masculinity performance. This vulnerability could have played a role in defining their sexual decision-making. For example, although Andrew described young migrant men's drive to participate in clubs, and ultimately securing sexual opportunities, there was also a risk of experiencing crime, especially if they would walk alone at night. He reported:

> *...but also, it also* (Living in Johannesburg) *comes with a lot of... crime rates, Joburg is a very crime infested area like when you here you have to check like what time you travelling, what time you getting home uhm continuously check for your phone but where I'm from in Kewkwe it's not really like that uhm because it's quite safe I'll say Zim in general is much safer than Joburg.*

Andrew's statement reveals a telling comparison between the gendered spaces of Johannesburg inner city and his hometown in Zimbabwe, highlighting how perceptions of safety and security influence individual experiences and behaviours. His focus on crime rates and personal safety revealed a deeper understanding of how these factors shape the urban landscape and impact individual agency, particularly for young migrant men. He suggested that Johannesburg inner city, with its high crime rates, creates a space where young migrant men are constantly aware of their vulnerability, contrary to their assumed masculinity and control over women's sexuality. This heightened awareness of danger, particularly at night, can lead to a sense of constraint and limit freedom of movement, potentially impacting social interactions and opportunities for casual encounters. Furthermore, Jabulani explained the complexities of Johannesburg inner city's opportunities and vulnerabilities as he said:

> *Ah how do I describe my stay in Johannesburg? I can say it has been good, it has been really good and it has introduced me to a lot of things that I do not have at home. So, it has been really good, and also there are those moments where I say, ah its better back home because you know, Joburg and crime and everything (deep sigh)*

Jabulani's narrative, above reveals a complex and ambivalent relationship with the gendered space of Johannesburg inner city, highlighting the tension between the city's opportunities and its challenges, pausing vulnerability on young men (Onoya et al., 2021; Yeo et al., 2022). While he acknowledged the positive aspects of his experience, including exposure to new socioeconomic opportunities, he also expresses a longing for the perceived safety and

familiarity of his hometown. This suggests that Johannesburg, despite its allure, can feel as a hostile environment, particularly for young migrant men navigating its complexities. The mention of *"…crime and everything…"* implicitly points to a sense of vulnerability and insecurity, potentially impacting his sense of agency and freedom of movement, as well as sexual decisions.

Overall, this theme highlights a significant link between Johannesburg inner city's gendered space and young migrant men's sexual decision-making. The environment was conducive to constructing masculinity perspectives that shaped their approach to sexual decision-making. As a result, they felt in control of the women they wanted to engage with sexually. They used venues like clubs and online platforms to exercise their masculinity. This combination of their sense of masculinity and the spaces to express it created opportunities for sexual risks to themselves and the women they engaged with.

5.5.3. Peer pressure

Globally, there is a wealth of research exploring the role of negative peer pressure in the spread of STIs. However, in my current study, I also reflect on positive peer pressure explored elsewhere and minimal in young people's SRH research (Keyzers et al., 2020; Lilly, 2021). Many studies on peer pressure often focuses on the negative and positive influences young people have on each other's SRH (Zuma et al., 2020). However, most of these studies have been conducted among young women and in contexts such as Johannesburg and the SADC region (Ghimire & Bhandari, 2020; Hill et al., 2021; Hunter et al., 2021; Kyegombe et al., 2020; Motholo, 2020). While there is research on peer pressure in relation to young men in South Africa, it is important to update and expand our knowledge on this topic (Macleod & Jearey-Graham, 2016; Manyaapelo et al., 2019; Selikow et al., 2009). This is because of the fact that Johannesburg inner city has high HIV prevalence, as highlighted in my literature review. Additionally, high-risk sexual behaviour is common in Johannesburg's inner city. Marvin, a South African, described how peers in this environment often influence each other to engage in such behaviour:

> *"I would say, people who are born in Gauteng are exposed to sexual encounter at a very younger age, they seem to be energetic than someone from the village and also more reckless at the same time in terms of when they engage in sexual activities…"*

It is crucial to understand that Marvin had migrated from a rural area in Rabali, Limpopo just five years before he participated in the current study. This could mean that he was still trying to most appropriately settle in Johannesburg, and the experiences that he spoke about, were not different from those of the Zimbabwean young men. The types of peers that Marvin reported in the above quotation poised to be aware of sexual activities in Johannesburg, including possible high-risk sexual behaviours, Marvin described as 'reckless,' were likely to play an important role in potentially deteriorating healthy sexual decision-making on the study's participants. Such peers could be considered a vulnerability risk in my analytical model (table 1 – Chapter 2). Sipho (South Africa), explained:

> *…peer pressure, bunch of guys you know it was actually dating, you have that pressure that you are not dating anyone, you just a fool, the guy who doesn't know how to approach ladies which means you not really a guy but just a boy, you not a man so you need to get yourself a girlfriend just to have that experience of talking to a woman, make her feel special, and have sex with her, things like…*

When some participants succumbed to negative peer pressure, it would result in them neglecting their own SRH, which they may have preserved before migrating. A similar scenario of a reduction in caution about one's SRH after migration was found in Nepal's Western Chitwan district, including Bharatpur, a city with similar socio-economic context to that of Johannesburg inner city (Ghimire & Bhandari, 2020). In my findings, peers influenced some participants to engage in more multiple concurrent sexual encounters. This was described by Andile (Zimbabwean) as follows:

> *…I feel like it's the edge the edge of saying like my friends are doing the same thing and why should I not do the same thing because I was surrounded by that kind of those guys that do not get into serious relationships, they just wanted to have sexual [casual] relationships and then it's done… I was trying to be somebody that I am not, I was trying to make the people that I used to hang out with that I look cool I have got girls… I have got four girls that I am bringing into the house which is super cool… I feel like I was way into trying to be cool than to be content with myself and all those kinds of things because I remember when I met my current girlfriend, and everything changed I kind I discovered the person that I really am…*

The extract above illustrates the adverse influence of peers. This has previously been reported by Hunter et al. (2021), with a particular focus on the broad sub-Saharan region. Although their focus was mostly on young women, in their study, peers influenced each other to utilise 'informal', and often unsafe, abortions. Hunter et al.'s (2021) findings together with a study by

Kyegombe et al. (2020) in Uganda describe that peer cohesion negatively contributed to peers' SRH. An example of this within this study was given by Sipho (South African):

> *…the most intense peer pressure you know, having sex, do you have that experience, have you ever penetrated someone, have you ever had your penis in a woman's body, the feelings and stuff like that… or other peers will be saying, 'you know yesterday man I had sex with this girl and it is a nice feeling,' and you thinking but I haven't had one for a while…*

Freedom afforded some young economic migrant men the opportunity to engage more frequently in sexual activities, including those activities not allowed by their parents as Marvin (South African) reported:

> *…some young people would just engage into sexual activities because of peer pressure, they are free from their parents, so some tend to want to experience because there are no longer at home under the watch out of their parents or guardian.*

While I have discussed above the negative peer pressure reported by the study's participants, I also found that there was a sense of positive peer pressure that provided models of protective behaviour. However, some of the positive peer pressure was often indirect on how it mediated young economic migrant men's sexual decision-making. It redirected their efforts towards realisation of their economic goals, as described by Bandile (South African), "*Uh, at times people have meaningful conversations uh that can actually you know uh take you somewhere. That is where we get most of our advice from."*

In the above quotation, Bandile highlighted that when he visited the bars instead of clubs, he was looking for an opportunity to engage with peers with whom he could have constructive economic conversations. said he referred to them as may, "take you somewhere" by which he meant possibilities for a better economic future. He went on to explain:

> *So, in a bar, like I said before people usually go to bars are not looking for a lot of things, uh they are not looking for good music uh or to dance you know? They just looking to drinking, they just looking for a drink and then just to have a good conversation so what I have noticed in bars is there is not that much of sexual activities uh going on* (Bandile, South African).

Munya (Zimbabwean) gave an example of the impact of positive peer pressure on SRH, by highlighting that his friendship circle was composed of people who promoted each other's SRH:

> *So, there are people that talk about like health like just being healthy sexually, like HIV and just like do not go and meet someone and the next thing you are having unprotected sex and you do not even know them so that is like the things we talk about yeah.*

Considering that Munya's friendship network comprised of young professionals whose economic intentions were to grow their careers, they saw value in maintaining constructive and stable intimate relationships with hopes for marriage. They were, also very familiar with the inner city context and were acutely aware that there was high HIV prevalence in Johannesburg:

> *...and we do mention we do talk about the statistics like HIV/AIDS you know and just how important it is like how you need to go to check and make sure you healthy… Like with my brothers that is something we always talk about like it does not matter you always have to you know, so I check regularly that I am always protected* (Munya, Zimbabwean).

Therefore, they encouraged each other to ensure they engaged in safe and protected sex, and motivated each other to be more stable in their sexual relationships, as Munya described: *"We talk about a lot of things, we talk about life, we talk about houses, we talk about making a living, we talk about women, sex".* Thus, this positive peer pressure fits the criteria for models protection described earlier in Chapter 2, as the role of familial and positive peer role-models who promote pro-social behaviours, that may enhance young people's sexual decision-making (Bernays et al., 2023; Inanc et al., 2020).

5.5.4. Technology and access to free Wi-Fi

Due to the crucial intersections between migration and factors such as technology, globalisation, culture, and social action (including sexual decision-making); in this sub-theme, I use blended theoretical perspectives to analyse my findings. I primarily utilise Castells' (2004) contributions to urban spaces, culture and technology, and critical social theory. These theories are central to understanding ways in which many of the study's participants reported on the relationship between technology and their positionality in Johannesburg inner city. This includes how their use of technology in Johannesburg inner city, compared to when they were at their homes of origin, influenced their sexual decision-making.

