

https://dspace.org/

The construction of masculinity for adolescents with absentee fathers and their Voluntary Medical Male Circumcision (VMMC) decision making

Rushwaya, Ruvimbo

2017

https://hdl.handle.net/10539/25962

Rushwaya, Ruvimbo (2017) The construction of masculinity for adolescents with absentee fathers and their Voluntary Medical Male Circumcision (VMMC) decision making, University of the Witwatersrand, Johannesburg, <http://hdl.handle.net/10539/25962>

Downloaded from a DSpace repository. https://dspace.org/

The construction of masculinity for adolescents with absentee fathers and their Voluntary Medical Male Circumcision (VMMC) decision making

Ruvimbo Rushwaya

Student No: 499604

Supervisor: Dr Mzikazi Nduna



A research report submitted to the Faculty of Humanities, University of Witwatersrand, in partial fulfilment of the requirements for the Masters of Arts in Diversity Studies.

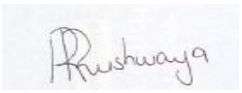
January, 2017

Declaration

I declare that this research report is my own work. It is being submitted for the Masters of Arts in Diversity Studies at the University of the Witwatersrand, Johannesburg. It has not been submitted before for any degree or examination in any other university.

Where use has been made of the work of others, I have duly acknowledged and properly referenced that in the text.

Date: 6 January 2017

Signature: 

Acknowledgements

I would like to acknowledge everyone who has contributed to the success of this research report. First I would like to thank God for seeing me through this programme, He is forever faithful.

My sincere gratitude goes out to my loving parents Mr and Mrs Tugwete who always believed in me even when I doubted myself.

My husband Mutumwa Rushwaya who has helped me in various ways during the writing of this report. Thank you for your recommendations, suggestions and feedback that I never took for granted.

Special thanks goes to Professor Jill Bradbury and Professor Melissa Steyn and the Diversity studies team, for guiding me into the world of academia, and always encouraging critical thought and hard work.

Thank you to all the Father Connections (FACT) students and staff that offered feedback and critique during our weekly seminars; your contributions have been deeply appreciated. I would also like to acknowledge the DST National Research Fund (NRF) Centre of Excellence (CoE) in Human Development for their funding support towards the FACT research team.

Finally, I would like to express my sincere gratitude to my supervisor, Dr. Mzikazi Nduna for understanding and being patient with me as much as possible. Thank you so much for your feedback and guidance which have been instrumental in the development of my research report.

Abstract

Title: The construction of masculinity for adolescents with absentee fathers and their Voluntary Medical Male Circumcision (VMMC) decision making

Background: The role of men within the family, particularly in the raising and socialisation of children, continues to be symbolically important but in reality may be diminishing. In South Africa, many black adolescent boys are raised by their mothers who are often single parents and act as heads of households. South African black adolescents are growing up in an environment which is nestled against the backdrop of conflicts because of the various political and social transitions within the country. From this perspective it becomes probable for adolescents to occupy multiple identities of masculinity based on their social contexts, and parents and families are a crucial part of this social environment. There is currently not enough literature that shows how black adolescent boys construct their identities when they do not live with their biological fathers.

South Africa has a high HIV prevalence rate of approximately 10,2% of the total population. HIV in South Africa is primarily spread through heterosexual sex and it is argued to be fuelled by the masculinity culture of multiple, concurrent sexual relationships and early sexual debut. The high HIV prevalence prompted the National Department of Health (NDoH) to identify youth as a specific target group for HIV interventions. Voluntary medical male circumcision is one of the prevention tools that is used as part of a preventative package against HIV. The transition from adolescence to healthy adulthood is dependent on the social environment in which adolescents live, learn and earn; parents and families are a crucial part of this social environment. However there is no literature which explains how black adolescent boys with absentee fathers, make the decision to go for VMMC. This study investigates the influence, or lack thereof, of the (absent) father in the construction of masculinity and in Voluntary Medical Male Circumcision (VMMC) decision-making for boys who grew up without the father.

Method: Data was collected based on the perceptions and experiences of ten adolescent boys, aged between 15 -19 years, who were growing up in homes where their fathers were absent. The participants were recruited from a youth centre in Hillbrow, Johannesburg. A qualitative research methodology was used which is situated in the interpretivist paradigm. Participants were purposively selected bases on a specific inclusion criteria that was provided. Data was collected by means ten of semi-structured, one-to-one, in-depth interviews. The interviews ranged from 12 – 45 minutes. The data was analysed using inductive thematic analysis.

Findings The following two dominant themes emerged from the data: multiple voices of masculinity and influencers of masculinity. The study findings showed that when adolescent boys grow up without their fathers, their masculine identities were drawn from the different social contexts that they lived in. Mothers and peers had a substantial part to play in how adolescent boys constructed their masculine identities. Popular culture also had a huge impact on the masculine identities that adolescent boys ended up embracing. Peer groups had a significant influence on the way adolescent boys constructed their masculine identities as their endorsements or recommendations were respected

Discussion:

The findings from this study suggested that the participants occupied various masculine identities. The data revealed that none of the participants simply occupied one of the four positions in relation to a hegemonic standard, instead they positioned themselves through multiple and sometimes contradictory identities. The data showed that in some instances participants would embrace bad boy identities which included drinking alcohol, when they were in the company of peers and good boy identities when they found themselves in a religious set up. The findings from this study also questioned the assumptions that suggested that in the absence of fathers, boys would develop masculine identities that were deficient from the societal norms. The role that mothers played in adolescent HIV prevention, with particular reference to Voluntary Medical Male Circumcision (VMMC), were highlighted in the study. Mothers were primarily responsible for ensuring that their sons went for VMMC. The main motivating factors for these mothers were mainly centred on health and hygienic reasons. The participants in turn agreed to their mothers' suggestions as an act of deference.

Conclusion: The study revealed that although Black adolescent boys still practised some forms of hegemonic masculinity, they were developing alternative forms of masculinity, which were neither complicit nor subordinate to the nouveau hegemonic masculinity. Mothers also had an influential role in how adolescent boys with absentee fathers constructed their identities. Mothers were often the first point of call that the participants turned to when they were confronted with a crisis. It was also revealed that mothers influenced the decision for their sons to go for VMMC for mainly health reasons rather than for the process to be a marker of masculinity. The adolescent boys in the study did not question their mother's decision but in most instances simply followed the instructions they had been given.

Recommendations: Peer group workshops should be established that focus on educating adolescent boys about sexual reproductive health with emphasis on the benefits of VMMC. These workshops can also be use used to discourage risky behaviours that are encouraged by certain masculinity types such as i*zikhothane* for urban boys. Communication around VMMC should also be targeted to mothers as they have an influence on the health of their sons.

Key words: absentee fathers, HIV prevention, masculinity, voluntary medical male circumcision

Table of Contents

Declaration 1

Acknowledgements 2

Abstract 3

CHAPTER 1: Introduction 9

1.1 Background to the study 12

1.1.1 South African Masculinities 12

1.1.2 Fathers and Fatherhood 14

1.2 Rationale 16

1.2.1 Research Questions 16

1.2.2 Objectives of the Study 16

1.3 Structure of the Research Report 17

CHAPTER 2: Literature Review 18

2.1.1 Fatherhood 18

2.1.2 Father Absence 20

2.1.3 Consequences of father absence 22

2.2 Construction of Masculinity 25

2.2.1 Hegemonic Masculinity 25

2.2.2 Construction of South African Masculinities 28

2.3 Adolescence and Identity 30

2.3.1 Adolescence in Erik Erikson's Psychosocial Developmental Stages 31

2.4 HIV in South Africa 34

2.5 Voluntary Medical Male Circumcision (VMMC) 36

2.6 Role of Families in Adolescent HIV Prevention 39

CHAPTER 3: Methods 42

3.1 Research Study design 42

3.1.1 The research site: Hillbrow 42

3.2 Sample and sampling 45

3.3 Data collection 46

3.4 Data Analysis 48

3.5 Ethical considerations 49

3.6 Reflexivity 50

3.7 Study limitations 51

3.8 Ensuring study rigour 52

CHAPTER 4: Findings 54

4.1 THEME ONE: Multiple voices of masculinity 55

4.2.1 Hegemonic Masculinities 55
4.2.1.1 Money and the Provider Role 55
4.2.1.2 Gendered Responsibilities 57
4.2.1.3 Sexual Ability and Risky Behaviour 58
4.2.1.4 Use of Dangerous Substances 61
4.2.2 Fluid Masculinities 62
4.3 THEME TWO: Influencers of Masculinity 68
4.3.1 The power of mothers 68
4.3.2 The macho (or strict) absent fathers 69
4.3.3 Friendships and Intimacy 72
4.3.4 Religion 75
4.3.5 Style and popular culture 77
4.4 Voluntary Medical Male Circumcision (VMMC) 81
CHAPTER 5: DISCUSSION 84
5.1 Influencers of masculinity 84
5.2 Multiple voices of masculinities 88
5.3 VMMC in adolescent boy's HIV prevention 90
CHAPTER 6: CONCLUSIONS 94
6.1 Recommendations 95
References 97
APPENDICES 103
APPENDIX I: Information Sheet 103
APPENDIX II: Recruitment Script 105
APPENDIX III: Request for Permission 109
APPENDIX IV: Informed Consent: Parent or Guardians Agreement for Minor to Take Part in Study 110
APPENDIX V: Informed Assent: Agreement of Volunteer to Take Part 111
APPENDIX VI: Outreach Permission Letter 112
APPENDIX VII: Interview Guide 113
APPENDIX VIII: Recruitment Flyer 114
APPENDIX IX: Ethics Clearance Letter 115

List of Figures

Figure 1: HIV prevalence estimates and the number of people living with HIV, 2002–2015)……27

Figure 2: Map of Hillbrow/ Berea……35

CHAPTER 1: Introduction

A great deal of literature about fatherhood and father connections has appeared within the past decade (Nduna, 2014, Richter and Morrell, 2006, Posel and Devey, 2006, Hunter, 2006). This is prompted by the statistics that seem to indicate that a lot of fathers are absent in the lives of their children (Lannoy et al., 2015). The role of the father within the family particularly in the raising and socialisation of children continues to be symbolically important but in reality, with high rate of absent fathers, it may be diminishing (Lannoy et al., 2015). In South Africa the proportion of children living with both parents decreased from 39% in 2002 to 35% in 2013; 39% of all children, which is more than seven million children, live with their mothers but not with their fathers (Lannoy et al., 2015). In South Africa it is common for a child to be raised by grandparents from birth until they are ready to start attending school. Children are often separated from their parents for various reasons which include male labour migration, poverty, housing and educational opportunities, low marriage rates and cultural practice (Lannoy et al., 2015). The kinds of absence experienced vary as some children report knowing their father and having contact with them, whilst others grow up without knowing or interacting with their fathers (Lannoy et al., 2015, Nduna and Jewkes, 2010).

The various political and social transitions within South Africa have forced adolescents[1] to grow up in a highly sensitive context that is often nestled against the back drop of conflicts between different modes of masculinity (Ratele, 2013a). Adolescents position themselves and are positioned through a repertoire of masculinities made available through the unconscious, social context and individual biographies (Redman, 2001 in Blackbeard et al, 2007). From this perspective it becomes probable for adolescents to occupy multiple identities of masculinity based on their social contexts. According to Hanson et al. (2007) during adolescence, it appears as though the essence of the father-child relationship is founded upon identity. However in instances where the father is not around, young people may be motivated to seek their paternal identity in order to get support from their father either financially or socially (Nduna, 2014, Nduna and Jewkes, 2011). In instances where they are

[1] The terms adolescent boys and youth are used interchangeably in the study to refer to the participants between the ages of 15 and 19 years old. The focus in the study is how boys in this age group negotiate and contest multiple voices of masculinity.

unable to locate their fathers, they deal with the situation with silence which is often used to mask feelings of frustration and anger (Nduna and Jewkes, 2011, Langa, 2012).
Varga (2001) argues that traditionally within the African social context, adolescence, the extended period of psycho-emotional and social maturation between childhood and young adulthood was not a clearly defined period. According to Varga (2001) extended families and social institutions incorporating puberty rites and sexuality education, were responsible for guiding boys in making the transition to manhood, in a relatively short period of time. The passage of time has however seen the traditional social structures give way to nuclear and single parents households (Varga, 2001).

Ramphele and Richter (2006) argue that women who are single parents act as effective heads of households. These can be grandmothers who are left to act as primary caregivers and women who are members of an extended household who assist when children are left with no available parent (Ramphele and Richter, 2006). However, when the time comes for the boys to undertake manhood initiation, the role of the father or another adult male relative becomes prime (Deacon and Thomson, 2012, Vincent, 2008). Manhood initiation refers to the journey undertaken by boys who come from specific practising ethnic groups, which marks their entry into manhood, educates them as men and trains them in endurance and fortitude; and this process includes circumcision (Deacon and Thomson, 2012, Greely et al., 2013). Circumcision that is performed during manhood initiation is the removal of the penile foreskin (Auvert et al., 2005, Deacon and Thomson, 2012, Kamath and Limaye, 2015). Only males will need to make the decision to undertake circumcision, hence the reason why boys are the subject of interest in this study. In South Africa circumcision is also performed as an HIV public health prevention intervention at the clinics (NDoH, 2012a, NDoH, 2012b). This study investigates the influence, or lack thereof, of the (absent) father in the construction of masculinity and in Voluntary Medical Male Circumcision (VMMC) decision-making for boys who grew up without the father.

The estimated overall HIV prevalence rate is approximately 11,2% of the total South African population and the total number of people living with HIV was estimated at approximately 6,19 million in 2015 (StatsSA, 2015). HIV in South Africa is primarily transmitted through heterosexual sex; infections are concentrated in the sexually active population of the 15 – 49 age groups (Desmond and Desmond, 2006). The spread of HIV in South Africa is fuelled, amongst other things, by the culture of multiple and concurrent sexual relationships and early

sexual debut (Shisana et al., 2014, UNAIDS, 2000, MacPhail and Campbell, 2001, Bryan et al., 2006). According to Varga (2001) a perspective that incorporates gender and sexuality is critical to understanding the role of boys and male youth in the African HIV/AIDS epidemic, and finding effective means of engaging male youth in the fight against it.

The South African National Department of Health (NDoH) identified youth[2] as a specific target group for HIV interventions, particularly those aimed at the prevention of infection (NSP 2007 – 2011; 2012 – 2016). Voluntary medical male circumcision was identified as one of the prevention tools that can be used as part of the preventative package against HIV (NDoH, 2012a). Evidence produced in a randomised controlled trials that were conducted in South Africa, revealed that medical male circumcision has 60% efficacy as an HIV prevention tool for reducing male to female HIV transmission (Auvert et al., 2005). The Minister of Health, Dr Aaron Motsoaledi in his annual report (DOH, 2012) stated that in order for medical circumcision to be effective as a prevention measure, there is a need for it to be acceptable and accessible to young men especially before their sexual debut. There is therefore a need to study and understand how adolescent boys make the decision to get circumcised medically, as this has an impact on policy and intervention relevance, on their uptake of VMMC.

The construction of masculinity has significant influences on the health making decisions (Connell, 2005b, Mfecane, 2008) and the role of the family is equally significant in ensuring the health of adolescents. However it is not known whether the father has any influence on his son's undertaking of medical circumcision and whether there is any relation to masculinity for the modern urban boy.

The current gap in available literature is that masculinity studies that have analysed construction of masculinity in adolescents have mainly been done in the Western world, (Connell, 2000; Erikson, 1968; Frosh et al; Kroger, 1996). There is currently not enough literature in South Africa to understand how Black[3] adolescent boys construct their

[2] According to the South African National Youth Policy (2009-2014) crafted by the National Youth Development Agency (NYDA); youth is defined as individuals between the ages of 14-35. The Framework Strategy supports this definition of youth for the applicable ages that fall within the period of adolescence as described United Nations Population Fund (UNFPA) along with the World Health Organization (WHO) and United Nations Children's Fund (UNICEF) who define adolescence as between the ages of 10-19.

[3] Black refers to one of the four racial categories which was established during the South African apartheid era which also included coloured, Indian/Asian and white and was classified mainly by similar physical traits

masculinity particularly when they are raised in households where they do not live with their biological fathers; and how this impacts on their decision to opt for Voluntary Medical Male Circumcision (VMMC). This study is interested in contributing knowledge on this aspect.

1.1 Background to the study

1.1.1 South African Masculinities

South African masculinities are constructed similar to what Connell (2005b) describes as hegemonic masculinity. Masculinity is experienced through the gendered division of labour, the male dominated social hierarchies, the organisation of leisure time and the gendered nature of space (Morrell, 1998). During the apartheid era, a political system that lasted from 1948 to 1975 in South Africa, white masculinity was positioned as the superior hegemony; black masculinities were positioned as inferior to the white men. According to Morrell (1998) the relationship between the black colonised and the white coloniser involved emasculating the black men. For instance during the early urbanisation days in South Africa, some young Zulu men were forced to work in the homes of white people (Morrell, 1998; Mkhize, 2006). They were made to perform duties such as washing and cleaning the house, roles which they would normally reserve for the females in their own homes. Morrell (1998) asserts that the term 'boy' in South African English referred to a grown man who was a servant. This form of servitude was combined with the process of infantilising the black men so as to regard them as being incapable of making mature decisions and subsequently being forced to be reliant upon the white master; this became a feature of black masculinity.

This was a demeaning process for the black men's masculinities, and they reacted by being violent towards their white bosses and madams, thereby contributing to intergroup conflict between the two races. In addition, the increased demand for cheap labour within the mines, resulted in large numbers of men migrating to the mines in order to find work. The demanding and dangerous work in the mines required men who were physically tough and strong. According to Breckenridge in Ratele (2013), violence in the South African mines was central to masculine self-definition where aggression formed part of a very complex field of cultural practice. The *indlavini*, which is a Nguni term indicating a masculine identification characterised by violent behaviour, recklessness and disrespect; especially towards the elders and the traditions they stood for, is an example of this culture (Mkhize, 2006).

As more men migrated to the towns and cities to work in the mines and the industrial area, township[4] life was established where men set up secondary homes away from their rural homes. According to Morrell (1998), work was a ticket into the city, any men who was found in the city without a job faced the risk of being deported to the reserves[5]. Subsequently paid work was regarded as a defining feature of masculinity. Although township life influenced the new form of masculinity, most migrant workers maintained contact with their homesteads and the centrality of kinship ties ensured that African masculinity remained hegemonic.

Urbanisation disrupted family life and the youth who migrated to the towns adopted a culture which did not look back to the rural homesteads or African patriarchy to construct their identities. The youth formed gangs and constructed a *tsotsi*[6] masculinity. This was a street wise petty criminal characterised by oppositional thinking (Morrell, 1998; Mokwena, 1991; Mkhize, 2006). According to Glaser (1990) the *tsotsi* subculture of the 1950s should be interpreted against the background of the structural marginalisation and impoverishment of black working class youths on the Reef during that period. One of the most prominent of these rebel groups who led to the emergence of gangsterism, are the Ninevites who were led by 'Nongoloza' Mathebula (Glaser, 2000, Kynoch, 1999). At the prime of their existence the Ninevites had absorbed scores of vagrants, they had infiltrated the labour compounds and they had taken control of the inmate population at many of the prisons (Steinberg, 2004).

Within the townships young people became actively involved in activities for the liberation struggle. This was a struggle against the repressive apartheid laws, a fight for freedom (Kynoch, 2005). According to Ramphele (1992), many youth responded to Oliver Tambo's call to make South Africa ungovernable. Many youth dropped out of school to join the struggle and the slogan 'Freedom Now, Education Tomorrow' was popularised. Kynoch (2005) discusses how young males developed a militarised masculinity, which demanded them to be strong, brave, tough, fearless, aggressive and violent. Kynoch (2005) comments on how all males were expected to engage in resistance against the struggle and this resulted in the development of comrade masculinity. He argues that being a comrade was a legitimate,

[4] Townships are defined as areas that were designated under apartheid legislation for exclusive occupation by people classified as Africans, Coloureds and Indians. Previously called 'locations' Townships have a unique and distinct history, which has had a direct impact on the socio-economic status of these areas and how people perceive and operate within them

[5] Reserves are territories that were set aside for black inhabitants of South Africa as part of the policy of apartheid

[6] Tsotsi is a generic South African term for an urban thug/ and or gang member

normal and acceptable masculine identity and non-comrade males were often seen as cowards. These masculine identities comprised the core of the youth involved in the Soweto Uprising in 1976 (Kynoch, 2005). Elements of this masculinisation of liberation struggle are seen to be resurfacing in the current student movement in South Africa, where students have been demanding for free higher education (Luescher et al., 2015, Dludla, 2015, Kekana et al., 2015). Hyper masculinity, sexual harassment, sexual violence, trans and homophobia are reported as a features of students mobilisation (Luescher et al., 2015).

Post-apartheid era in 1994 some of the masculine identities that were necessary before independence were no longer required in the new South Africa. The militarized masculinity and the comrade masculinity were no longer relevant once South Africa became a democratic nation (Kynoch, 2005). The black youth discovered that they had to occupy the new identities of job seekers and entrepreneurs. The new type of hegemonic masculinity represented by the "Nouveau Riche", emerged as a small sub-group of young black men who have been empowered by the Black Economic Empowerment (BEE) deals; often characterised by sexual potentence, BMW driving, platinum Master card – carrying managers or owners of this and that company (Ratele, 2008).

1.1.2 Fathers and Fatherhood

Fatherhood is understood to be a socio-cultural role that men fulfil in the lives of children around them. According to dominant Western discourse, a man becomes a father when he impregnates a woman (Hunter, 2006). This discourse has been found to have short comings particularly with the black South African discourse of the family. Traditionally in South Africa, fathering and fatherhood was rooted in the understanding that it was a social role associated with the care of children, which was embroiled with the project of 'building a home' (Hunter, (2010). Within the South African context the status of father is much more than the biological process of fathering a child, it is associated with kinship ties (Morrell, 2006). Within African societies people are morally obliged to be responsive to the needs of others and this collective mode of existence explains why most African families are large and everyone is referred to as mother, father, brother or sister despite there being no genetic relationships sometimes (Mkhize, 2006). Poor and low incomes among black men often result in cycles of engagement and disengagement in the lives of their children, because they lack the access to resources to successfully fulfil provider and caregiver roles (Posel and Devey, 2006).

Without an income to meet the masculine identity characteristic of provider, Hunter (2006) describes unemployed young black men as fathers without power. He postulates that young men's lack of *amandla* (power) which is a lack of economic means hinders them from performing the social role of fatherhood as a provider to their children. Unemployment means that men are unable to pay either *inhlawulo* (a fine which must be paid to a family if their daughter is impregnated out of wedlock) or *lobola* (the bridal price for marriage) or *isondlo* (private maintenance towards their child) (Chauke and Khunou, 2014). The payment of *inhlawulo*, *lobola* and *isondlo*, in various South African ethnic groups, are the means through which a man acknowledges the paternity of a child as their own and allows the child to carry the father's surname (Nduna, 2014, Nduna and Jewkes, 2010). Failure to pay these sometimes result in cases where men are deprived access to their own children (NathaneTaulela and Nduna, 2014, Nduna and Jewkes, 2010, Hunter, 2006). In some cases young men deny paternity of their children so that they are exempt from paying money to maintain the child resulting in children growing up with absent fathers (Padi et al., 2014, Nduna and Jewkes, 2012).

In 2012, there were approximately 3.37 million orphans in South Africa, this includes children without a living biological mother, father or both parents, and is equivalent to 18% of all children in South Africa (Lannoy et al., 2015). Of this figure about 60% of orphaned children are paternal orphans. Additionally recent statistics shows that only about one in every three children lives with both biological parents and a quarter of the remaining balance of children live with neither one of their biological parents (Lannoy et al., 2015). These levels of paternal absence appear to be particularly high as compared to many other countries, however they mask the considerable variation in both the involvement of biological fathers who are non-resident, and the presence of social or substitute fathers in the lives of children ((Posel and Devey, 2006, Mkhize, 2006). Although most men are not actively involved in the lives of their own biological children, they take up the role of social fathers in the lives of their girlfriend's children and in the lives of their nieces and nephews ((Posel and Devey, 2006, Madhavan et al., 2008).