Castells demonstrated how information technologies interact with urbanisation to create new socio-spatial forms of meaning (Castells, 2004; 2015). Castells views urban spaces as divided into two main categories, 'space of places' and 'space of flows.' The space of places is defined as where people's experiences and activities practically take place, for example, in urban

buildings. Then, space of flows refers to intangible urban space that includes capital investments and communication messages, for example the internet or free Wi-Fi which is relevant to my findings under this theme. The two types of spaces worked together in mediating my participants' sexual decision-making in the Johannesburg inner city context. While Castells (2015) and his proponents seem to believe that the space of places is becoming less influential than the space of flows. However, in my findings, they seem to be intertwined (Zuo & Liu, 2020).

As argued by Castells (2015), urban spaces have constantly been increasingly incorporating electronic communication devices everywhere. Hence, it was not surprising that the study's participants reported their increased access to technology such as TVs, smartphones, and free Wi-Fi when they moved to Johannesburg inner city. Access to their technologies increased their use of online content and more access to material such as pornography, which they reported as mediating their sexual decision-making (Abdullahi & Abdulquadri, 2018; Castells, 2015). Tshepo (South African) explained:

> *In the village there, people do not have televisions. …here in Joburg if I go to a shop there is television, if I go at home there is television if I go to my friend's place there is television. In our phones we get free access to Wi-Fi, we watch things like porn.*

In this extract, Tshepo demonstrated difference between the spaces of flow at his home of origin and in Johannesburg inner city. While most of Castells's (2015) work is focused on bigger organisational contexts, in this study, I utilise it to understand the personal level experiences of individuals in the city. There is also an interplay between space of spaces and space of flow in Tshepo's extract above. Friends' places became an example of a space where most young economic migrant men could socialise, while they collectively consumed technological communications through TV. In such spaces, the participants appreciated freedom from their parents, to decide the type of material they would like to consume from technological devices including pornography.

In addition, as Tshepo reported above, they had access to free Wi-Fi which was not available at their homes of origin, and they used it on their mobile phones. While recent studies have investigated the effects of use of technologies, such as the internet and mobile phones, those studies, in Malaysia, Italy, and Soweto, took place in contexts that were different from Johannesburg inner city (Dietrich et al., 2021; Fino et al., 2020; Sawai & Mahyuddin, 2020).

In addition, those studies had no significant or exclusive focus on the role of free Wi-Fi on young economic migrant men's SRH.

My findings further show a link between access to free Wi-Fi and high-risk sexual behaviours. Although this is not a clear relationship, it offers an analytical lens through which to view the nature of the broader social structure young economic migrant men created. With this approach, it becomes important as noted by Robertson (2014) and Schiller and Çağlar (2011), to render due and critical analytical attention to the contributions that migrants offer in creating and recreating types of social interactions within the locality of the Johannesburg inner city. In this context, young economic migrant men linked risky sexual decision-making, they found existing and participated in creating, to their access to free Wi-Fi. They also suggested that the internet gave them more information about sex than their own parents had, as explained by Munya (Zimbabwean) below:

> *So, some of the things that we do sexually are not because we saw mummy and daddy do them or auntie, we saw them on the internet… and there are lot of places here that have free Wi-Fi. Back home, Wi-Fi is expensive.*

Some of the online content, that participants emphasised having consumed on the internet due to free access to Wi-Fi, was pornography. Sipho (South African) explained, *"…watching porn and see it* [sex] *happening… it is always that thing of saying damn man this thing is nice, I need to feel that as well the feeling of having my sexual organ into the woman's."*

Kungawo (South African), added below, showing his enthusiasm to do what they watched on pornographic videos with his sexual partner, as he explained, *"…that was us* [with a sexual partner] *just playing and having seen a video somewhere, pornographic, and just decided, okay let's try what we saw… we are exposed to pornographic videos."*

The availability of free Wi-Fi in certain spots in Johannesburg inner city context (the space of places), enabled young economic migrant men's access to the internet and consumption of media they used in their sexual decision-making. In my findings, it increased the excitement of young economic migrant men to engage in sex with their partners. For Kungawo, above, it motivated him and his sexual partner to engage into sexual intercourse. Thus, influencing his sexual decision-making despite the extent of safety considerations (for example, use of condoms) in their encounter.

5.6. Conclusion

This chapter concludes my findings for this thesis. Building on Chapter 4, it shows that participants' economic motivations often served as an important counterweight, restraining them from engaging in high-risk sexual behaviours, even though their sexual decision-making may have otherwise inclined them towards such risky activities. I show this main argument by demonstrating the interconnections between (available, perceived and realised) economic opportunities and ambitions in Johannesburg and socio-cultural factors in mediating economic migrant men's sexual decision-making. Thus, in outlining the mediators of economic migrants' sexual decision-making, it is clear that there is a myriad of factors involved, which at times are strongly interlinked, and sometimes work independently. I have also demonstrated that economic migrant men were motivated to engage in high-risk sexual behaviour by mediators such as the physical and mental distance that Johannesburg was from their homes of origin. However, they seemed to have protective sexual decision-making that included family planning, which was more possible due to availability and better access to SRH services in Johannesburg inner city, compared to their homes of origin.

Chapter 6: Conclusion

This study explores the mediators of sexual decision-making among young internal and cross-border migrant men residing in Johannesburg inner city. In this study, the concept of "migration as a mediator" is central to understanding how migration-related experiences, economic challenges, and socio-cultural pressures converge to influence young internal and cross-border migrant men's sexual behaviours. In particular, this study addresses a gap in SRH research, which has often focused on women, especially those in refugee or asylum-seeking contexts – thus often viewed as vulnerable in several ways – while overlooking young migrant men who have some form of income, which shapes their gendered power and agency in their sexual decision-making. By shifting attention to this demographic, the highlights the need to explore the ways that migration and economic realities intersect with gender to shape SRH outcomes.

The findings underscore that; young migrant men's sexual decision-making is significantly shaped by their migration trajectories and economic motivations. Many of the study's participants viewed sexual relationships from an economic lens, which recognises the potential risks that relationships or unplanned pregnancies could pose to their financial goals. This is particularly clear among men who, having migrated to Johannesburg for better economic opportunities, saw the city's complex socio-economic landscape as a challenge, and, paradoxically, an opportunity. For the current study's participants, the economic ambitions became a dominant factor, as some of them turned to entrepreneurship for survival as well as innovation or creativity, in a city where formal employment options were limited especially due to discrimination, which mostly affects foreign nationals.

In the study's findings, one major outcome of economic priorities was the adoption of risk-averse sexual behaviours. Several participants, motivated by the desire to avoid distractions from their entrepreneurial pursuits, consciously engaged in behaviours such as abstinence, regular condom use, and exploring the use of pre-exposure prophylaxis (PrEP) to avoid contracting STIs or facing the consequences of unintended pregnancies. This finding contrasts with much of the existing literature, which tends to emphasise the vulnerabilities and risky sexual behaviours of migrants, often neglecting the proactive strategies they employ to safeguard their health and future economic prospects (Obisie-Nmehielle et al., 2020; Odimegwu & Ugwu, 2022).

The findings for the current study do not suggest an absolute absence of risks in sexual decision-making for the young cross-border and internal migrant men. Rather, they point to a complex and layered reality in which risk coexists with agency and responsibility. As indicated by the findings some participants engaged in sexual decisions that could be considered risky. However, there are also significant narratives from the young men demonstrating conscious efforts to protect their SRH. This was often motivated by their economic aspirations, personal values, and parental influence.

However, this study highlights the strengths and resources that young migrant men draw upon in navigating their sexual lives. The participants' proactive behaviours such as regular condom use, indicated above, are evidence that participants had intentional and thoughtful approach to SRH, yet this is often overlooked in dominant research narratives that focus primarily on migrant men's vulnerabilities. This study points to that, an over-emphasis of migrant's sexual health vulnerabilities may, in fact, undermine the potential opportunity for enhancing sexual health through support of young migrant men's sexual decision-making.

Therefore, a more balanced approach, recognising the existing risks and the capacities of migrant men, can potentially better enhance young migrant men's SRH outcomes. Supporting young migrant men in their sexual decision-making, by building on their existing strengths, can be a more effective strategy than focusing solely on their perceived deficits or risks.

In this study, the socio-cultural environment in Johannesburg also played a crucial role in shaping young migrant men's sexual decision-making. For most of the study's participants, Johannesburg provided a sense of freedom and autonomy. This was not available for them in their home communities, despite being a South African or Zimbabwean. This increased their independence, which for some, led to greater sexual exploration, heavily influenced by peer pressure and evolving gender norms in the urban setting. Yet, even in these situations, several participants demonstrated a strong sense of moral responsibility, which is expected to have a positive sexual health outcome for their sexual partners. Participants emphasised practices such as regular HIV testing, faithfulness in relationships, and mutual respect. This revealed a more nuanced and responsible approach to SRH, which is beyond what is often portrayed in research that predominantly focuses on migration (Chikovore et al., 2016; Obisie-Nmehielle et al., 2020; Odimegwu & Ugwu, 2022).

Although this study's findings demonstrate proactive and responsible behaviours among young migrant men, they also suggest a complex relationship between migration, economic aspiration, and sexual decision-making. They suggest that economic motivations often lead to risk-averse sexual behaviour. But there are additional complexities that are introduced by the broader socio-cultural context shaping peer influence and perceptions of masculinity. For example, for some of the current study's participants, the pressures to conform to specific gendered, and masculinity informed, expectations around sexual performance and independence, can conflict with their economic goals. This could lead to tensions in how young migrant men navigate intimate relationships and sexual choices. This duality illustrates the multifaceted nature of sexual decision-making among young migrant men and points to the need for interventions that address economic as well as socio-cultural dimensions.

This study's findings also challenge the often-negative portrayal of migrant men in SRH research, where they are frequently merely depicted as passive actors or as engaging in high-risk sexual behaviours (Chikovore et al., 2016; Obisie-Nmehielle et al., 2020). While some of the research notions in this approach are crucial, the current study emphasises young migrant men's making of thoughtful, informed, and responsible sexual decisions, that would ideally have positive sexual health outcomes for themselves and their sexual partners. In the current study, although limited in sample size, many young migrant men actively sought to balance their economic goals with healthy SRH practices. Thus, they often employed strategies to minimise risk and safeguard both their futures and the wellbeing of their intimate or sexual partners. These participants' narratives do not align with the dominant research narratives that frequently overlook the positive contributions of migrant men in shaping their and their partners' SRH outcomes. Yet, this must be considered as crucial part of interventions, as strengths that can be consulted when strength-based approaches are adopted in fields as social work, psychology, and other health inclined professions.

Overall, this study underscores the resilience, agency, and adaptability of young migrant men in managing their SRH within a challenging socio-economic and cultural environment. By focusing on the proactive strategies employed by these men, this research adds a much-needed strength-based perspective to the SRH discourse. It calls for a shift away from deficit-oriented narratives that portray migrants solely as vulnerable or deviant, toward a more balanced view that acknowledges their capacity for making informed and responsible sexual choices. Such a shift has important implications for both research and policy, as it highlights the need for

interventions that support the strengths and agency of migrants, rather than focusing solely on their vulnerabilities.

The study's findings foreground young migrant men's agency in navigating their sexual lives. However, there are certain contradictions and ambivalence that were evident in young migrant men's narratives. Many participants' narratives described behaviours that reflected their sexual risk-taking potential including, prioritising pregnancy prevention over STI protection and succumbing to peer pressure which motivated them to be explorative, leading to the notions promoting their engagement into multiple sexual partnerships. These actions show that there is a complex interplay between autonomy, sexual experimentation, and vulnerability which is experienced by somewhat economically stable young migrant men within the vibrant urban context of Johannesburg. While several participants for this study viewed their sexual independence as liberating and seemingly, it marked their adulthood, such freedoms were often exercised in ways that increased exposure to sexual health risks. Therefore, while agency was clearly present, it frequently coexisted with risky practices. Hence it is important to acknowledge the limits of agency in constrained and gendered environments, such as the Johannesburg inner city.

This study's findings offer crucial and balanced nuances on the mediators of migrant young men's sexual decision-making, offering critical aspects to be considered for future research and interventions. However, the scope of the study was intentionally focused only on a relatively homogeneous sample of economically active migrant men. Most of the men had turned to entrepreneurship while others were employed, to make an income and navigate Johannesburg's socio-economic challenges. This sample is not often chosen by studies in Johannesburg; hence, this study's findings are exploratory and I do not claim to have fully captured their experiences, with topics I consider crucial, as masculinity, being discussed without sufficient depth. Therefore, I suggest more research especially to further understand how masculinity plays a role when socio-culturally diverse young migrant men have some income and they appear to or perceive themselves as having a privilege in sexual decision-making. More research can also focus on extending the analysis to include a more socio-economically diverse group of male participants, to include those who are from more economically marginalised backgrounds. Such research would provide a more comprehensive understanding of how different socio-economic contexts influence SRH related choices.

Furthermore, this study's findings highlight the importance of exploring intimate relationships between migrant men and local South African partners. The findings suggest that, particularly cross-border migrant men's sexual decision-making can be shaped also by the dynamics of their relationships with South African partners. This is applicable also for internal migrant men, where they perceived their intimate relationships with partners they found or met in Johannesburg as different from those who they would have met in their home of origin. These dynamics, including issues of trust, mutual responsibility, and negotiating gender roles, warrant further investigation to better understand the complexities of sexual decision-making in cross-cultural and cross-national relationships. Future studies could delve deeper into these relationships to identify additional mediators of SRH decision-making in the context of migration.

The study's qualitative focus provides rich, context-specific insights. However, this introduces certain limitations that must be considered especially by future research. The current study's sample is theoretically saturated, but it is comprised of a small and highly specific group of economically active South African and Zimbabwean migrant heterosexual men in the Johannesburg inner city. This restricts the study findings' generalisability. Furthermore, the study relies only on self-reported narratives from the migrant young men, leading to possibility of social desirability bias or retrospective rationalisation. Therefore, there is need for triangulation, which the current study did not adopt. A lack of triangulation of these accounts with especially quantitative data or perspectives about these young migrant men from a different sample, inclusive of women partners or health workers, means running a risk of overemphasising particular behaviours or interpretations than others. Thus, although this study's findings offer a valuable window into lived experiences of the sampled young men, they should be read as part of a broader and still-developing conversation rather than definitive conclusions about their sexual health practices.

Future research can build on these findings by using inclusive and mixed-method approaches, especially a combination of quantitative and qualitative methodologies. It is necessary to adopt more quantitative studies to examine the prevalence and patterns of risk as well as protective behaviours among larger, diverse samples of migrant men in Johannesburg inner city. This would help contextualise the qualitative data presented here. Furthermore, it is crucial to explore how the norms around masculinity, risk, and sexuality are negotiated by young migrant men at interpersonal and structural levels. Hence, it is worth for future research to include the

perspectives from other key groups, such as sexual partners, community leaders, and health professionals. It is also necessary for future research to consider longitudinal approaches to trace how sexual decision-making evolves over time in relation to changing migration experiences, social networks, and economic conditions, as these can play a role in influencing young migrant men. Such research, which includes mixed methods, diverse samples, and longitudinal in nature, can contribute to more robust policy and programming that respond to the aspirations and agency of young migrant men and the ambivalence as well as contradictions that shape their sexual lives in complex urban contexts.

In conclusion, this study, despite its noted limitations, offers critical insights into the mediators of sexual decision-making among young migrant men in Johannesburg, highlighting the significant roles of migration, economic aspirations, and socio-cultural influences. The findings challenge existing narratives that often marginalise migrant men in SRH research, instead emphasising their agency in navigating complex environments and making informed decisions. Future research should continue to explore the experiences of these economically active migrant young men and the nuances of intimate relationships in the context of migration, to develop more effective and diverse culturally sensitive SRH interventions. Ultimately, a strength-based approach is essential to capturing the full spectrum of migrant men's SRH experiences and contributions, paving the way for more inclusive and supportive health policies and programs. However, it is also crucial to consider the vulnerabilities that exist among the ideally economically active young migrant men in sexual decision-making, particularly when they have some privilege in these decisions.

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Appendix A: Young migrant men's trajectories to Johannesburg: The migration paths and sexual choices

In this appendix I provide a detailed description of the current study's participants trajectories in overall life and moving to Johannesburg. The descriptions provide rich details that some are significant for understanding each young men's views in relation to sexual decision-making in Johannesburg. The section is divided using each participant's name.

1. Marvin

Marvin migrated to the Johannesburg inner city five years prior to participating in this study's interview. He originates from Rabali, Limpopo, where he lived with his mother, father, and niece. At the time of the interview, he was residing in an apartment in the Johannesburg inner city with his older brother. He was working and his income made it possible for him to provide for both himself and his family. Moreover, he was able to participate in various social and entertainment activities, which later influenced his sexual decision-making. By the time he migrated to the Johannesburg inner city, he had already had his sexual debut. However, in his home of origin, he had not engaged in any paid sex. He highlighted that, back home in Rabali, sex work was not generally practised. He asserted that it was associated with some discouraging myths, such as clients would be infected with HIV, as though there was no use of condoms. However, his perceptions about sex work in the Johannesburg inner city were different as he believed that sex work was widely practised. Hence, he decided to engage in it for the first time as an experiment.

Marvin's background played a role in understanding his own sexual decision-making. He ensured that he used condoms for the first time in Johannesburg. He reported that in Rabali there was a lack of knowledge or awareness on the risks of different STIs. Additionally, he said that condoms were not available in Rabali and there was limited knowledge on how and why to use them. However, Marvin highlighted that in the Johannesburg inner city, there were many NGOs working alongside the Department of Health (DoH) in disseminating sex education through educational posters. As a result of his exposure to knowledge about sexual health, he became aware that Johannesburg had high prevalence of HIV. Therefore, if he continued to engage in unprotected sex, he would be risking his SRH. Furthermore, Marvin's sexual decision-making narratives were closely associated with his economic pursuit in the

Johannesburg inner city, where he was working as an independent consultant in a South African government department.

He could secure consultancy for the government since he had an undergraduate degree in monitoring and evaluation from the University of South Africa (UNISA), within his four years of arriving to Johannesburg. Initially, he migrated to find a job in the city. However, he soon realised that to improve his chances, he needed to enrol and study towards a degree through distance learning. In this way he could work and raise fees, as well as contribute to sustenance in Johannesburg, even though his brother primarily provided for him. By the time of the interview, he spent most of his time pre-occupied with government consultations, while seeking more clients for his business. His sexual decision-making was directly linked to his economic occupation. He prioritised having one intimate relationship with his girlfriend, whom he had been with for over a year. He mentioned that he chose not to pursue multiple sexual partners, unlike some other participants in this study. He was motivated by a desire to avoid spending too much time in intimate relationships, but focus on strengthening and reshaping his business. He aimed to create the future he desired.

2. Tshepo

Tshepo migrated from Gaba in Limpopo to Johannesburg's inner city 14 years before he was interviewed for this study, making him the participant who had lived longest in the Johannesburg inner city. Although Tshepo had migrated from a rural context similar to that of the other participants, he had had accumulated more experience and exposure to SRH knowledge and awareness, during his time living and working in Johannesburg. It was evident from the way he spoke about SRH and sexual involvements he had with his long-term girlfriend, whom they have been living together for more than five years. Therefore, he seemed very cautious in his sexual decision-making. Tshepo was knowledgeable about sexual decision-making because: firstly, he had his sexual debut while he was still in Limpopo, when he was 15 years old, and by the time of the interview he was 30 years old. Secondly, he was exposed to sexual knowledge and experience from a young age. Lastly, since he arrived in the Johannesburg inner city, his relationship status had evolved from being single, to being in a relationship, and then to living with his girlfriend.