Expectations of a male role model are often linked to good fathering and these include qualities such as being there, conscientious monitoring, giving thoughtful advice and instruction and acting as an ethical guide for responsible behaviour (Marsiglio, 2009). The meaning of fatherhood is also closely tied to prevailing social constructions of how people

are encouraged to perform gender and images of how adult men are expected to perform their masculinity (Marsiglio, 2009; Ratele, 2012). The dominant discourses of fatherhood in South Africa which overlap those of masculinity, are characterised by masculine control, gender power, and in some instances violence, that relate to the pressure on men to fulfil the expectations of providing for their families, standing on their own feet and reclaiming what it is to be a man given the emasculating legacies of colonisation and apartheid (Ratele, 2012; Morrell, 2006; Richter et al, 2006).

1.2 Rationale

The studies that have analysed construction of masculinity in adolescents are mainly from the Western world (Connell, 2000, Erikson, 1968, Frosh et al., 2002). Further there is very little literature, as discussed in the next chapter that has studied how black adolescent boys, in post-apartheid South Africa, model their own form of masculine identity, when they grow up in households where their biological fathers are absent (Ratele et al., 2012, Langa, 2012). The current literature that is reviewed in chapter 2, shows that acceptability of voluntary medical male circumcision (VMMC) in South Africa is reported to be high and that there has been an increased uptake from 2008 (Shisana et al., 2014). However there is no literature that has explored the decision making process that adolescent boys engage with to undergo this process.

1.2.1 Research Questions

1. In what ways do adolescent boys with a father who is absent, construct their masculinity?
2. What influences adolescent boys, whose father is absent, to make the decision to undergo VMMC?

1.2.2 Objectives of the Study

1. To understand the ways in which adolescent boys construct their masculine identity in the absence of a biological father
2. To understand the influencing factors around adolescents and their decision to undergo VMMC.

1.3 Structure of the Research Report

Chapter One provides an overview of the study, outlining broad and key questions to be addressed. The chapter also provide a rationale for the study and introduces the reader to the specific objectives of the study.

Chapter Two is the literature review chapter. It provides a narrative review of literature on the construction of masculinity and introduces a theoretical framework of the study. It also provides a review of related studies on fathers, adolescents and medical male circumcision as an HIV prevention procedure.

Chapter Three is the methodology chapter which describes the research paradigm within which this study is located, the research design that is employed, its suitability for this study, the steps taken to collect and analyse data. Research techniques and ethical considerations are also reported here and steps undertaken to ensure scientific rigour are also described.

Chapter Four is the findings chapter. In this chapter data from the semi-structured interviews, which includes quotes is presented and findings drawn. This chapter examines the data in direct response to the research questions.

Chapter Five is the discussion chapter. It covers interpretation of findings and discussion of the results with reference to the literature that is available.

Chapter Six is the conclusions chapter. The conclusions of the study and recommendations for further research and practice are presented.

CHAPTER 2: Literature Review

The first section of the chapter presents a brief overview of the definitions of father absence within the South African context and the impact that this has on children who grow up without their fathers. An overview of the literature suggests that the experienced high levels of father absence could be attributed to the legacy of colonialism and apartheid. The second section provides an overview of the definition of adolescence and Erikson's theory of psycho-social developmental stages are presented, to provide the context of understanding adolescent behaviour. The final part focuses on the role that parents play in influencing adolescent's sexual reproductive health. The links between masculinity and health outcomes are explored particularly with reference to HIV/AIDS.

2.1.1 Fatherhood

Fatherhood is the social role that is performed by men in relation to children (Richter and Morrell, 2006). Within the black South African context, family formation has been strongly linked to marriage and followed by childbearing. However the last 150 years, family structures in South Africa have been changed and reshaped by the impact of colonisation, apartheid and migration (Morrell, 2006, Morrell, 1998, Hunter, 2006), the dominance of the Christian religion which advocates for monogamous relationships (Glaser, 2005), the increasing levels of divorce (Chauke and Khunou, 2014), the legalisation of same-sex marriages and the growing number of child-headed households (Lannoy et al., 2015). These different factors poses a challenge in defining fathers and fatherhood according the normative definitions that are applicable in the global North. A man does not necessarily need to have biologically fathered children in order to play and fulfil the role of fatherhood in South Africa. Within the South African context, it is very common for grandfathers, uncles, step- and foster fathers, brothers and ministers of religion to take on the role of fathers (Mkhize, 2006).

It is widely acknowledged that the general structures that frame the parental discourse arise from the use of a 'maternal template', which is a basis upon which mothers raise their children (Marsiglio et al., 2000). It therefore becomes difficult to speak about the role that fathers play in the lives of their children, without acknowledging the roles that mothers also play. According to Doherty et al. (1998), the recent upsurge of interest in fathering has generated concerns amongst supporters of women's and mothers' rights that the emphasis on the important role of father's in families may feed longstanding biases against female-headed

single parent families. The other fear is that services for fathers might be increased at the expense of services for single mothers, and that pro-fatherhood discourse might be used by the father's rights groups to challenge legal systems with regards to child support and custody rights. However other feminist psychologists have recently argued for more emphasis on fathering and they suggest that involved nurturing fathers, will benefit women and children (Phares, 1996). Richter (2006) argues that children are not necessarily disadvantaged by the absence of their father, but they are disadvantaged when they belong to a household without access to the social position, labour and financial support that is provided by men.

The role of fatherhood has changed over the years however in the context of the hierarchical and patriarchal systems of the day; the father was and still remains the symbol and custodian of ultimate power and responsibility within the family and in the community (Lesejane, 2006). This concept of the father as the one with the ultimate authority and responsibility provided a template which laid down patriarchy as the norm and allowed men to take the lead role in their families. Hunter (2006) explains how during the pre-colonial and early colonial era within the *Isizulu* culture the role of fatherhood was intertwined with the social role of head of household as leader and protector of his homestead. This head of the household would also include being the head of the extended family which included all unmarried sisters and their brothers and their children, widowed elders and any orphans within the family. According to Lesejane (2006), the position of the patriarchal father carried a number of responsibilities which included:

- The custodian of moral authority within his family and with other patriarchs in the broader community
- A leader who has the final responsibility in the affairs of the family
- A primary provider of the material needs of the family, from shelter to food
- A protector of the family against threatening forces of whatever nature
- A role model to young men in particular

Fatherhood was influenced by the African concept of communal living. The father was supported by the uncles in offering guidance to younger males within the homestead. The younger males also belonged to peer group structures from which they learned their masculine identity under the influence of the elders/ fathers within the community (Shire, 1994). Sayings such as ***umuntu ngumuntu ngabantu*** (Nguni) and ***motho kemotho kabathobabang*** (Sotho/Tswana) translated to mean a person is a person because of people. Mkhize (2006) asserts the importance of communal relationships in the development of the

individual self. Children were regarded as belonging to a wider community of people which is shown by various idioms such as the Sepedi saying *ngwanaga se washete, kewakgoro* which literally means that a sperm does not beget a child (Lesejane, 2006). In this communal system everyone had a role to play in ensuring the continued productive existence and development of a homestead and all its inhabitants.

2.1.2 Father Absence

The typical child in South Africa is raised by their mother in a single or multiple parent household (with grandparents) (Lannoy et al., 2015, Holborn and Eddy, 2011). The 2015 Child Gauge report shows that 59% of adolescents aged between 13 and 19 stay with only their mothers (Lannoy et al., 2015). Father absence may be defined in different ways depending on the context; a father may be absent because of death, incarceration, long distance work, divorce or through the denial of paternity (Padi et al., 2014, Madhavan et al., 2008, Richter and Morrell, 2006). A mother may decide not to disclose the identity of the father to the child and this may result in the father being unknown to the child (Nduna, 2014, Nduna and Jewkes, 2010) and sometimes to the true father (Manyatshe and Nduna, 2014). Mott (1990) argues that at one extreme a father may never be present in the home or may leave and never be seen again; at the other extreme end a father may not live in the home but he may have extensive and continuing contact with his children. In studies carried out by Padi et al. (2014) and Manyatshe and Nduna (2014) as part of research on Father Connections, the following categories of father absence are identified:

1. Absent and unknown – This category refers to a situation where the father is absent and unknown to the child either because of non-disclosure of the father's identity or no contact with the father at the time of birth. In this category it is possible that the father is unknown to the mother.
2. Absent but known – In this category the father is regarded as physically absent from the child's lives even though they know who he is.
3. Undisclosed father identity – In this category the identity of the father could be known by the parent(s) but undisclosed to the child or to the genitor. In some instances the child will know the father from their own investigations.
4. Unknown deceased father – In this category the father had died and the child had either never known their father of they knew very little about him to have created any memories.

Another category of 'unknown' which could be added to Padi et al. (2014) categories is when a true biological father has not been told about the pregnancy and so does not know that he has this child. In my research study, I will also make use of the above mentioned categories of father absence.

South Africa has a unique historical legacy which is characterised by high numbers of father absence (Lannoy et al., 2015, Ramphele and Richter, 2006, Holborn and Eddy, 2011, Morrell, 2006). For much of the twentieth century, the mining economy created the migrant labour system which forced black men to be separated from their families in order to work in distant places (Ramphele and Richter, 2006, Morrell, 2006, Wilson, 2006, Hunter, 2006). The main migrant cities were Johannesburg, Cape Town, Durban, Pretoria, Port Elizabeth, East London, the Vaal, Bloemfontein, and Pietersburg—as firms sought an unending stream of black unskilled workers during the high-growth era of the 1930s through the 1960s (Bond, 2000). Men were forced to be away from their families for long periods of time, as the official living arrangements in the migrant towns did not permit them to stay with their families (Ramphele and Richter, 2006, Mkhize, 2006, Morrell, 2006). As more men migrated to the towns and cities to work in the mines and the industrial area, township life was established where men set up secondary homes away from their rural homes (Ramphele and Richter, 2006).

The extended family, where it is still visible, has provided a much needed safety net for children and mothers who were left behind as their husbands and fathers migrated to look for work (Posel and Devey, 2006, Ramphele and Richter, 2006). The downside of this economic migration resulted in men who were absent from their wives for long periods of time. Some men failed to survive in a sexual vacuum and subsequently found other women in the places that they worked. Hence multiple families are common in the South African context as migrant workers end up with two families, one in the city and another in the rural areas. Hunter (2006) alludes to the fact that some men still continue the practise of fathering children with several women. This has resulted in the reality where biological fathers are often not available to guide their children through the process of adolescence (Richter et al., 2012, Richter, 2006a).

Absence through labour migration is not the only challenge that fathers face. The social value of fathering has increasingly been linked to the ability to provide financially for one's family (Mkhize, 2006). However the reality of poverty and unemployment has created a new breed

of fathers who are unable to take care of their children financially and sometimes even socially (Hunter, 2006, Posel and Devey, 2006, Ramphele and Richter, 2006). Contemporary economic challenges play a part in men deserting their children, when they feel that they are unable to bear the burden of being primary providers to their children (Ramphele, 2002; Hunter, 2006).

Further to migration and financial constraints, the HIV/AIDS epidemic has exacerbated the problem of absent fathers in South Africa. The Department of Health reported that the highest HIV prevalence in South Africa is concentrated between the ages of 15 – 49, peaking at around 30 years of age (NDoH, 2012a, Shisana et al., 2014). This is the age when most men are parents and when they are infected with HIV they fall sick, which incapacitates them from gainful employment; if they do not receive effective anti-retroviral therapy they will subsequently die (Desmond and Desmond, 2006, NDoH, 2012a). AIDS related and other deaths, has left a large number of children as paternal orphans resulting in a deterioration of their life circumstances.

Growing up with or without a father is argued to have lasting effects on how adolescent boys construct their masculinity. The next section examines the definition of fatherhood within the African context and some of the negative and positive outcomes that have been cited to be the direct result of father absence on the lives of adolescent boys.

2.1.3 Consequences of father absence

Growing up with a father who is absent is argued by some scholars to have a profound effect on adolescent boys that could last right into manhood (McLanahan et al., 2013, Mandara et al., 2005, Harper and McLanahan, 2004). These scholars argue that boys need a father figure to learn how to be a man. Without having this influence in their lives, some scholars argue that adolescent boys are at risk of growing into men who have problems with behaviour, emotional stability, and relationships with both significant others and their own children (McLanahan et al., 2013). However these findings are problematized by other scholars who argue that it is not necessarily the presence of a biological father that helps to shape the development of balanced identities for adolescent boys; but the presence of a structured environment is also important (Richter, 2006a).