Tshepo was raised by aunts who exposed him to sexual knowledge at a young age. They told him about their boyfriends and exposed him and his peers to pornography at a young age.

However, after moving to the Johannesburg inner city, Tshepo lived with a sexual partner, which allowed him access to regular sex. In addition, Tshepo had notable experiences in his social life within the inner city. He had been to various entertainment clubs, skilled in starting new conversations and friendships with strangers, and he was able to talk with ease and at length, which he did during my interview with him.

Tshepo's migratory profile of having lived for a long time in the Johannesburg inner city with a sexual partner, his experience in sexual engagement, and his seemingly controlled upbringing, led to significant probing questions during the interview. These questions resulted in a rich discussion of his understanding of his sexual decision-making. His extensive understanding also became a key component in data analysis and in shaping his and other participants' discourses. In addition, like all other participants for this study, regardless of nationality, Tshepo's socio-economic goals played a crucial role in his sexual decision-making. He was employed but was also growing his own small business on the side, as he described, *"Currently employed, at the side gig which is not contributing to my financials. Yes, I do have a business on the side and I am employed."*

Tshepo was planning to expand his side business to increase his income, supporting his young and growing family in Johannesburg. Unlike most participants in this study who perceived their stay in the Johannesburg inner city as short-term or temporary, Tshepo was not planning to leave the city any time soon. His narrative suggested that he was invested in staying in the city for a long time. This can be associated with being a South African-born internal migrant, compared to the study's Zimbabwean participants.

3. John

John migrated from Clare in Mpumalanga to the Johannesburg inner city three years before he was interviewed for this study. At that time, his family structure, including those he left in Mpumalanga, consisted of five people: his father, mother, an older sister, himself, and his younger brother. When in Mpumalanga, John lived with his father, mother, and younger brother. Migrating to Johannesburg inner city, he left behind his parents and brother. In the interview, he highlighted that his parents were strict when he was still living with them at Clare.

John, described his family as having been an important social structure for him and ensured that he abided by the guidance his parents put in place for their children. As a result, even after

migrating, John continued to perceive committed intimate relationships as fundamental in his sexual decision-making. He had a spiritual understanding of sexual intercourse as sacred, and should only happen between people who were in a long-term intimate relationship.

In addition to his social constructs, John's sexual decision-making also seemed to be closely linked to his economic activity. Like few other participants, he was running his own business in form of a small tutoring company, offering maths and science tutorials to high school and primary school children. He hoped to expand his company's activities to include tutoring university students because Johannesburg's inner city also houses a large population of higher education students. He was dedicated to being highly competitive economically, especially since his previous relationship with his long-term girlfriend since high school had ended when she left to study in Cuba.

4. Jabulani

Jabulani migrated from Breyten in Mpumalanga to Johannesburg's inner city three years before he was interviewed for this study. At home, he lived with his parents. However, by the time of the interview, he stayed alone in an apartment in Johannesburg's inner city. Jabulani was single, and he had last engaged in sexual intercourse with his girlfriend a long time before the interview. They had already separated by the time of the interview. Jabulani believed that sexual intercourse should only happen within the confines of an intimate relationship.

Jabulani referred to his Christian[21] religious background and religious affiliation when he discussed why his first sexual encounter had taken place not in his home of origin, but in the Johannesburg inner city. He was away from his parents and the Christian community he belonged to at home, he considered them judgemental. He believed that if he engaged in sexual intercourse outside marriage, they would see it as a sin. Jabulani believed that there were many STIs prevailing in the Johannesburg inner city, and he was afraid of acquiring any. Therefore, in his narrative, he indicated that safety in relation to sex was paramount in his life generally. Relative to his fear of acquiring STIs, he often preferred sexual abstinence, except that he had felt safer to engage in sexual intercourse when he had a girlfriend in Johannesburg.

His justification for partaking in sexual intercourse only after he reached Johannesburg was associated with his age. He claimed to have matured and then felt the need to have an intimate

[21] He chose not to share his specific Christian affiliation.

partner. He mentioned that his affectionate feelings drove him, first to seek to establish an intimate relationship, and then to engage in sexual intercourse within the relationship. He felt that this was in line with his personal values. He personally did not see a strong relationship between his decision to engage in sexual intercourse for the first time with his migrating to Johannesburg:

> "*I do not think it was about Johannesburg or me migrating or anything, it was just a decision. I would have decided back home that you know what, now I need someone, because it wasn't about now I am in Johannesburg and I need someone…"*

However, migration appeared to had made it possible for him to be away from a community and social structure that he perceived to be non-supportive. His only fear after starting to engage in sexual intercourse was getting ill, and he seemed to find it necessary to prevent the spread of an STI through him. Becoming ill would not be ideal for him because it would then affect his economic endeavours, although he could not clearly describe what he hoped his economic prospects would be.

5. Nkosi

Nkosi migrated from Mpumalanga to Johannesburg inner city four years before he was interviewed for this study. When he migrated, he left behind his parents and secured an apartment alone where he was currently living in. In relation to engaging in pre-marital sexual intercourse, Nkosi considered his parents as being strict. In addition, he had a part-time job and a girlfriend in the inner city. Paradoxically, while he expressed no trust in Johannesburg inner city women in relation to their SRH, he was in an intimate relationship with a woman from the inner city.

Nkosi's favourite recreational activity was drinking alcohol, seemingly influenced by his social network, who also enjoyed to drink alcohol, as well as a way of enjoying being in the Johannesburg inner city. His preferred drinking place was Maboneng,[22] to which he would go with his girlfriend (who stayed only five minutes away from his apartment) or with his friends. When he went out with the latter, Nkosi mentioned that not feeling safe as he feared losing his valuables, or being involved in any form of violence. He felt safer when he went there with his girlfriend. Also, his girlfriend seemed to play an important role in Nkosi's sexual decision-making. Although they both prioritised protected sex, there were occasions when they had sex

[22] A gentrified precinct within the inner city of Johannesburg, particularly known for its night life.

under the influence of alcohol. Additionally, in the interview, Nkosi did not remember if they had used protection on those occasions. Nkosi also reported that he had casual sex in a club and few hook-ups early in his time living in the inner city. He mentioned that by the time he migrated, he had entertained various sexual fantasies, such as trying different sex positions and styles, which he found easy to explore in Johannesburg compared to his home of origin.

Nkosi's economic activities, which were of relevance to his sexual decision-making, included taking up guitar lessons and learning magic tricks. He hoped to make an income in the entertainment industry. However, at the time of the interview he was working part-time as a delivery person for small items, such as letters from PostNet[23]. He seemed to be using most of his income for entertainment activities, such as alcohol consumption and pleasing his girlfriend as he had a slight hope of making her his fiancée. He felt encouraged by the fact that he had only one girlfriend, as he had claimed, *"Girls in Johannesburg are not safe…"* meaning that he believed they engaged in various risky sexual encounters.

6. Lethabo

Lethabo's home of origin is in Mpumalanga where he lived with his family. He migrated to Johannesburg inner city two years before he was interviewed for this study. His primary reason for migration was that he had secured a job in Johannesburg inner city. Before he migrated, he had been employed in Mpumalanga. Therefore, he migrated to Johannesburg to improve his income. His responses to the interview questions mainly revolved around his comparison of Johannesburg inner city population to that of Mpumalanga. He argued that the Johannesburg inner city was too busy for him.

Lethabo left home his father who he was living with, whom he described as somehow, 'controlling,' and 'wanting the best' for him. In that regard, his father would monitor the times Lethabo left home for work. Some days, they would travel together in their family car from Embalenhle, the township which they lived, to work in the Mpumalanga's main town. This helped Lethabo feel connected to his father and listen to his advice as they discussed things he should consider when entering an intimate relationship. He claimed that his father already assumed that, 'I like girls,' referring to his sexual orientation. Although this was true about his

[23] PostNet refers to the South Africa postal service

sexual orientation, he noted it in relation to the general cultural expectations that his father had for him.

His father, as the only parent that he lived with, held higher standards for him, with more emphasis on being more economically orientated, to ensure that he uplifts his family name. This seemed to undermine much of Lethabo's interests to engage in other social acts, such as dating as a young man, and engaging in sexual activities. However, he did not seem to be too concerned about this, he was mostly interested in listening to his father's guidance and trying to live by them. Therefore, he was avoidant of several activities his peers were involved in such as, alcohol consumption, going to the local township clubs, affectionately known as 'taverns,' or engaging in any form of sexual encounter. He carried his personality of respecting his family members when he migrated to live and work in Johannesburg. For his first year, he lived with his cousin who also did not consume alcohol.

Lethabo, arrived in Johannesburg inner city when he was 24 years old. Dependent on his cousin, it seems that he felt the pressure to respect the conditions presented to him in his cousin's home. He mentioned that he did not drink alcohol within the first 12 months because his cousin did not drink too. It was until he left his cousin's apartment, when he started drinking alcohol, changed his friendship network, and spent more time outside his new apartment, including more nights that he came home after midnight. This meant that his sexual decision-making changed over time, since the time he left his family, and began to be more independent.

When he found his freedom of living alone, he believed that he could have any sexual partner at any time in Johannesburg inner city, which was not the case in Mpumalanga. He said that he would not bring home his various sexual partners due to the fear that his father, and later his cousin in Johannesburg inner city, were going to question this behaviour. He mentioned having had only started bringing more girls he had sex with at his apartment. Seemingly, all the years that he spent under his family (father and later cousin)'s guidance he was just abiding to the guidance to remain acceptable by them. After which, he found no reason to keep the guidance when he lived alone and started exploring his sexual desires and new social networks.

7. Siyabonga

Siyabonga migrated from the rural margins of eThekwini in KwaZulu-Natal five years before the time he was interviewed for this study. His family structure was made up of four people:

his father, mother, younger brother, and himself. He migrated on his own to study in Johannesburg inner city. He completed his degree and was now formally employed. Moreover, he had other informal economic activities (sometimes referred to as his "side-hustle") to boost his regular income.

Siyabonga spoke about women from his home of origin community, as strict and not easily willing to engage in sexual intercourse. For him, this was opposite to women in Johannesburg inner city, because he perceived them as more accessible and viewed sex as being less sacred. Siyabonga's narrative suggested that culture, which in his case, involves norms and values in relation to the church and parental presences, seemed to have a strong impact upon directly and indirectly monitoring women's sexual activities. These social norms pressurised women at his home of origin and reduced their chances to freely participate in sexual encounters.

While throughout the interview, Siyabonga stressed that inner city women have more sexual freedom he also emphasised that they could easily engage in multiple concurrent and perhaps risky sexual encounters. Therefore, for him, he perceived engaging in sexual intercourse in the inner city as risky and required significant caution. He was worried that Johannesburg inner city had high HIV prevalence, information he claimed to had accessed through posters and news. In addition to this knowledge, he mentioned that his sexual decisions were strongly influenced by his economic goals in the city. In line with his perceptions, most of his responses in the interviews were in support of condom use and reducing sexual activities.

8. Kungawo

Kungawo originates from KwaZulu-Natal and had been in Johannesburg inner city for more than five years, by the time he was interviewed for this study. In KwaZulu-Natal he lived with his mother, who was a single parent of four children, including his older twin brothers and a younger sister. Kungawo acknowledged the significance of his family in many of his life's decisions, including his sexual decision-making. He also considered it important to protect his and his family's reputation by behaving in ways that were acceptable within society. In line with these intentions, in his hometown community, he abstained from sex and focused more on his personal development. Kungawo regarded his community as upholding a strong culture (norms and values) against, what he considered, inappropriate sexual behaviours. These included early sexual debuts, having multiple sexual partners, and intergenerational sex.

Intergenerational sex is defined as a sexual relationship between individuals with significantly different ages, which could be between different generations (Leclerc-Madlala, 2008).

However, with respect to his older age and sexual needs, Kungawo started exploring opportunities to engage in sexual relationships when he was still back home with his mother and younger sister. Due to his aim of protecting his and his family's social status in their community, he used more secretive approaches to access sexual partners, such as using online dating sites and hook-ups. However, he considered these as more unsafe at his home of origin than in Johannesburg. Lack of safety for him was linked to not knowing who he would meet and where, including the possibility of meeting someone known to his family. He was concerned that they might talk about his sexual activities to his family members or to community members whom he did not want to know his sexual behaviours.

Kungawo was also worried about online hook-ups because in his home community, they were associated with criminal acts. Some young men had been tricked into potential sexual encounters but later robbed of their valuables by criminals who were using the similar websites for the wrong reasons. This affected Kungawo's number of times he engaged in sexual activities. He had to be more restrictive to ensure that he minimises the chances of being unsafe in anyway. Interestingly, around the questions of using condom during sex in these hook-ups in his rural home, he mentioned that it was the priority. He and his hook-up partners made sure to use a condom during sex. He claimed that hook-ups were safer for him than an intimate relationship with regards using a condom, and financial responsibilities. In hook-ups there were no unexpected costs, because he was charged only a certain amount to have sex, and that is all he paid, compared to an intimate relationship where he had to financially provide more often.

9. Senzo

Senzo migrated from King William's Town in the Eastern Cape to Johannesburg inner city six years before he was interviewed for this study. In his hometown, he lived with his grandmother and cousins, while in Johannesburg inner city, he lived with his mother and twin-sisters. When Senzo migrated, he left his girlfriend with whom he had been having regular sexual intercourse, in King William's Town. He constantly blamed this situation for multi-concurrent sexual intercourse with a sexual partner in the inner city and with his girlfriend back home, as I describe further below. He had been in an intimate relationship with his girlfriend since they

were both in high school. For three years after he migrated, they continued the relationship and he would visit her every December.

After his first three years in the inner city, Senzo met a new sexual partner who he did not consider a girlfriend but regarded as 'a friend with benefits,' a common term for when two people are physically intimate with each other, but not committed in any other way (Epstein et al., 2009; Wentland & Reissing, 2014). Their relationship has no strings attached, in which there are no emotional investments, as well as no formal or informal obligations of an intimate relationship (Furman & Shaffer, 2011; Wentland & Reissing, 2014). Senzo settled for this kind of sexual arrangement because he had lost trust in his girlfriend in King William's Town. He also felt he was no longer accessing enough sex as he wished. Furthermore, he was curious to experience sexual activities with women in the inner city. He claimed that inner city women were more sexually experienced, and could give him a more pleasurable sexual experience.

Although Senzo was eager to experience sex with women in the inner city, he was also aware that he was the only son in his family, with his mother as a single-parent. Therefore, he felt a strong sense of responsibility to work on improving the lives of his family. This was his economic goal in Johannesburg, and helped in his sexual decision-making, through his intention to ensure that he maintained a healthy sexual life. His mother was a casual employee whose income was not sufficient to support the family. In addition, Senzo grew up in this environment and his dedication to making life better for his family often influenced his sexual decision-making in positive ways. To achieve his economic goals, he initially migrated to Johannesburg to study. First, he attended an institution where he could rewrite his matric in 2015, and then he enrolled at a university from 2016. After graduating, Senzo dedicated his free time to part-time work, so as to increase his income, and for his survival in the city, while also financially supporting his mother.

10. Sipho

Sipho migrated from the Eastern Cape, where he was born, and also left his grandfather (whom he still occasionally visited), to the Johannesburg inner city five years before he was interviewed for this study. He lived in the Johannesburg inner city with his parents. Sipho highlighted that, due to the presence of his parents in the inner city, he did not have an intimate partner. In Johannesburg inner city, he was employed on part-time basis. He had a strong sense

of commitment to his life goals. This commitment emerged when he was still young and living in his village in the Eastern Cape.

Migrating to Johannesburg reinforced his commitment to his life goals. As his economic endeavours were his priority, they were crucial in shaping his sexual decision-making. Such an approach motivated him to engage in sex only if it was safe, because he had economic interests that he thought necessary to work for, and protect. Therefore, engaging in sex that could put his health at risk was something he was dedicated to preventing. Furthermore, Sipho's understanding of his Eastern Cape village was often like that of Senzo, also from a village in that province. They both argued that most young people in Eastern Cape villages, in the face of high levels of poverty, were not committed about a better future. Therefore, they often engaged in high-risk sexual behaviours. In contrast, Sipho mentioned being more careful when he thought of sex or sexual partners. Moreover, he felt that his sexual partner had to be someone who he shared economic dreams with.

Due to his career goals and ambition, Sipho said he had been greatly influenced by aspects of Johannesburg's socio-economic context, including its culture of hard work. Therefore, he strongly prioritised his goals much more than he did sexual engagement. He summarised his feelings towards Johannesburg inner city young people's economic context as follows:

> *In Jozi, my experience, I've learnt to realise that life is bigger than what I thought, (…)because growing up in the village back home, I used to think that I have an idea of what life is but since I came here, I've realised that life is bigger than what I thought. I've realised that there are a lot of people out there, I am not special, there are a lot of people out there who hustle for them to be where they are so I also had to work hard to be where I want to be, so I have learned that life doesn't come easy as opposed to where I am from, I knew that I just do this and that then you are done. Coming in here seeing a lot of people's different struggles I have realised that life is a lot, so if you want to do something, you want to achieve something, you have to hustle in whatever way you want to do because there are so many ways of eating an orange so yeah.*

By hustling, he was referring to young people's economic drive to thrive economically, to live purposefully, to take risks, and to triumph over any challenges to achieve their economic goals. Sipho explained his understanding as follows:

> *Hustling, for me that is trying to achieve your dreams, if you want to do this you have to do that here in the inner city… we have different career goals. Coming here made me realised that people have different strategy of doing things so for me that is hustling in their own way because they know what they want to achieve.*

In contrast, Sipho considered his village of origin as less motivating and saw himself as belonging to the more thriving context of Johannesburg. He disassociated himself from the young people in his village. Furthermore, Sipho utilised this strong narrative to frame his sexual decision-making and sense of belonging. It also provided an important analytical point within my findings as similar perceptions were found among other participants in this study.

11. Bandile

Bandile's home of origin is within the Eastern Cape. He migrated to live in Johannesburg inner city three years before he was interviewed for this study. As with other participants in this study, he was motivated to migrate in search of better economic opportunities. In most of his interview responses, he repeatedly connected his sexual decision-making to his primary reason for migrating, while also often dissociating himself from his home of origin. He considered himself more goal focused than other young people in his home of origin.

His economic goals seemed to be strongly motivated by the competitive nature of Johannesburg's inner city economic context. He was employed as an accountant at a small firm. In addition, he was conducting his own business, part-time. Bandile seemed to be highly motivated to financially prosper and did not consider Johannesburg as where he would settle permanently. He was willing to travel the world to seek other potential economic opportunities. His narrative about his sexual decision-making was strongly linked to how he perceived his financial stability, his business opportunities, and possible global explorations. Bandile highlighted being influenced to abstain from sex or use condoms to avoid having children because he argued that children would affect his economic future. He also made it clear that he would not be making the same sexual decisions if he had remained in the Eastern Cape.