In an assessment to determine gender role development in 52 father-absent and 54 father present, African American adolescents, it was revealed that the average African American boy from a father-absent home has a different perception of his masculinity than does the

average father-present African American boy (Mandara et al., 2005). Father-absent boys had lower perceptions of masculinity than did father present boys. This suggested that they were passive and exhibited more feminine and fewer masculine traits. Mandara et al. (2005) argues that because income, self-esteem, important family functioning factors or the everyday presence of mothers cannot fully explain their findings, they assume that there must be something unique about father presence in the lives of boys that cannot be accounted by income and family functioning. However this study assumes a particular view of masculinity that seems to problematise feminine traits, in line with sex-gender stereotypes of a man.

To further the argument about father-absence as a deficit, Ramphele (2002) found that boys, who grew up without their fathers in the Crossroad suburb of Cape Town were more vulnerable to drug abuse, violence and gang activities. These behaviours can be attributed to hyper masculinity which is argued to be a compensatory behaviour that is displayed by boys whose fathers are absent (Harper and McLanahan, 2004, Mandara et al., 2005). When one parent (more often the father) lives away from his child(ren), investments of parental money and time typically diminish. This makes it difficult for the available parent to spend time together and monitor their children's activities, as they are often away from home working. The support from the extended family members such as grandparents is however argued to offset the negative outcomes of having a father who is absent from the family (Madhavan and Roy, 2008, Richter et al., 2012).

In another study, Mandara and Murray (2000) examined the effects of marital status, family income and family functioning on African American adolescents' self-esteem. It was concluded that African American adolescent boys with non-married parents are at risk for developing low self-esteem compared with other African American adolescents, but a more controlled and structured environment may buffer the effects of having non-married parents. Florsheim et al. (1998) carried out a study which supported this suggestion. Their goal was to clarify if and how differences in the functioning of single-mother and two-parent families relate to the occurrence of behavioural problems among inner-city boys (ages 10-15). Their findings showed that although boys in single-mother families were at greater risk for developing behaviour problems than boys in two-parent families, the risks associated with single motherhood were offset by a structured family environment, an effective disciplinary strategy that allowed for some degree of adolescent autonomy, and the positive involvement

of a male family member. These findings substantiate the importance of social fathers and the extended family in raising adolescent boys to be respectable young men in their communities. According to Madhavan and Roy (2008) in communities of interlocking inequalities, nonresidential or transitory fathers' contributions are not limited to money, but in-kind resources and time for caregiving. Adolescent boys do not only necessarily value the material provisions that their fathers can offer them, but they greatly value the quality time that their fathers may offer them. Increased involvement of fathers in their children's lives has been associated with a range of positive outcomes for the children (Jones and Mosher, 2013).

Ratele et al. (2012) conducted a qualitative study which examined the discourses of fatherhood and fatherlessness with 29 men who reported their experiences and being fathered or growing up without biological fathers. One of the findings from the study was the experience of fatherhood as 'being there' which relates to a quality of time and relationship between the father and child. A key finding of the discourse was the fact that it is not only biological fathers who can be there for their sons but also social fathers, other significant male role models and father figures, tended to step in when the biological fathers were absent. Ratele (2012) also argues that a key component of the narrative on the father who 'is there for me' hinged around a sense that fathering did not have to take place by the biological father alone and the notion of the social was central in participant's reflections on fatherhood. Despite the many narratives that speak of the social father, Ratele (2012) suggests that participants who did not grow up with a biological father also tended to articulate a sense of incompleteness, lack, or emptiness that men speak of when they do not know their biological fathers or when he is absent. These findings are also consistent with the unpublished work of a colleague in the FACT team from her research carried out with adolescent Afrikaner white boys in South Africa (Bouwer, 2016). Her findings suggest that adolescent boys greatly value the experience of having their fathers being there, particularly when they were participating in sporting activities. For the participants in this study, it was a sign that their fathers are present in their lives and that they are supportive of them. The findings from these two studies suggest that children value the emotional attachments that are linked to fatherhood.

Father presence is also argued to contribute to adolescence's cognitive development, intellectual functioning and school achievement (Marsiglio et al., 2000). Children who spend high levels of quality time with their fathers, biological or otherwise appear to develop positively in their lives (Richter, 2006a, Richter et al., 2012). Subsequently they will put

more effort in their school work and aim to do well if they have someone who pays attention to them and whom they need to account to if they do not succeed. The discourse that fathers have a positive influence on the development of a healthy masculine identity of their children is prevalent within the South African society. This has been evidenced by the concerted efforts by civil society and the government to put structures and in systems in place that ensure that this is enforced (Dean Peacock, 2006, Chauke and Khunou, 2014). However the assumption that fathers who live with their children are more supportive than those who do not live with their children needs to be interrogated further (Madhavan et al., 2008, Richter et al., 2012).

In a study carried out by Ramphele (2006) in Cape Town designed to understand the experiences of young people growing up in a contrived environment created by apartheid; it was revealed that the loss of a father complicates the lives of children particularly when it comes to the performance of initiation rituals. After a child is born, it is the father who provides the name and introduces the child to the ancestors to ask them to shower blessings on the child, in a process called Imbeleko (Ramphele, 2006). In traditionally circumcising cultures, the father is the one who often makes the decision of when his son is ready to get circumcised and he will identify the relevant initiation school or circumcision provider for his son (Ramphele and Richter, 2006). However in the absence of the biological father, the father's brothers or the mother's brother, depending on the context of the absence, can fulfil this role of introducing the child to his ancestors. Despite the important role that is performed by social fathers, young people still desire to know their biological fathers. According to Nduna (2014) young people's pursuit for using a biological father's surname was motivated by seeking ancestral protection, seeking one's father so that he could play an overseeing role in rituals, and citizenship rights.

2.2 Construction of Masculinity

2.2.1 Hegemonic Masculinity

Masculinity is a social construction that generally refers to male bodies but is not determined by male biology (Connell, 2001). Adult masculinities are produced through a complex process of growth and development involving active negotiation in multiple social relationships. This is a complex process where masculinities are formed in response to institutional pressure, as well as through conformity (Connell, 2001). Connell (2001) argues that masculinities are not fixed by social structure prior to social interaction; instead they

come into existence as people act and they are actively produced using the resources and strategies available in a given social setting.

Closely linked to masculinity is the concept of hegemony which is about the winning and holding of power and the formation of social groups in the process. Connell (1995) argues that the mechanism of hegemonic power is the construction of a subject by a discourse that weaves knowledge and power into a coercive structure that forces the individual back on him-self and ties him to his own identity in a constraining way. Consequently this means that masculinity does not refer to a certain type of men, but it refers to the way men position themselves through discursive practises (Connell, 2005a, Connell, 1995). Hegemonic masculinity is constructed in relation to femininities and subordinated and marginalised masculinities. Hegemonic masculinity is a culturally idealised form which is based on the notions about breadwinning and manhood (Donaldson, 1993). Although not all men practice it most do actually benefit from it. According to Connell (2005) although it is assumed that only a minority of men can enact hegemonic masculinity, it embodies the most honoured way of being a man.

The characteristics of hegemonic masculinity in Western societies are constructed around successful participation in sport and include features such as domination, aggressiveness, competitiveness, athletic prowess, stoicism and control. Within dominant culture the masculinity that defines white, middle class, early middle aged, heterosexual men is the masculinity that sets the standard against which other men are measured (Kimmel, 2012). The concept of hegemonic masculinity provides a way of explaining that though a number of masculinities co-exist, a particular version of masculinity holds sway, bestowing power and privilege on men who espouse it and claim it as their own. Although it is important to acknowledge the diverse forms of masculinity, theoretical conceptions of a standard form of masculinity or hegemonic masculinity enable researchers to make sense of the power aspects of masculinity.

Hegemonic masculinity is an idealised status that most men do not actually meet although it is regarded as the epitome of being a man. Brannon (1976) summarises traditional themes of masculinity as following:

- Anti-femininity – Males are encouraged from an early age to avoid behaviours, interests and personality traits that are considered feminine e.g. real men don't express feelings
- Status and achievement – Men gain status by being successful in all they do
- Inexpressiveness and Independence – Men are expected to maintain emotional composure and self-control even in the most difficult situations, keep their feelings to themselves and dislike any display of weakness
- Adventurous and aggressiveness – Constructions of masculinity is characterised by a willingness to take physical risks and become violent if necessary

Most men will live their lives trying to emulate the standards of hegemonic masculinity, but only a small percentage of men can argue to be fully compliant with them. Connell (1995) developed the three categories which are used to show the different structural levels of masculinity that exist in relation to the dominant features of hegemonic masculinity. In his argument men who do not fully meet the standards of hegemonic masculinity often find themselves positioned in one of the following hierarchical levels:

- Subordinate
  These are masculinities that do not meet the characteristics of the hegemonic male and they have been feminised. The origins of this subordination may be political and intra-psychic. Physically weak and underdeveloped boys or men may be subordinated but homosexuality provides the clearest and most widely recognised example of this kind of status
- Complicit
  Not all men meet the normative standards of hegemonic masculinity but many men still benefit from the patriarchal dividends associated by this hegemony by the mere fact that they are men, whilst not making an aggressive defence of patriarchy
- Marginalisation
  Marginalised masculinities exist amongst exploited or oppressed groups like black SA men during apartheid. These males may share values regarding hegemonic masculinity with dominant groups, but they will still be oppressed.

Carrigan et al (1985) argues that the existence of subordinate masculinities in relation to powerful men obliges us to see the construction of masculinity as a social struggle going on in a complex ideological and political field, in which there is a continuing process of

mobilisation, marginalisation, contestation, resistance and subordination. It is therefore important to interrogate the impact of apartheid on the construction of black masculinities and how this historical legacy has had an impact on how young black men have internalised their identities.

Critiques of the concept of masculinity argue that it is difficult to refer to a universal masculinity because of the possible diverse constructions that are available in different cultural contexts (Cornell, 2005; Morrell, 1998; Messner, 1992). According to Wetherell et al. (1998) Connell's argument is not necessarily true that, when boys/ men position themselves in relation to hegemonic standards of masculinity they are complying or resisting it. Instead they suggest that boys/ men will adopt both positions in parallel, rather than choosing one position. Frosh et al. (2002) argue that masculine identities may be produced without having to comply or resist hegemonic forms of masculinity and may actually exist independently of them. Currently there is evidence of some men who are breaking out of the moulds of traditional stereotypes of masculinity; these men describe themselves as sensitive, and comfortable to share their feelings. Davies and Eagle (2010) carried out a study to investigate how young South African boys or men engage with conventional or hegemonic constructions of masculinity. Their study revealed that young men are aware of the fact that conventional, hegemonic versions of masculinity are transforming and that assertions about masculinity can no longer be assumed without qualification. Masculinity can therefore be concluded to be a complex process that involves negotiating, translating and reinterpreting men's social positioning.

2.2.2 Construction of South African Masculinities

Morrell (2001) argues that there is no-one typical South African masculinity alluding to the notion that South African men cannot all be identified by the same characteristics which define their manhood. This was produced and reproduced during the apartheid era in South Africa, where although black and white men had power over their women, white men held power over black men and this meant that their masculinities were very different (Morrell, 1998b). White masculinity was regarded as superior to black masculinity, which resulted in black men developing masculine identities that were characterised by inferiority complexes (Morrell, 1998).

The *tsotsi* gangs that came in the period of the late 1940's and 1950's, emerged as a rebellious identity to the subordinated black men (Glaser, 2000). According to Glaser (2000)

the white men were said to fear the *tsotsi* as they responded to white arrogance with black arrogance. Members of these gangs displayed an aggressive form of masculinity which was associated with multiple sexual contexts and high levels of sexual harassment (Glaser, 2000, Kynoch, 1999). In the absence of adequate policing and social controls within the townships, the African gangsters thrived by preying on fellow Africans (Kynoch, 1999). The increasing repressive environment caused by the apartheid regime and the high levels of predation by gangsters, forced local communities to respond by creating vigilante groups, which were aimed at safe guarding their families (Kynoch, 2005). It is against these individual acts of resistance and mobilisation against gangs, that today's Black men are defined as 'violent'. According to (Kynoch, 2005) decades of social and economic deprivation, repressive policing, and criminal predation influenced the present day high levels of crime that are characteristic of townships, for young men today.

In the post-apartheid era in 1994, some of the masculine 'comrade' identities that were necessary before independence were no longer required in the new South Africa. During apartheid, there was shared political consciousness between black youth which resulted in a collective identity which aimed at challenging and resisting the racist ideologies (Norris et al., 2008). Post-apartheid new role models and changes in economic structures have left some black youth in a situation of role confusion instead of identity cohesion. Whereas the militarized masculinity and the comrade masculinity were something to be admired during the apartheid era, they were no longer imagined to be relevant once South Africa became a democratic nation (Ratele, 2013b, Morrell, 1998a). This new era has particularly disadvantaged a large section of young black South African men who failed to get a good education because of the structural inequalities that they experienced during the struggle against apartheid (Ratele, 2013b). Their challenges include a past marked by apartheid racism and segregation, state repression, political unrest and violence, a struggle for national liberation, rapid urbanisation; high levels of unemployment; racially inflected socioeconomic inequality and poverty in democratic post-apartheid society; substance and alcohol abuse; a violence-rich subculture (Ratele, 2013a). These young men generally have no economic power as their ages position them in a subordinate masculine position (Ratele, 2013a). They are also marginalised because they have little or no education; they do not have any social wealth and power (Ratele, 2013a, Hunter, 2006). The public narratives pertaining to these black men's lives comply with several racialised social projections about the black masculine body as violent, sexual and incompetent (Jackson et al, 2002).

The frustrations of poverty and the high inequality gaps between the rich and the poor are some of the structural factors that drive young black men to engage in violent crimes such as armed robbery, hijacking, and murder or rape (Wilson, 2006). According to Mokwena (1991) the South African education system has been unable to provide clear connections between schooling and the job world, and has remained ineffective in enhancing the social advancement of black youth. He argues that the virtual paralysis of the education system has pushed many youngsters into the streets where they acquaint themselves with the alternative norms and values, and required survival skills.

2.3 Adolescence and Identity

The United Nations Population Fund (UNFPA) along with the World Health Organization (WHO) and the United Nations Children's Fund (UNICEF) define adolescence as a period of human development between the ages of 10 – 19. The UNFPA breaks this age category down further by classifying early adolescence for the ages 10-14 years and late adolescence for the ages 15- 24 (Mitchell et al., 2009). In this research study early adolescence is defined according to the UNFPA definitions stated above. Adolescence is defined as an in between period beginning with achievement of physiological maturity and ending with the assumption of social maturity – that is with the assumption of social, sexual, economic and legal rights and duties of the adult (Lerner et al., 2014). The onset of puberty, physical growth and sexual maturation are biological markers which are often used to determine the adolescent stages of growth. In most societies, the onset of adolescence is celebrated through rituals associated with prospective adult roles such as reproduction, responsibility and work; or with religious ceremonies often differentiated by gender (Richter, 2006b).

According to Hillman (1991) adolescence is now so prolonged that it is frequently subdivided into three periods:

- Early adolescence (ages (10 – 14). This is a period that is characterised by rapid physical growth, concerns about body image, movement from concrete to more abstract ways of thinking and intense conformity to and acceptance by peers.
- Middle adolescence (ages 15 – 17). This stage is characterised by new thinking skills, and a greater self-directed look at world issues.
- Late adolescence (ages 18 and above). During this stage a sense of personal identity is established and the need for peer approval diminishes.

There are considerable similarities that exist between adolescents from different parts of the world, particularly biological changes. However when dealing with the concept of adolescence, it is important to keep in mind the cultural variations that exist within societies. Some scholars argue that adolescent psychology has often been centred on a Eurocentric approach, which has resulted in the African adolescent being constructed under the shadow of the Euro-American adolescent (Pence and Nsamenang, 2008, Varga, 2001). According to Varga (2001) traditionally adolescence was not a clearly defined period in the African social context. It was the responsibility of the extended family and other social institutions, to guide adolescent boys through the transition to manhood, under a relatively short period of time (Varga, 2001, Cornwall and Lindisfarne, 2005). During this period adolescent boys would be given education on responsible sexual behaviour which also incorporated traditional rites into puberty.

2.3.1 Adolescence in Erik Erikson's Psychosocial Developmental Stages

Adolescence occurs in the fifth stage according to Erikson's developmental stages between the ages of 10 – 24 years. According to Erikson (1968) adolescence is defined with its marked physiological changes and sexual awareness; as a period of experimentation that creates a crisis between the self-concept in earlier stages and role diffusion.

He defines the sense of 'ego identity' that emerges during the stage as "the accrued confidence that the inner sameness and continuity prepared in the past are matched by the sameness and continuity on one's meaning for others" (Erikson, 1968, pp. 251). The crisis that adolescents experience during this stage is the fact that "all the sameness and continuities relied on earlier are more or less questioned again" and one embarks on the "search for a new sense of continuity and sameness" (Erikson, 1968, pp. 251). This period is the time when an adolescent decides what sort of an identity they want to develop based on their social context which may include their family and their traditions, based on the past present and the future. The adolescent is faced with a situation where they need to choose from amongst their friends and their own interests, their own evolving likes and dislikes in clothing and fashion, entertainment, travel destinations, topics of conversation and debate; and they must learn to do this simultaneously whilst trying to deal with changes that are caused by hormonal changes in their body (Batra, 2013). Erikson argues that people's sense of who they are is often defined by an internal conflict of who they think they are, and what others think they are.

Erikson also focuses on the doubts that the adolescent develops in terms of their sexual identity and how they define their identity through the process of inclusion and exclusion. According to Batra (2013) the desire to locate oneself in a social context becomes paramount and a sense of belonging becomes necessary for the child. Although society has a huge role to play in shaping an adolescent's identity construction, identity is not given to the individual by society. Erikson suggests that the mind of the adolescent during this stage is ideological and is based on the worldview that society presents to the adolescent of what is right and what is wrong. He argues that a crisis of identity during this stage, typically involves a period of self-scrutiny, and it is often resolved through the active search for a meaningful place in the world. During this period adolescents may experiment with a range of identities such as their sexual identity, gender identity and even their family identity as they find their own niche in society. A personal identity may help an adolescent develop their personal philosophy towards life which may positively impact their own personal growth and development. Failure to develop a stable identity may result in role diffusion which could lead to alienation and a lasting sense of isolation and confusion. This sense of confusion might lead to self-destructive behaviour by the individual. Batra (2013) argues that when the voices of adolescents are not heard or when they are not provided legitimate spaces for self-expression, they tend to seek or create sub cultures for the development of their identity, whether it is a sexual, gendered or a family identity.

The applicability of Erikson's theory may vary because of cultural and familial interpretations of the notions of freedom, responsibility, morality and parental guidance, especially in the context of rapidly changing social mores (Batra, 2013). Salamone and
Salamone (1993) carried out a study to examine the applicability of Erikson's theory of psychosocial development to the Hausa of Northern Nigeria. In their article they described the indigenous Hausa developmental system for males and then compared it with Erikson's. Within the Hausa culture Salamone and Salamone (1993) chose a concept called *kirki*[7i] which functions as an identity marker between the Hausa and others. They suggest that those who exhibit more *kirki* are regarded as authentic Hausa. Behaviour springs from the presence or absence of *kirki* and those who have *kirki* behave in a responsible and gentle manner.

[7] Kirki defies literal translation into English. Jerome Barkow (1974) identifies "gentleness" as a likely synonym. Description and interpretation of kirki in the ethnographic literature focuses upon its contribution in structuring male interaction

Salamone and Salamone (1993) conclude their study by stating that Erikson is radically correct in his contention that all development is ego development or it is nothing. They found this to be relevant despite the fact that Erikson's eight stages does not fit the realities of Hausa society. Salamone and Salamone (1993) further postulated that after the examination of the Hausa theme of *kirki,* the concept of developmental stage is more than just a Western construct indiscriminately applied to indigenous cultures. They argue that different cultures have their own views of development that perceive development in progressive series of stages.

The adaptation or fit of Erikson's theory with contextual demand may be particularly challenging for African American youth because of race, racism and racialisation which complicate the search for an adaptive identity (Brittian, 2012). Brittain (2012) wrote an article examining the development of African American adolescents' identity using a relational development systems theory framework, which was influenced by Erikson's theory of psychosocial development, as well as by other theorists. According to Brittain (2012) African American youth in the United States are not only expected to undergo typical developmental experiences that are the hallmark of adolescence, such as physical growth and development; they are also expected to cope in a world in which they may be normatively expected to experience racial prejudice. When young people are exposed to environments where they constantly need to deal with prejudice and discrimination in a problematic way, they may form a negative feeling or develop a feeling that something is absent (Brittian, 2012, Erikson, 1968). Identity formation can therefore be defined as a continuous process of self-evaluation, which will differ significantly between individuals within and between ethnic groups and nationalities. Brittain (2012) concluded her research by stating that identity development does not follow a linear increase that ends in achievement. Instead adolescence is a time of self-exploration (Erikson, 1968) which means that whilst some adolescents are increasing their commitment to a sense of self, others are decreasing and yet others following mixed patterns and trying out different personas (Brittian, 2012).

Norris et al. (2008) obtained similar results as Brittian that confirmed that identity development will differ in adolescents. They carried out a study to assess the emergence of a South African identity among Black, Coloured, White and Indian adolescents participating in a birth cohort study called "Birth to Twenty" in Johannesburg South Africa. Their findings showed that the social changes in South Africa post-apartheid provided a unique climate in

which adolescent development would most unlikely be homogenous. The differing contexts such as rural/ urban differences, class differences, racial differences and ethnic differences; provided adolescents with unique platforms where they could forge their own unique identities (Norris et al., 2008).

South African youth are more likely to define themselves as part of a cultural collective either by language, religion or ethnicity. The impact of the legacy of apartheid on young people in various racial groupings and the exposure to pop culture and the music and the fashion trends available have given youth life in South Africa a definitive character (Bembe and Beukes, 2007, Stevens and Lockhat, 1997). This lifestyle termed the 'Coca-cola' culture by Stevens and Lockhat (1997) is an embracing of American individualism, competition, individualistic aspirations and general world-view. According to Stevens and Lockhat (1997) black South African adolescents have been exposed to the imagery, symbols and values that encouraged individual achievement and social mobility, but they have been denied access to any significant material resources that allowed for this. They argue that these contradictions have impeded the development of healthy self-concepts and healthy levels of independent judgement among black South African adolescents. In post-apartheid South Africa black adolescents have had to redefine their identities into young entrepreneurs in terms of the most prevalent social norms and values instead of the identity of young lions that they had embraced during the struggle for independence (Stevens and Lockhat, 1997). This adoption of new identities that allow them to cope with their social realities, has had a significant impact on black South African adolescents, which has a potential of affecting their health making decision making processes.

2.4 HIV in South Africa

South Africa has a high HIV prevalence rate. The estimated overall HIV prevalence rate is approximately 11,2% of the total South African population and the total number of people living with HIV was estimated at approximately 6,19 million in 2015 (StatsSA, 2015). For adults aged 15–49 years, an estimated 16, 59% of the population is HIV positive (*refer to figure 1*). The HIV prevalence in young people between the ages of 15 – 19 is 6,3% with young men carrying 0.7% of the burden (Lannoy et al., 2015). HIV in South Africa is primarily transmitted through heterosexual sex; infections are concentrated in the sexually active population – that is the 15 – 49 age groups (Shisana et al., 2014, Desmond and Desmond, 2006). The spread of HIV in South Africa is fuelled by the culture of multiple and concurrent sexual relationships, which is associated with hegemonic masculinity. Efforts to

carry out HIV behavioural change interventions have largely been unsuccessful, inadequate and ineffective (Ragnarsson et al, 2010).

Year	Prevalence				Incidence 15–49	HIV population
	Women 15–49	Adults 15–49	Youth 15–24	Total population		
2002	16,69	14,50	6,75	8,8	1,65	4,02
2003	16,85	14,58	6,35	9,0	1,63	4,14
2004	16,93	14,62	6,07	9,1	1,65	4,25
2005	17,01	14,65	5,91	9,2	1,67	4,35
2006	17,22	14,82	5,82	9,4	1,65	4,51
2007	17,52	15,10	5,76	9,7	1,58	4,71
2008	17,81	15,39	5,71	10,0	1,50	4,93
2009	18,09	15,66	5,69	10,2	1,43	5,13
2010	18,29	15,87	5,70	10,4	1,38	5,32
2011	18,42	16,01	5,64	10,6	1,34	5,48
2012	18,53	16,14	5,61	10,7	1,31	5,65
2013	18,67	16,29	5,60	10,9	1,28	5,83
2014	18,85	16,46	5,59	11,1	1,23	6,02
2015	18,99	16,59	5,59	11,2	1,22	6,19

Figure 1 HIV prevalence estimates and the number of people living with HIV, 2002–2015

The construction of masculinity in black young men in particular, places them at risk and increased vulnerability to contracting HIV (Mfecane, 2008, Malinga and Ratele, 2012). When men engage in multiple, concurrent sexual relationships, as a marker of masculinity, they become vulnerable and highly exposed to the risk of contracting HIV. Men's reluctance to embrace preventative strategies has contributed to the widespread of HIV in South Africa (Fitzgerald et al., 2010, Springer and Mouzon, 2011).