12. Themba

Themba, who described his intimate relationship status as *"single and searching,"* migrated to Johannesburg's inner city seven years before he was interviewed for this study. In Zimbabwe, he lived in Bulawayo with his parents, while in Johannesburg he lived alone. Before moving to Johannesburg's inner city, Themba had previously migrated to Durban for approximately one and a half years, which showed he already had experience of living outside his home country. Durban, as one of the main cities in South Africa, seemed to have offered him a useful

orientation for his economic endeavours and this impacted his later sexual decision-making in Johannesburg.

Themba's migration trajectory was primarily driven by his pursuit of better economic opportunities. His first attempts in Durban had not yielded much success. However, while there he learnt of better opportunities within what he perceived as the stronger economy of Johannesburg. As a result, Themba decided to migrate to Johannesburg inner city, where he secured his first job in South Africa. Such information was helpful during the interviews, and also shaped the discourse in the findings chapters. For the past seven years, Themba has been changing jobs and places of residence within in Johannesburg inner city, as he continued with his socio-economic endeavours. The length of his stay and continued economic pursuits in Johannesburg influenced his sexual decision-making, because he considered Johannesburg his home, despite being a cross-border migrant. Thus, his sexual decision-making was associated with stability, and being in the Johannesburg inner city for long.

Themba reported that he visited his parents in Zimbabwe once every year. This reminded him of what he perceived as his responsibility and duty, to respect his parents' guidance in relation to his sexual decision-making. Going home would also remind him of his religious commitments, as he reported that both his family and him were Christian. He mentioned in the interview that his religion did not allow him to engage in sexual intercourse before marriage. However, he said this was applicable to him only at home. In Johannesburg inner city, he did not conform to this religious expectation. In addition, he highlighted that in the Johannesburg inner city, religious rules did not apply. While his sexual decision-making seemed to have changed after migrating, due to his economic commitments, engaging in sexual intercourse was not an activity he prioritised in Johannesburg inner city. Primarily, he argued, he was in the inner city to work and financially support himself and his family back home.

13. Khaya

Khaya migrated from Bulawayo, Zimbabwe, to Johannesburg inner city six years prior to this study's interview. He is among the participants who felt there was less socio-cultural transmission as a result of his migration. In Bulawayo, Khaya lived with his parents, whom he described as strict and would not allow him to engage in any sexual intercourse. Additionally, he would never have imagined having sex, while still living with his parents. Khaya confirmed many other Zimbabwean participants' perceptions that their parents were very strict in relation

to their engagement in sexual intercourse. He was expected to be economically stable first before engaging in any sexual intercourse, because sex is associated with many risks and responsibilities. Due to this guidance from his parents, Khaya's sexual debut occurred only after he migrated to Johannesburg inner city.

Similar to other participants in this study, Khaya's narrative suggested that his economic goals played a crucial role in his sexual decision-making. He had a part-time job where he was running a stationery office in the inner city, offering printing, and other administrative services. In his responses, he said it was of paramount importance for him to succeed economically before he could participate in sexual intercourse. Although, he had already engaged in sexual intercourse, to some extent he regretted this act. His economic ambitions shaping his sexual decision-making were not clearly stated, but they played a role on his decisions.

14. Bangi

Bangi migrated from Bulawayo in Zimbabwe to Johannesburg inner city six years before he was interviewed for this study. In Bulawayo, Bangi lived with his parents. Although he identified them as being strict, he had already been sexually active while in Zimbabwe. When he migrated to South Africa, his sexual decision-making was expressed through online dating and hook-ups, compared to when he was in Bulawayo where he lacked trust. In addition, Johannesburg inner city was more supportive of online dating due to availability of online dating apps, websites, and better technological access through free or cheaper WiFi. At the time of the interview, Bangi was single but had access to regular sex with less responsibilities to a sexual partner, except for a commitment to practise protected sex.

Bangi's sexual decision-making was also informed by his intimate relationship status, and by his work. He was employed as a university tutor, but he was intending to further his studies and continue his career journey, *"…as someone who wants to be an academic, it is part of the training that I am going through..."* Thus, he considered tutoring as part of his training, for him to finally qualify for his intended career, as he said that it is *"the training that I must do in order for me to become a lecturer."* Since he was preparing to continue with his studies and had a clear view of his career, Bangi seemed very strict regarding his sexual decision-making. Due to his work experience and exposure as a graduate and currently as a tutor, he was eloquent in his understanding, as well as analytical about young people, or migrants' sexual decision-making, in Johannesburg's context.

When speaking of his sexual decision-making he was clear that he would prioritise protection and ensure his sexual life did not encroach upon his career goals. Therefore, he recognized the need to be cautious and avoid engaging in risky sexual behaviours. Even if he went to clubs and drank alcohol, he claimed these activities did not affect his sexual decision-making. In fact, he says those activities made him more aware, and he was acutely conscious of his agency in making his choices. However, he appreciated that the Johannesburg inner city offered him a variety of options for his SRH, such as condoms and other contraceptives, as well as increased SRH knowledge, some of which he could not access in his hometown.

15. Mthokozisi

Mthokozisi moved to Johannesburg inner city three years before he was interviewed for this study. In Cowdry Park, Bulawayo in Zimbabwe, he lived with his family, including his parents, brothers, and sisters. Mthokozisi, perceived his migration to Johannesburg inner city as affording him the freedom to engage in sexual intercourse more frequently, compared to when he was still back home. Moreso, he seemed to be highly knowledgeable in relation to SRH. He is the only participant who reported having used pre-exposure prophylaxis (PrEP). Although Mthokozisi had multiple concurrent sexual partners, including one in Zimbabwe (who he had not seen for a long time), protection was the main priority for him in all his sexual encounters.

Mthokozisi indicated that he intended to continue with his involvement in multiple concurrent sexual relationships and casual encounters. Furthermore, he mentioned that he was not intending to enter into any stable long-term intimate relationship soon, when he said *"marriage is not really something I am thinking about right now. Marriages can be really hard."* In the interview, he implied that marriages are hard because of their emotional and economic responsibilities. This was connected to his economic status since he had been unemployed for a while and had recently secured a job four months before the interview. He was employed in Pretoria as a security guard earing roughly R144 000 (USD7 594)[24] per annum, amounting to about R12 000 (USD630) per month.

Mthokozisi travelled to Pretoria on daily basis, about an hour away from Johannesburg inner city using mini-buses or taxis.[25] For 30 days he would need up to R3000 (USD157) for

[24] R144 000 = USD7 563.44, based on 19 August 2023 (see, https://www.oanda.com/currency-converter/en/?from=ZAR&to=USD&amount=144000).
[25] Standard public transport to Pretoria

transport leaving him with about R9 000 of his salary - R5 000 to R7 000 of which was needed for rent This account for his income and major expenses could partly explain his sexual decision-making, and why he was avoidant of marriages or long-term relationships. His income was not sufficient just for him alone, before considering that he also had to send remittances back home.

16. Tinashe

Tinashe migrated from Glenview, a township in Harare, Zimbabwe, to Johannesburg inner city, five years before he was interviewed for this study. Tinashe's primary reason for migration was to seek better economic opportunities in Johannesburg inner city. Therefore, his overall perception was that in Johannesburg, everyone was involved in some form of economic activity. He was an entrepreneur, although he did not mention what exactly his venture was. In addition, he was conducting his business mostly in Johannesburg inner city. However, he had also started making plans to expand by seeking clients in Rosebank and Sandton, two communities mostly occupied by upper-middle income population.

His entrepreneurial intentions for growth and maintaining a stable income seemed to reflect his "lifeworld", where most people around him, whether peers or friends, were involved in some form of informal or formal economic activities. Due to his lifeworld, it was not a primary concern for Tinashe to engage in SRH discussions with his peers or social networks. He was often preoccupied with his economic activities, hence, he perceived thinking and engaging in unprotected sexual intercourse as a betrayal to his commitment towards his economic goals. Additionally, when he left Zimbabwe, he was advised by his family and community members to be careful in Johannesburg because there were high risks of contracting STIs there. Therefore, these ideas influenced his sexual decision-making.

17. Munya

Munya migrated to Johannesburg inner city four years prior to this study's interview. Munya came from Harare, Zimbabwe's capital city, which he viewed as being similar to Johannesburg. In Harare, Munya lived with his parents, sister, and a brother. He described his parents as strict and highly involved in his life plans and decisions. His parents played an important role in his upbringing. Consequently, he expressed that he could still follow their guidance without living with them anymore, as he believed their teachings were ingrained in him. Although he was

residing, and working as an accountant, in Johannesburg inner city, it was only physical distance that separated him from his parents. However, he had more freedom in Johannesburg inner city. For the first two years, he lived in shared accommodation, followed by two years of living alone. Living alone in his apartment, provided him with opportunities to consume more alcohol, go to clubs, and coming back to his apartment late.

Munya was employed as an accountant at a small accounting firm, where he provided accounting, tax, and financial advisory services. Thus, he described his environment, concerning friends and peers, as similar to work: *"For me, it's mostly like mingling with clients, I do talk to clients a lot and manage their accounts."* One of Munya's close friends included Andile, one of the study's participants (described below). Thus, most of his engagements seemed to be related to work and dealing with his clients' needs.

Munya was in an intimate relationship at the time of the study, which had started a year ago. He treated the relationship with respect, and he perceived himself as responsible for maintaining such a standard and love for his partner. He was hoping to become engaged to his girlfriend at some point in the future. Munya's narrative was deeply informed by his work, encapsulated in his economic ambitions to succeed, and continue growing his career as an accountant, as well as maintaining his current intimate relationship. He mentioned having peers who were supportive of him, and also guided by economic intentions, which made it possible for Munya's sexual decision-making to focus on protection and having one sexual partner.