The transition from adolescence to healthy adulthood is dependent on the social environment in which adolescents live, learn and earn (WHO, 2007). Parents and families are a crucial part of this social environment (Viner et al., 2012). A total of 1.8 billion people globally– are adolescents (Gupta et al., 2014). When young people can make a healthy transition from adolescence into adulthood, their options for the future are expanded. Yet today, more than 2 million 10 to 19year-olds are living with HIV: about one in seven of all new HIV infections occur during adolescence (Gupta et al., 2014). Without help, the consequences of health risk behaviours in adolescence can be life threatening and life-long. Nearly two thirds of

premature deaths and one third of the total disease burden in adults can be associated with conditions or behaviours that begin in youth (WHO, 2007). A perspective that incorporates gender and sexuality becomes critical to understanding the role of boys and men in the African HIV context.

Access to appropriate health information and services is at the core of the ability of young men and women to realize their sexual and reproductive health and reproductive rights. Tragically, despite all the recent attention to their needs, most adolescents and young people are still not getting what they need in the way of information and services. Consequently, young people still have very low levels of comprehensive knowledge about HIV or AIDS (World Health Organization, 2014c; UNESCO, 2013a). For example, the percentage of young people with comprehensive knowledge of HIV was just 39 per cent for young men and 28 per cent for young women 15 to 24 in sub-Saharan Africa (United Nations, 2014a).

Access to condoms for HIV and STI prevention is a critical prevention strategy, but too few young men and women are using them (United Nations Commission on Population and Development, 2014). Adolescents also have significantly lower access to and use of HIV testing and counselling compared to older people, the result being that just 10 per cent of young men and 15 per cent of young women know their HIV status (World Health Organization, 2013b).

2.5 Voluntary Medical Male Circumcision (VMMC)

Adolescence is an appropriate time to educate young people about their health and the consequences of alcohol and substance abuse, resisting peer pressure and bullying and healthy sexuality (Perrino et al., 2000). When young people realise their sexual and reproductive health and reproductive rights, they are on a path to realising their full potential as individuals and as actively engaged members of their communities and nations (Gupta et al., 2014). Sexual and reproductive health and reproductive rights also help young people achieve important life intentions. To be able to make the choices that promote their sexual and reproductive health and happiness, young people need support from many dimensions of their cultures and societies (UNFPA, 2013b).

VMMC is recognised as an integral part of sexual and reproductive health. The World Health Organisation recommended medical male circumcision (MMC) as an HIV prevention measure in 2007, after it was proven to reduce the risk of HIV infection through heterosexual transmission by up to 60% (UNAIDS, 2007). Male circumcision is a surgical procedure

which all or part of the foreskin (the fold of skin covering the penis head) is removed by a surgical cut. Evidence produced in randomised trials that were conducted in South Africa revealed that medical male circumcision has 60% efficacy as an HIV prevention tool for reducing male to female HIV transmission (Auvert et al., 2005, Auvert et al., 2013).

The conclusions and the recommendations of the Monteux consultation states that countries with hyper-endemic and generalised HIV epidemics and low prevalence of male circumcision should consider scaling up access to male circumcision services as a priority for adolescent boys and young men (UNAIDS, 2007). The South African government introduced the VMMC policy and programme in 2010 with a target of reaching 80% of HIV negative men aged 15 – 49 years by 2015 (SANAC, 2011). The Minister of Health, Dr Aaron Motsoaledi in his annual report (NDoH, 2012a) states that in order for medical circumcision to be effective as a prevention measure, there is a need for it to be acceptable and accessible to young men especially before their sexual debut.

There is therefore a need to study and understand the influences around how young boys make the decision to get circumcised medically, as this has an impact on their sexual health as they grow older. The 2012 South African National HIV Prevalence, Incidence and Behaviour Survey showed that 46.4% of the men aged 15 years and older indicated that they had been circumcised (Shisana et al., 2014). Analysis of data by age of the participant showed that young males were significantly more likely than all other age groups to have been circumcised in medical facilities. The choice of setting for the circumcision is argued to have been influenced by the residential location of the young males; living in a formal area was associated with circumcision in medical facilities, whereas living in informal areas was associated with circumcision in traditional facilities. The data of the study is indicative that the uptake of circumcision is very high in South Africa, however it is not clear what the drivers for the uptake are. The factors affecting young male's decision to undergo VMMC are complex and multifaceted and further exploration is required.

Humphries et al (2015) carried out a qualitative study in KwaZulu-Natal, South Africa with circumcised and uncircumcised men, to understand their perceptions towards VMMC; and the potential link between male sexuality, masculinity and VMMC decisions and motivations. The study found that VMMC is linked to perceptions of masculinity and male gender identity including sexual health, sexual performance and pleasure, possible risk compensation and self-identity (Humphries et al., 2015). The study also revealed that both circumcised and

uncircumcised men perceived that women preferred and desired circumcised men. They also argued that VMMC uptake appears to be linked to male sexuality and masculinity in complex ways, which can hinder or facilitate the uptake of VMMC.

The findings from a qualitative study by George et al. (2014), which was conducted with adolescent boys aged 16 years and older, in a high HIV prevalence district in KwaZulu-Natal suggested similar findings to Humphries study. There was a perception that circumcision enhanced sexual pleasure and performance (for both males and females), and this appeared to be a strong motivator for these boys to undergo the procedure. Other facilitators for the uptake in the study included increased hygiene and protection from sexually transmitted infections (STIs). The study findings revealed that at an individual level, one of the biggest concerns for participants in this study was the prospect of undergoing HIV Counselling and Testing (HCT) prior to undergoing circumcision. While HCT and screening for other STIs is an important precursor to VMMC, there were perceived stigmas surrounding HCT as well as fears about the confidentiality and the result of the HIV test in this cohort, which were found to be an important barrier to VMMC. The most common individual level barriers to seeking VMMC are fear of pain during and after the surgery; the costs associated with VMMC; concerns about adverse events or complications relating to surgery; threats to masculinity including loss of penile sensitivity or penis size, concerns about sexual performance and religious concerns (Evaluation, 2014, Moyo et al., 2015, George et al., 2014). Other study findings suggest that men consider a wide range of issues when deciding to undergo circumcision and these issues are interwoven with other social and structural factors including false beliefs, negative experiences, fears and challenges with poor service provision (Humphries et al., 2015, George et al., 2014, Moyo et al., 2015).

The influence of parents in adolescent boys' uptake of VMMC has not been explored adequately. However the legal laws in South Africa require that adolescents under the age of 18, should obtain parental consent before they can undergo the VMMC procedure (Strode et al., 2010). This aspect of the law can be argued to be a barrier to the uptake of VMMC as it strips away the voluntarism and hence the individual consent from the adolescents. Schenk et al (2011) carried out a qualitative research study into the introduction of VMMC in Zambia to assess informed consent procedures for adolescent VMMC clients. Their study findings provided further insights into the complex interactions between parents and their children. While approximately two-thirds of adolescent clients reported that VMMC had been their

own decision, most of them said that they had discussed the decision with their parents and had received their approval or permission (Schenk et al., 2012). The data from their study further revealed that both the quantitative and qualitative cohorts exploring adolescent clients' perspectives on the decision to undergo circumcision reveal a complex interaction between adolescents' individual autonomy, the legal requirement of parental permission and traditional filial obedience (Schenk et al., 2012).

2.6 Role of Families in Adolescent HIV Prevention

Families often provide the context in which the conditions that affect a person's health are determined and hence family factors are well established as a determinant of health across the life course (Viner et al., 2012). The World Health Organisation (WHO) Commission on the Social Determinants of Health was established to understand how the social patterns and structures affected the health of individuals (CSDH, 2008). This commission defined the social determinants of health as "the conditions in which people are born, grow, live work and age" (CSDH, 2008). Improving adolescent health worldwide requires improving the daily lives of young people and their interactions with families and peers and in schools (Viner et al., 2012, WHO, 2007). HIV risk factors also occur in a social context and the family is the earliest and most effective way to provide an intervention by playing a critical role in promoting adolescent health and development (Perrino et al., 2000, Namisi et al., 2013).

Parents have the ability to shape or restrict the behaviour of adolescents, by supervising and monitoring their activities. There is a lot of evidence that supports the fact that fostering adolescents' communication on sexuality issues with their parents and other significant adults is an important component of promoting healthy adolescent sexual practices (Namisi et al., 2013, Jerman and Constantine, 2010). A principal means for transmitting sexual values, beliefs, expectation, and knowledge between parents and their adolescents is sexual communication. This communication is most likely to promote healthy sexual development and reduce sexual risk when parents are open, skilled, and comfortable in their discussion of sex-related topics (Jerman and Constantine, 2010). An analysis of data from six crossnational studies, representing 53 different countries, found that parent-child relationships affect the likelihood of early sexual initiation, substance use, and depression among adolescents (Ferguson and Shears, 2007). Effective communication about sexuality and safer sexual behaviours, enhancement and support of academic functioning, and monitoring of peer

activities, are all factors that can protect adolescents from engaging in sexual risky behaviour (Jerman and Constantine, 2010, Perrino et al., 2000).

Namisi et al. (2013) conducted a study to examine the relationships between adolescents' communication with significant adults and their condom use in three sites in South Africa and Tanzania. Their findings were consistent with the assertion from other studies that communication about sexuality between adolescents and significant adults, results in safer sexual practices, as reflected by condom use, among in-school adolescents.

Despite the known importance and value of adults communicating with adolescents about sexuality, not all parents have the skills and the confidence needed to initiate such discussions. According to Jerman and Constantine (2010) more than two-thirds of the parents in their study, reported experiencing some type of sexual communication difficulty, such as developmental concerns and embarrassment. Factors such as reservations in sexual communication with their children, inadequate knowledge and skills to explain sexual topics, situational constraints and fear of encouraging sexual activity, hinder effective parent-adolescent communication (Jerman and Constantine, 2010). There is an obvious need to equip parents with the necessary skills that are needed in communicating about sexuality with their adolescent children.

Conclusion

The literature discussed above suggests that a large percentage of Black adolescent children are raised in households where their fathers are absent. There are a variety of reasons why a father may be absent in their child's life however death, migrant work and poverty and unemployment are common reasons which have been cited within the South African context. Some scholars argue that father absence may negatively impact on an adolescence's cognitive development, intellectual functioning and school achievement (Marsiglio et al., 2000). However this literature further proves that children are not necessarily disadvantaged when they grow up without their fathers, however they are disadvantaged when they belong to a household and community without access to the social position, labour and financial support that is provided by men.

In this literature review, various definitions to explore the meaning of adolescence are presented. These refer to the age, physiological changes and sexual awareness, the self-concept and role identification. The applicability of the different definitions may vary

because of cultural, political and economic contexts that offer interpretations of different notions such as freedom, responsibility, morality and parental guidance. South African adolescents are growing up in a post-apartheid environment where changes in the social political and economic environment can create new possibilities and challenges. Exposure to imagery, symbols and values from Western countries such as USA but denial to the access of significant material resources may have significant negative influence on the developing male identity for some South African adolescents (Stevens and Lockhat, 1997). This will in turn impact on the masculine identities that they develop as young adults.

Masculinity is fluid, contextual, enabling and sometimes restrictive. It is an idealised status of manhood that may not be achievable by all young men. Critiques of the concept of hegemonic masculinity argue that it is difficult to refer to a universal masculinity because of the diverse constructions that are available in different cultural contexts (Connell, 2005b, Morrell, 1998). The construction of masculinity is argued to have an impact on men's health in South Africa, it is linked to multiple, concurrent sexual relationships; for some township and inner-city young men (Courtenay, 2000, Shisana et al., 2009, Mfecane, 2008).