18. Tendai

Tendai migrated from Harare in Zimbabwe to Johannesburg's inner city six years before he was interviewed for this study. In Johannesburg inner city, Tendai lived alone in an apartment. In Harare, he lived with his parents, whom he described as being strict with strong influence upon his sexual decision-making. He reported that at it was difficult to engage in sexual intercourse at his home of origin because his parents would not allow him to do so. In addition, he did not have access to private accommodation where he could engage in sexual intercourse. However, in Johannesburg, Tendai had space, privacy, and the freedom to engage in sexual intercourse since he lived alone in an apartment.

For income generation, Tendai was an entrepreneur. He had graduated from a college in Johannesburg inner city and had just started his new business, *"I just started it, so I have been*

doing it for like, I think it is almost a month now." He cooked food in his apartment, sold and delivered it to his customers. He marketed his food via WhatsApp and delivered it to his customers after they had placed an order. His work kept him occupied because he had to earn income. He was trying to expand his business by adding more delivery scooters, even though he was struggling and one of his scooters had been stolen. His business could only thrive if he maintained the delivery component. In the interview, he suggested that his sexual decision-making was highly impacted by his business hustles, because he had limited time to engage in social activities. Moreover, he had been single for three years. However, he engaged in sexual intercourse through hook-ups with few women he had met at entertainment clubs in Johannesburg inner city. Thus, he perceived hook-ups as advantageous for him, because there were no long-term commitments involved that could impact his business time. His last intimate relationship had been in 2017 with a Zimbabwean woman who lived close to him in Johannesburg inner city.

19. Andile

Andile, a friend of Munya (described above), moved to Johannesburg inner city six years before we met for an interview. In Kwekwe, Zimbabwe, Andile had lived with his parents, while in Johannesburg he was living in a shared apartment with his girlfriend. This had been his living condition for a year, prior to that he lived in the inner city on his own. He described his understanding of his sexual decision-making through three situations in his migration trajectory: (1) when he goes back home, (2) when he was still living alone in Johannesburg inner city and, (3) when he started living with his girlfriend in an apartment.

Andile's overall understanding was that at his home of origin, the norms and values were stricter. For example, his parents would not allow him to go out clubbing or partying late at night. For this reason, he claimed he no longer liked going back home. In the initial period of living in Johannesburg inner city, he could go to clubs or partying and come back late at night with casual sexual partners on a regular basis. However, by the time he had started living with his girlfriend in a shared apartment with Munya and his intimate partner, Andile had reduced his clubbing and partying activities, and he was no longer having casual sexual partners.

Munya and Andile seemed to morally and socially support each other, with regard to their intimate relationships. Their support was evident through their arrangement of sharing an

apartment together with their intimate partners. Andile was planning to strengthen his commitment to his girlfriend by moving to an apartment of their own, as he explained:

> *So, currently me and my girlfriend are currently in a two-bedroom apartment, but we will be moving to a bachelor's… We are moving to a bachelor's in a few weeks, so it is a bachelor's apartment in a flat like building a nice environment nice flat actually, so it is just me and her.*

Andile suggested that his sexual involvement was more stable with just one sexual partner. His sexual decision-making was also strongly influenced by his financial and career prospects. He was currently a junior accountant at the same accounting firm where Munya was working. A firm at which he had been working for more than five years. In addition, his intention was to grow his accounting career, which seemed much more important to him than any further social involvements, such as multiple intimate or sexual partners. Successful career growth would continue to increase his income and ensure that he could best maintain his current stable intimate relationship, and finally marry his girlfriend.

20. Troy

Troy migrated from Kwekwe in Zimbabwe to Johannesburg inner city, five years before he was interviewed for this study. In Kwekwe, he lived with his parents, while in the inner city he lived in an apartment with his girlfriend, whom he met in the inner city same year he immigrated. This made him somehow sexually protective (in a sense that he avoided multiple sexual partners, which, if unprotected, would increase his chances of STI exposure). Since then, he only had sex with his girlfriend, although it was often unprotected. Troy believed it was safe to have unprotected sex if the sexual intercourse was with one person. When he moved to Johannesburg from Kwekwe, Troy was primarily motivated by his economic endeavours. He maintained that there were many other young economic migrant men from his hometown who had migrated to different parts of the world in pursuit of better economic opportunities. So, it was normative for him that he had to migrate to access better economic opportunities. In line with his narrative of 'looking for money,' Troy arrived in Johannesburg inner city, secured employment, and changed companies several times, until he decided to start his own business.

At the time of the interview, Troy's daily life was preoccupied with planning and deciding how to grow his business. He was working with his long-term girlfriend and a few part-time employees in his company which focused on archaeological and heritage consulting. Therefore, Troy's primary ambition was to extend\expand his company beyond South Africa's borders.

He stated that he was willing to relocate and continue his business wherever he could make better income. Due to these plans, he stated that he would not engage in unprotected sex because it would risk pregnancy, and he was not yet ready to have a child, especially if the child would remain in Johannesburg. Hence, his socio-economic ambition strongly influenced his understanding of his sexual decision-making.

21. Andrew

Andrew migrated from Kwekwe in Zimbabwe to Johannesburg inner city six years prior to this study's interview. In Zimbabwe he lived with his parents, while in Johannesburg's inner city he lived alone in an apartment, although his girlfriend regularly visited. Andrew was a part-time employee whose work was research around SRH and other related topics. Most of his sexual decision-making was informed by the research work he had been involved in. He was aware of many sexual risks that may affect his health if he engaged in them. He was well-informed about high-risk sexual behaviours and the impact his environment had on his sexual decision-making.

At 30 years of age, Andrew was leading a responsible life and was highly focused on self-development and his research career. He was currently working at a university where he was a part-time marketing and communications officer, but intended to seek employment stability through research and teaching career. Therefore, his career intentions consumed most of his time. Furthermore, Andrew was at a stage where he wanted to focus his sexual relationships on only one intimate partner, his current girlfriend, to whom he was very committed. He was looking forward to developing a long-term intimate relationship or marrying her.

22. Tanaka

Tanaka migrated from Chinhoyi, a small town in the Makonde district in Zimbabwe's Mashonaland West, to Johannesburg inner city three years before he was interviewed for this study. In Chinhoyi, Tanaka lived with his grandparents who he said he respected. In Johannesburg inner city he lived alone in an apartment. Tanaka had two girlfriends, one in Johannesburg inner city and another in Chinhoyi. He considered the one in Chinhoyi as a *"...serious girlfriend...,"* and the one in Johannesburg inner city as a casual sexual partner. Although at the time of the interview, Tanaka only had these two girlfriends. However, previously he had multiple concurrent sexual relationships, with up to three women in

Zimbabwe and four in Johannesburg inner city. While he had these multiple concurrent sexual partners, he did not use condoms during sexual intercourse, hence, he often had unprotected sex. Tanaka's main economic goal was maintaining his current job, of working full-time as a chef in a restaurant in Sandton.

Tanaka's hope was to continue increasing his income possibilities because it was costly to live in Johannesburg inner city while working in Sandton. Sandton is about 17.9km away from Gandhi Square. However, using a taxi may stretch up to an hour of travelling from his apartment to work and another hour back home. Despite, it costs nearly R20 (USD1), which would come out of his salary, averaging R7000 (USD350). Out of his salary, he had to ensure he has enough for his rental, groceries, transport, and send some remittances back home. His economic condition was demanding. Therefore, he ensured a well-planned method to save his salary appropriately, which affected how he thought of his sexual involvement.

In the following section, I proceed to discuss the findings that emerged from the above participants' narratives in relation to their sexual decision-making. The participants' profiles demonstrate that most of them were highly committed to their economic activities, which included employment, starting or maintaining their own businesses. The other overall observation was that, while most participants expressed their interest in committing to one intimate partner, some intended to continue engaging in multiple-concurrent sexual behaviours. Furthermore, their sexual decision-making was formed by a myriad of factors, such as culture, which I discuss in the next section.

Appendix B: Interview schedule

Interview questions:

1. Thank you for accepting to participate in this study, like I have explained before it is about migration and sexual decisions
2. Where are you originally from?
    a. Do you come from a village or a city *(this question will be asked to young migrant men)*?
3. How long have you been staying in Johannesburg?
4. Tell me about your experience of living in Johannesburg especially compared to your original home?
5. In Johannesburg-inner city, what is the kind of a living arrangement where you stay?
    a. How many people do you live with? How do you relate to the people that you live with?
    b. Can you describe your place for me?
    c. What do you often do for recreational activities? Do you have any of these activities?
6. Can you tell me about your employment status?
    a. If unemployed, how do you make a living?
    b. If employed, tell me about the kind of work you do and your working environment.
7. Can you tell me about your relationship status? Do you have a or more than one girlfriend or boyfriend? You can be free to share your sexual identity or preference too.
8. How long have you been in this relationship? Where and when did it start?
    a. Do you have any other sexual partner who does not live here in Johannesburg?
    b. Do you mind sharing how you guys met with your sexual partner(s)?
9. Are you sexually active?

a. Tell me about your sexual life.

b. Tell about your sexual partners, if you have sex with anyone else other than your intimate partner.

10. What motivates your sexual decisions?

    a. Having one sexual partner or having more than one?

    b. Or having sex in a relationship or/and outside a relationship.

    c. Tell me about your understanding of safe sex.

    d. How would you describe your sexual activities, do you practice safe sex? Or not? Tell me more about this.