HIV prevalence in South Africa is highest between the ages of 15 – 49 and this prompted the government to introduce VMMC as a prevention intervention, targeted at HIV negative young men in this group. In order for medical circumcision to be effective as a prevention measure, there is a need for it to be acceptable and accessible to young men especially before their sexual debut (NDoH, 2012a). There is currently not enough literature in South Africa to understand how Black adolescent boys construct their masculinity particularly when they are raised in households where they do not live with their biological fathers; and how this impacts on their decision to opt for Voluntary Medical Male Circumcision (VMMC). This study is interested in contributing knowledge on this aspect. As the country is in the process of developing a new National Strategic Plan (NSP) for 2017, and is considering the essential package for the National Health Insurance (NHI), findings of this study will be valuable.

CHAPTER 3: Methods

The aim of the study was to understand how adolescent boys whose fathers are absent, construct their masculinity, and how this influences their decision making with reference to voluntary medical male circumcision.

3.1 Research Study design

This study is qualitative in its approach and is situated in the interpretivist paradigm. Qualitative research is oriented towards analysing concrete cases in their temporal particularity and starting from people's expressions and activities in their local contexts (Flick, 2009). The interpretive paradigm is concerned with understanding the world as it is from subjective experiences of individuals (Denzin and Lincoln, 2005). The purpose of employing an interpretive paradigm was to allow researchers to make sense of, or to interpret, phenomena in terms of the meaning people bring to them (Denzin and Lincoln, 2005, Flick, 2009). This methodology is particularly useful in understanding how adolescents construct their masculinity as it allows for the consideration of social, cultural and historical contexts which are necessary for this process to occur. Qualitative research also enables the researcher to gain a better understanding of the everyday contexts in which adolescents make basic and critical decisions which impact on their health choices. The main aims of this research was to develop an understanding on how adolescent boys whose fathers are absent, construct their masculinity and how this influences their decision to opt for voluntary medical male circumcision (VMMC). The interpretivist approach enabled the researcher to interpret the information that the participants provided, in the context of their own social cultural and historical contexts (Flick, 2009). This methodology enabled the researcher to get a better understanding of each participant's individual context and how this had an impact on their own construction of masculinity and the context in which they had VMMC.

3.1.1 The research site: Hillbrow

The study was conducted at the Outreach Foundation Centre (OFC) in Hillbrow. This is a youth centre which offers various projects and educational opportunities to children, youth and adults in Hillbrow. The activities range from arts, culture and heritage activities, and computer courses etc. These interventions are meant to facilitate communication, participation and community building. The Hillbrow Theatre, which is part of the centre, offers after school performance arts progammes to children and youth who live in Hillbrow or attend school within Hillbrow and the inner city of Johannesburg (*refer to figure 2*).

According to the social worker at the Outreach Foundation Centre, “The activities at the centre offer young people extracurricular activities which are an alternative to crime and substance abuse, which is rampant in the communities that they live in”. The activities build self-worth in the young people and allow them an opportunity to explore and construct their own identities, despite the limitations that are presented their backgrounds.

Life in the inner city exposes young people to xenophobia, landlord exploitation, drug abuse and violence (Ahmad et al., 2010) however the OFC provides a safer space for all its participants where they can engage in performance arts to explore these challenges and come up with creative solutions.

Hillbrow/ Berea

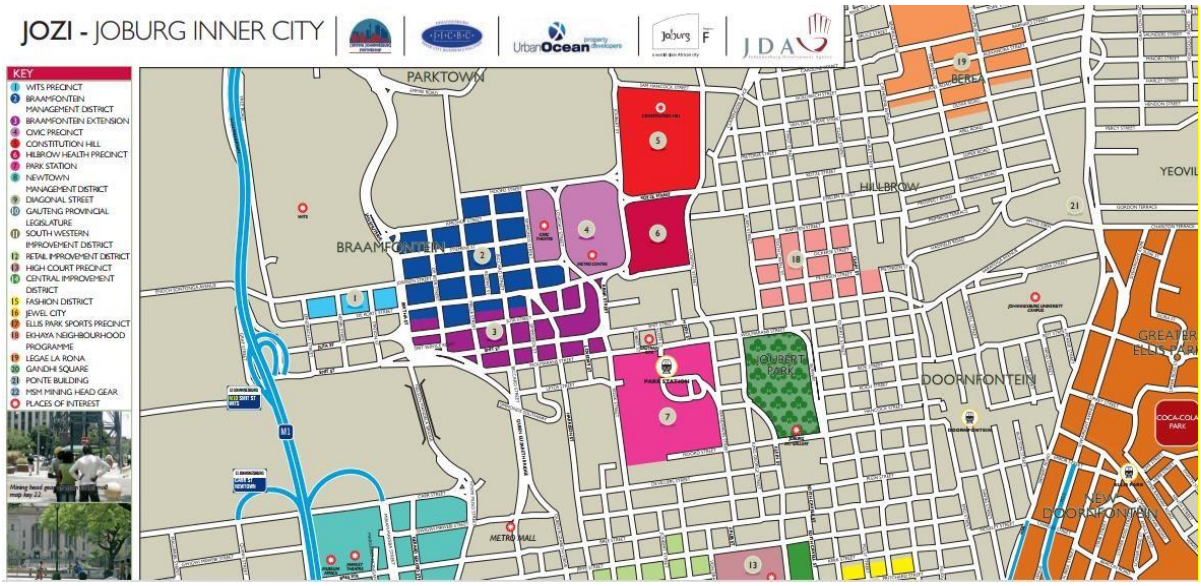


Figure 2 - Hillbrow/Berea

Hillbrow is probably the densest area in the city of Johannesburg with approximately 100 000 residents found within an area of 1,5 square kilometres (JDA and CoJ, 2011). Many social and health challenges in South Africa are concentrated within Hillbrow; such as a high incidence of HIV/AIDS, women and child abuse, refugee influx, urbanisation and degradation of urban environments, drug dealing, unregulated sex work and crime (Silverman and Zack, 2007)

The following statistics provide an interesting perspective to the socio-economic status of residents in Hillbrow (Urban Inc. and Shisaka research, 2006):

- 38% of the residents are foreign nationals
- 68% moved in Hillbrow the last five years

- 90% of the residents were not living there 10 years ago
- 70% earn between R800 – R3 500 per month
- The population is mostly made up of urban migrants who have moved to Johannesburg to financially support families "back home"
- 30% are self-employed, those employed by others work mainly in Parktown, Hillbrow and Randburg
- Crime hot-spots are continually changing and moving from building to building Hillbrow and Berea display busy retail activity, exotic restaurants, shebeens, clubs, hotels, education centres and thriving informal trade on the street (Silverman and Zack, 2007). The social problems in Hillbrow and Berea, and the violent crimes are often caused by drug trafficking, prostitution, homelessness and these problems impact on the daily lives of the residents and impact on the developing sense of manhood of adolescent boys who grow up in this area (Ahmad et al., 2010).

According to Gotz and Simone (2003) the inner city represents a process of 'running away'. The black South Africans are escaping the implosive sociality of township life and the foreign Africans are running away from the impossibility of being at home. Palmary et al (2003) argue that there is an absent social capital in the inner city due to the frustrations experienced because of the slow pace of urban renewal housing development, school improvement and job creation. This subsequently leads to an increase in the levels of crime which undermine social relations. A survey conducted by the Institute for Security Studies identified "Hillbrow's sleazy hotels", for example, as notorious crime hotspots, with residents being startlingly frank about "the prevalence of drugs, sex-work and corruption"(Leggett 2002). A quarter of the people surveyed said that drugs were sold in their building, and 75% said that women sold sex in their building.

The reason for choosing adolescent boys in Hillbrow was to help the researcher understand how they construct their masculine identities within an urban setup. It was important to the researcher to study the experiences of adolescents who are growing up in this environment as their reasons to opt for Voluntary Medical Male Circumcision could potentially be different from that of adolescents who are based in rural communities that practise traditional circumcision.

3.2 Sample and sampling

The study population was made up of adolescent boys aged between 15 – 19 years old. This was because it is in line with the broader definition on age category as identified by WHO and captures the age range of male circumcision as per the South African National Department of Health policy (SANAC, 2011). The participants were recruited from the Outreach Foundation Centre (OFC). The researcher held a meeting with the centre's social worker to explain what the study entailed. During the meeting information sheets which detailed the nature of the study; and an official letter requesting permission to recruit participants at the centre and conduct the necessary interviews for the study, were provided to the centre management. The social worker was identified as the key person who would assist the researcher in accessing the participants. The researcher was in turn provided with an official letter granting permission to carry out the research at OFC (see appendix VI).

The researcher prepared posters and flyers which were distributed to all the potential participants at the OFC two weeks before the actual recruitment of participants commenced. The researcher was responsible for the direct recruitment of the participants. The researcher visited the centre every Friday, a month before the interviews to distribute flyers and identify potential participants. The participants were purposively selected based on the inclusion criteria which is listed below. Purposive sampling signifies that the researcher saw sampling as a series of strategic choices about with whom, where and how they wanted to conduct the research (Palys, 2008). With the help of the social worker, all potential participants were provided with detailed information about the study. They were then given consent forms to give to their guardians for completion as well as assent forms, which they completed themselves (See Appendix IV & V).

Inclusion criteria

- Male aged between 15 -19 years old
- Resides in either Hillbrow, Berea or Yeoville
- Does not reside with father

The recruitment process took place at the centre after school hours when the participants visited the centre. The recruitment process was conducted in English and the designed posters and flyers were in English as well. This was done because the researcher has a limited understanding of the local languages other than English. The researcher approached groups of participants and explained to them in detail what the study would detail. For the participants

that showed interest the researcher asked the relevant questions to ensure that these potential participants met the recruitment criteria. The researcher explained to all potential participants that the interview would be conducted in English and she checked to see if all participants would be comfortable with this arrangement. The researcher also explained that all willing participants would need parental/ guardian consent before they could take part in the study. Ten adolescent boys who were identified were given information brochures which were written in English that explained in detail the purpose of the study and its objectives. Participants who were under the age of 18, were provided with consent forms for their guardians to complete which allowed them to take part in the study (Appendix V). The two adolescents who were older than 18 years old were asked to only complete assent forms which showed their consent to participate.

The following table depicts the participant's pseudonyms, age, grade and race:

Name	Age	Grade	Race
Themba	19 years	Post matric	Black
Mandla	17 years	11	Coloured
Nkosi	18 years	12	Black
Lucas	18 years	11	Black
Thabang	16 years	10	Black
Ringo	16 years	10	Black
Carl	19 years	11	Coloured
Samkelo	16 years	11	Black
Siphiwe	15 years	9	Black
Thulani	18 years	11	Black

Table 1 – Demographics of participants

3.3 Data collection

The interviews were held in a boardroom at OFC where the researcher and participants had access to the room themselves with minimal interruptions. All the interviews were conducted in English even though neither the researcher nor any of the participants spoke English as their mother tongue. This was primarily because the researcher does not fluently speak any of

the languages that the participants spoke. During the recruitment process the researcher highlighted to all potential participants that the interviews would be conducted in English because of her own limited understanding of the local languages. None of the recruited participants showed any reluctance to hold the interview in English. The researcher carried out semi-structured interviews with the participants. The semi-structured questionnaire was preferred primarily for its ability to elicit and generate data. The semi-structured interview also permitted the flexibility to focus the interview questions on the areas that the researcher wanted to explore, whilst at the same time understanding the respondent's point of view without being too directive with a structured interview. Semi-structured interviews use open-ended questions, some which are suggested by the researcher and others that arise naturally in the interview (Flick, 2009).

In this study, the researcher arranged and conducted individual interviews with all of the 10 participants who volunteered to take part in the study. In the individual interviews the participants were asked to provide a description of their own lived experiences of what it means to be an adolescent boy who lives without their father and their understanding of circumcision. The questions were designed to explore the day to day lives of the participants focusing on their relationships with family and friends, how they spent their free time as well as whom they generally look up to (refer to Appendix VII). These questions built a foundation on which further questions were asked about why the participants engaged in certain activities and how this helped to create specific identities for themselves. More questions were then asked on what the participants understood about the process of circumcision and what their own personal experiences had been. These questions explored the participants' beliefs and decisions around voluntary medical male circumcision (VMMC). All the interviews were interviewee-centred and this allowed the researcher to build rapport with the participants and the interview became more like a conversation. The structure of the interview allowed the researcher to bring participants back to the subject under discussion through the use of prompt questions. This allowed the researcher to maintain balance and control during the interview sessions.