11. Do your sexual decisions have anything to do with you being a migrant? Tell me a bit about this *(this question will be asked young migrant men).*

12. What are some of your sexual behaviours that you may say they emerged since you came to Johannesburg?

13. How are these different from home (Zimbabwe or elsewhere outside Johannesburg)?

14. What are some of your overall thoughts about your sexual life in relation to you being a young migrant man?

15. We are done with the interview; do you have any questions?

Appendix C: Study's themes and sub-themes

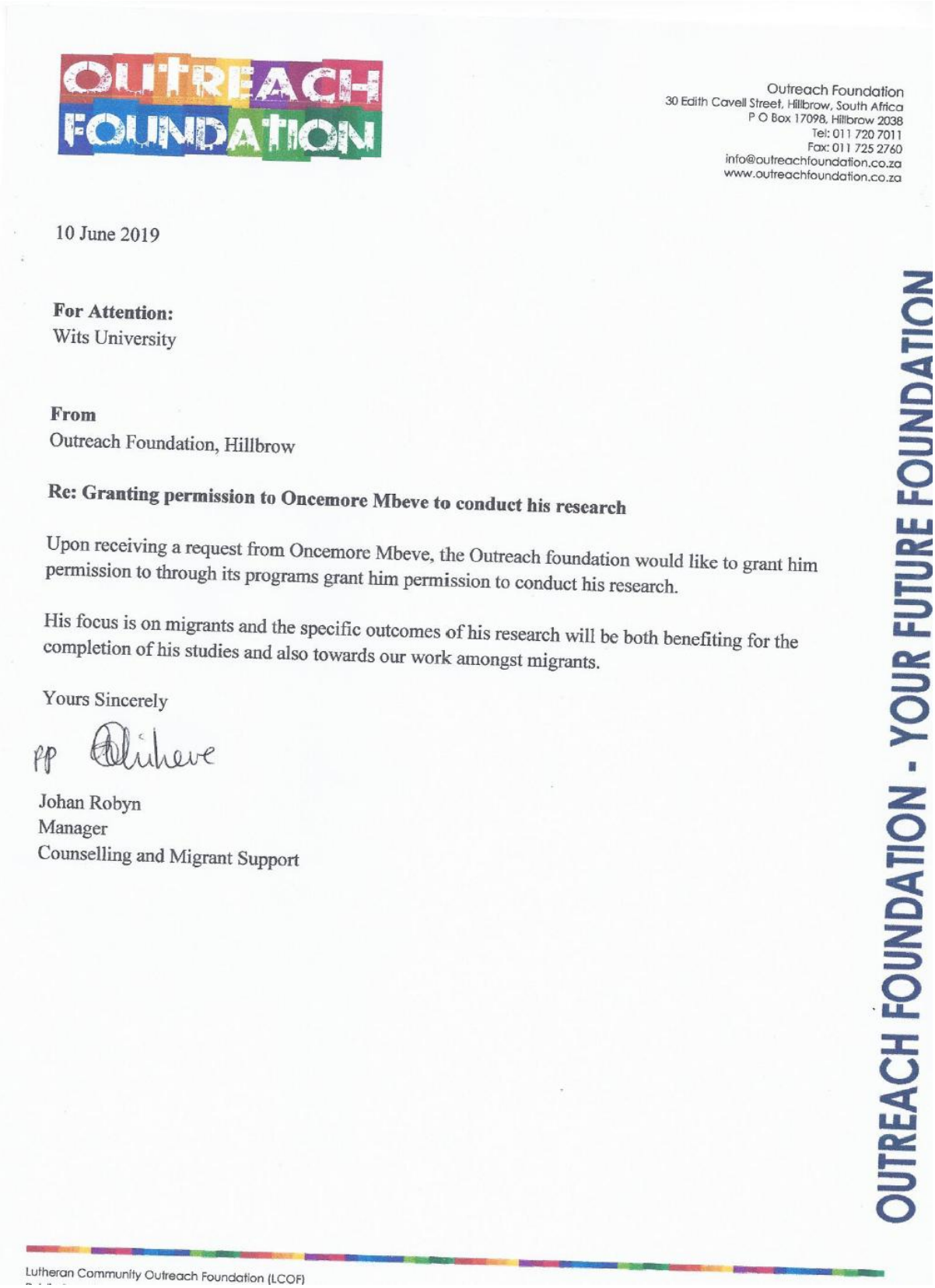
Chapter	Main theme	Sub-themes
4 Socio-cultural sexual decision-making mediators	*"Culture in Zimbabwe* [and South African home of origin] *is very good culture…"*	
	Disconnection from home and new connections in Johannesburg	Independence
		Intimate relationships
	Acceptable behaviours and agency	
	Access to and choices about sex	
5 Economic related sexual decision-making mediators	Economic ambitions and opportunities	Family planning
		Access to SRH services
	Spatial and temporal perceptions of Johannesburg and its impacts on sexual decision-making	Space, time, and temporality
		Peer pressure
		Technology and access to free Wi-Fi

The above table outlines the main themes and sub-themes explored in Chapters 4 and 5, which focus on the sociocultural and economic mediators of sexual decision-making among young South African and Zimbabwean migrant men in Johannesburg. Chapter 4 addresses sociocultural factors, emphasising how cultural norms from Zimbabwe and the South African places of origin influence sexual behaviour. This chapter introduces the theme *"Culture in Zimbabwe* [and South African home of origin] *is very good culture…"* and delves into sub-themes like disconnection from home and new connections in Johannesburg, highlighting how migration fosters both a sense of independence and the development of new intimate relationships. Another key aspect is acceptable behaviours and agency, exploring how migrants navigate societal expectations and assert their sexual autonomy. The chapter concludes with discussions on access to and choices about sex, focusing on how sociocultural norms shape decisions regarding sexual activity.

Chapter 5 shifts to economic mediators, exploring how economic ambitions and the search for opportunities impact sexual decision-making. This chapter examines sub-themes like family planning and access to SRH services, emphasising the role of economic stability in shaping reproductive choices. It also investigates how perceptions of space and time in Johannesburg influence sexual behaviour, presenting sub-themes such as space, time, and temporality, peer

pressure, and the use of technology and access to free Wi-Fi. These economic factors illustrate the intersection of urban migration, resource access, and evolving social networks, revealing how economic circumstances and the environment in Johannesburg drive sexual decision-making processes among migrant men.

Appendix D: Outreach Foundation – Participants access letter



OUTREACH FOUNDATION

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10 June 2019

For Attention:
Wits University

From
Outreach Foundation, Hillbrow

Re: Granting permission to Oncemore Mbeve to conduct his research

Upon receiving a request from Oncemore Mbeve, the Outreach foundation would like to grant him permission to through its programs grant him permission to conduct his research.

His focus is on migrants and the specific outcomes of his research will be both benefiting for the completion of his studies and also towards our work amongst migrants.

Yours Sincerely

pp Mbeve

Johan Robyn
Manager
Counselling and Migrant Support

OUTREACH FOUNDATION - YOUR FUTURE FOUNDATION

Lutheran Community Outreach Foundation (LCOF)

Appendix E: Free psychological support service (CSVR)

CSVR The Centre for the Study of Violence and Reconciliation
Reg. No.: 1998/000544/08 Section 21 Reg. No.: Welfare 007-428 NPO

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CAPE TOWN OFFICE:
501 Premier Centre,
451 Main Road, Observatory, 7925
Tel: +27 (21) 447 2470

Date: 08/04/2019

University of the Witwatersrand

Ethics committee

Johannesburg

South Africa

RE: **Permission to Refer Participants for Counselling Services.**

This letter serves as a proof given to Oncemore Mbeve, Student No 696177, a PhD student enrolled at African Centre for Migration and Society (ACMS), that I am aware that he will conduct his, degree purpose research titled ***"Mediators of sexual decision making among young South African and Zimbabwean migrant men: A study conducted in Johannesburg, South Africa"*** after approval by the ethics and faculty committee.

Given the nature of the research, should a participant experience any traumatic experience during the interviews and need psychological intervention, my counselling services will be on standby to assist in this regard and will be free of charge. Should there be any need for referral to another organization, other than CSVR, this will be arranged.

Should more information be required, please do not hesitate to contact the under signed.

Yours sincerely

CSVR

Thembisile Masondo

Psychosocial Trauma Professional

(+27) 11 403 5650

Braampark , Forum V, Floor 3

33 Hoofd Street

Braamfontein, Johannesburg

Appendix F1: Other outputs from the data of this study

Book Chapter:

Mbeve, O., Nkomo, S.T., & Vearey, J. (2022). From the Micro to the Meso: The Role of Social Work in Developing Migration Aware HIV Responses for Young Migrant Men in Johannesburg. In Munck, R., Kleibl, T., de Carmo, M., & Dankova, P. (eds) (2022). *Migration and Social Transformation: Engaged Perspectives.* Machdohnil Ltd. Dublin 11, Ireland.

Journal article presentation (seminar):

Mbeve, O. (November, 2022). *The contribution of young migrant men to building potentially sustainable, and sexual and reproductive health beneficial social integration in Johannesburg Inner city.* Division of Migration, Ethnicity and Society (REMESO), University of Linkoping, Sweden.

Appendix F2: Conference participation

n|w University of Applied Sciences and Arts Northwestern Switzerland
School of Social Work

UNIVERSITÄT KLAGENFURT

Technology
Arts Sciences
TH Köln

22nd International Conference on Migration
«Multicultural Conviviality»
15th to 17th June 2022, Dudelange/Luxembourg

South African College of Applied Psychology
Social Work
Oncemore Mbeve PhD
4 Jakaranda, Killian Avenue
1459 Boksburg
SOUTH AFRICA

Olten, 17 June 2022

Participation confirmation

This is to confirm, that Dr. Oncemore Mbeve

took part from 15 June 2022 to 17 June 2022 at the following event:

22nd International Conference of Migration «Multicultural Conviviality«

per order of the Organisation Committee

Prof. Dr. Thomas Geisen

Hochschule für Soziale Arbeit FHNW
Institut Integration und Partizipation

Von Roll-Strasse 10
CH-4600 Olten

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