All interviews were collected with a USB enabled recorder and notes compiled by the researcher who then used the audio records and the notes to transcribe the data. The interviews ranged from 12 minutes to 45 minutes. Thabang's interview was the shortest and this was because his answers were very short and precise and he did not appear interested in

engaging with the researcher much more than was requested of him, despite the researcher's attempts to do so. The researcher interviewed the participants on three Friday afternoons with an average of three interviews per day. This is because the participants often came to the centre on Friday afternoons at the end of their school week. Most of the interviews took place in the OFC boardroom however two of the interviews had to be done in the social worker's office when the boardroom was booked by other people.

Although the interviews were relatively short, they provided the researcher sufficient time to collect all the necessary data that she required. The researcher paid careful attention to the tone, gestures and the way the participants conducted themselves during the interview. The audio recorded data was transcribed by the researcher which allowed for consistency and analysis to be carried out during the entire process. The researcher took three weeks to transcribe all the recorded data. This process was an exhausting but a critical stage for the researcher as it provided her an opportunity to begin engaging with the data and understand it better.

3.4 Data Analysis

The analysis of the data was done using thematic analysis, which is a method for identifying, analysing and reporting patterns within data (Braun and Clarke, 2006). The following phases were followed:

Phase 1: Familiarising with the data

The researcher collected the data and transcribed it by herself over a period of three weeks. During the process of transcribing the data, the researcher had to repeatedly playback portions of the recorded interviews in order to fully understand them. This offered her an opportunity to begin familiarising with the data. Once the data had been transcribed, the researcher had to read each of the transcripts at least four times in order to further engage with the data. According to Braun and Clark (2006), this is a process called immersion in the data, which enabled the researcher to familiarise with the depth and the breadth of the content.

Phase 2: Generating initial codes

Whilst reading and familiarising herself with the data, the researcher highlighted quotes and wrote comments in the margins of the interview transcripts. The researcher created lists of common ideas from the data and interesting information, such as the activities which the

participants enjoyed such as listening to music and hanging out with their friends. These common threads allowed for the production of initial codes from the data. Braun and Clark (2006) define codes as a feature from the data that appears interesting to the analyst that can be assessed in a meaningful way regarding the phenomenon.

Phase 3: Searching for themes

At this stage the researcher processed the different codes into different themes. An analysis of the codes helped the researcher to develop overarching themes which supported the findings. The researcher managed to extract two main themes and sub-themes from the data which included masculinities, style and relationships etc.

Phase 4: Reviewing Themes

The researcher conducted a further analysis of the sub-themes in order to refine them. Some sub-themes were merged into one larger theme such as religion, style and popular culture. Other themes were not included in this paper as there was not enough data to support them.

Phase 5: Defining and naming themes

Braun and Clarke (2006), explain defining and naming themes as a process of identifying the essence of what each theme is about. The researcher explored the essence that was captured by each theme that emerged and found a name for them based on the main facts that the theme represented. These are multiple voices of masculinity and influencers of masculinity.

The researcher interpreted the data during the process of developing themes. During this process the researcher had to constantly critique the data in order to get better meaning until a theme which was representative of the data emerged. Upon completing the data analysis process satisfactorily, the researcher commenced the process of writing the research report. The researcher drew findings from the analysed data and compared them to the literature on father absence and construction of masculinity in order to induce relevant conclusions to the data.

3.5 Ethical considerations

To ensure that the study collection was ethically sound, ethics approval was obtained from the Human Research Ethics Committee at the University of the Witwatersrand (see appendix IX for the clearance certificate). Gatekeeper approval to conduct research at the Outreach Foundation Centre was obtained from the Social worker who is responsible for all participants at the centre. Study information literature, consent and assent forms were

distributed to all the participants who agreed to take part in the study. Signed consent forms from parents and legal guardians were required before the interviews could actually take place, for all participants who were under the age of 18. Participants were given all the necessary information pertaining to their involvement in the research process. This information included the level of confidentiality, how much of their time was to be used for research purposes, what they could expect from the research, data storage and how the results were to be used. All participants signed the assent form as acknowledgement that they fully understood what the study entailed. The participants were informed that they were allowed to participate or limit their participation at any time during the interview with no repercussions. They were also not forced to answer any question that they thought was sensitive or questions that may have caused stress, undue pain or sadness. Additionally, all of the participants chose to withhold their real names opting for pseudonyms as advised during recruitment and in keeping with research ethics. The real names of the participants and contact details were stored separately from the data in lockable cabinets and password protected documents.

There were no foreseeable risks for participating in the study and no negative experiences were reported at the time of writing this research report. The OFC's social worker was always available during the course of interviews to assist should any issues have arisen which needed counselling or any further support. Participants were made aware during the recruitment process that no compensation would be made available to them for taking part in the interview. The researcher provided muffins and juice during the interview, however this was not known to the participants prior to the interview and could therefore not have induced their participation.

3.6 Reflexivity

The researcher is a black woman who is in her early thirties. Prior to conducting this research, the researcher worked at a Voluntary Medical Male Circumcision Clinic in Tembisa where she managed the quality control of the clinic. This role involved ensuring that all patients at the clinic were well informed about the procedure and that they had followed all the relevant legal requirements which involved providing consent for minors to be circumcised. This position allowed the researcher to interact with adolescent boys who were coming for the VMMC procedure and discuss their experiences. During this period, the researcher noted that adolescent boys were often accompanied to the clinic by their mothers, aunts and grandmothers and on a few occasions by male guardians. This observation prompted the

researcher's interest in wanting to understand how adolescents made the decision to get circumcised particularly when their fathers were absent. The researcher is aware that her past experience of working at a VMMC clinic, would certainly have had an impact on the expectations that she had from the study. She made an effort to remain mindful of this and not to let her perceptions affect what was understood during the interview.

The decision to carry out the research in Hillbrow was prompted by the researcher's move to a new job in Hillbrow. The experience of working with participants from Hillbrow during the course of her work activities, made it an easy decision for the researcher to want to work with participants from OFC which is two blocks from her work place. This is because she was familiar with the surroundings and the people thereof. The researcher is aware that her own framed expectations which emerge from her supposed knowledge of the environment might have an effect on the interpretation of data. However this could also enrich the data as prolonged with a study site is important in qualitative studies. The researcher therefore made a concerted effort to remain objective during the recruitment and interviews with the participants, remaining mindful of the individuality of each participant.

The researcher is aware that her identity of being a black woman in her thirties, may have impacted the data in that the participants could have positioned her as an authoritative figure or in some cases a mother figure. In some instances the participants referred to the interviewer as ma'am, meaning madam, showing that they were making a distinction in the statuses, inferring that the researcher was in a higher position than themselves. This could have influenced the manner in which the participants framed their answers to the questions asked.

3.7 Study limitations

The study explored how adolescent boys construct their masculinity and the fact that the researcher is a black woman who could be the same age (mid-thirties) as an aunt or a mother to the participants can be considered to have been an influence to the study findings. Deference is upheld in Black African communities, hence the participants could have framed their responses in a way that they assumed would be most acceptable and respectful to the researcher.

Nearly all the informants were fluent in English, and expressed themselves in this medium, with translation only being needed on the rare occasions where someone could not think of a

particular word or phrase. Although all participants appeared comfortable communicating in English, the interviewer is aware that this may have provided inhibitions towards the way they expressed some sentiments during the interview process.

Whilst the researcher worked hard to decrease the social distance, it is necessary to recognise the impact of the researcher on the research process. During the analysis of the generated data, the researcher made an effort to limit the influence of personal opinions and beliefs which could have influenced the quality of the data.

3.8 Ensuring study rigour

In order to ensure study rigour, one of the key criteria that needs to be addressed is trustworthiness and credibility with reference to internal validity (Shenton, 2004). The researcher adopted research methods which are well established in qualitative research as described above. By virtue of working within the vicinity of OFC, where the participants were recruited, the researcher managed to develop an early familiarity with the culture of the participating organisation (Shenton, 2004). The researcher capitalised on the existing relations between her place of work and OFC and this provided here with the working knowledge which made it easier for her to relate with her participants.

The researcher attended weekly peer debriefing sessions with her research supervisor and other colleagues who were studying different issues of father absence. These sessions which permitted scrutiny from colleagues allowed the researcher to recognise her own biases. The fresh perspectives offered by other individuals allowed the researcher to challenge other assumptions that she made. Questions and observations from the peer group sessions enabled the researcher to refine her methods and strengthen her arguments.

The researcher arranged a member checking meeting with the Wits Reproductive Health and HIV Institute's (Wits RHI) Youth Community Advisory Board (YCAB), during one of their monthly meetings. The YCAB meeting comprised of 15 individuals who represented the local community and had two of the researcher's study participants and the social worker from OFC. The purpose of the meeting was to present the study findings to this group of young people. The meeting preceded with its usual agenda and the researcher was given an hour to present her study and the findings to the whole group. The findings were well accepted and the researcher was given some points to consider for her research. Some of the

recommendations were that a larger sample should be considered in future in order to get a wider representation of adolescent boys.

It was important for the researcher to remain aware of the subjective nature of the participants and the study as a whole; as well as the impact of the social context during the duration of this study. Numerous methods as discussed above, were employed to ensure that trustworthiness and credibility of the study was maintained.

CHAPTER 4: Findings

This chapter examines the two central themes that emerged from the data that the researcher analysed. This pertained to how black adolescent boys, in post-apartheid South Africa, model their own form of masculine identity, when they grow up in households where their biological fathers are absent and how this may have influenced their decisions to go for voluntary medical male circumcision (VMMC). Before this discussion it is useful to get an understanding of who the participants were and what were their living conditions. The recruitment criteria for the study resulted in participants who were experiencing different forms of father absence.

Seven of the participants indicated that their fathers were alive and five of these participants had fathers who were partially involved in their lives. Three of the participants said they did not have any contact with their fathers at all. Themba a 19-year-old was staying with his mother at the time of the study, indicated that he did not have a close relationship with his father. Mandla a 17 year old who resided with his uncle, whilst his mother worked as a stayin domestic employer, indicated that he had a cordial relationship with his father. Lucas a 16 year old stayed with his mother and two elder brothers. Carl, a 19 year old Capetonian was staying with his aunt, he recently move to Johannesburg to avoid what he called the distractions in Cape Town, which were hindering him from his studies. Thulani an 18-year old indicated that he had been raised by his mother and grandmother. When his mother had passed away, Thulani continued to stay with his grandmother until she became too old to look after him. Samkelo a 16 year old stayed with his mother and siblings.

Of the three participants who said that they had no contact with their fathers, Nkosi an 18year-old did not know his father at all. Thabang knew his father but had no contact with him and Ringo's father was deceased. The study findings show that although all the participants defined themselves as having absent fathers, the reasons for the absence was different in each individual case. When mothers are estranged from their partners this often affects the relationships that children have with their fathers (Nduna and Jewkes, 2012).

The prominent themes and sub-themes that were identified during the analysis of the data were as follows:

- Multiple voices of masculinity
    - Hegemonic masculinity
    - Fluid masculinity

- Influencers of masculinity
    - Power of mothers
    - The role of fathers
    - Friendships and intimacy
    - Religion
    - Style
    - Music
-

4.1 THEME ONE: Multiple voices of masculinity

The data revealed that the participants did not have one type of masculinity, instead there were different voices of masculinity that emerged from the data. Although all the participants embraced some hegemonic forms of masculinity such as the dislike of domestic work which they regarded as a feminine activity; the desire to marry a woman which was an endorsement of heterosexuality; and the desire to earn a living in order to support their families endorsing men as providers. It was also evident that alternative forms of masculinity were emerging by the way through which the boys discussed their relationships with women and girls. The findings also showed that the participants expressed idealised norms of responsibility, clear projections of the future, hope and entrepreneurship.

4.2.1 Hegemonic Masculinities

The definition of men and masculinity as being associated with protecting and providing for others was clearly suggested by the data. This was stated through the description of characteristics that reveal the construction of masculinity as providing for their families, offering leadership, advising others, being respected by others and caring. Three participants showed a clear dislike of household chores and subscribed to the notion that this is a task that should be carried out by female members of the household. The findings of the study also revealed that at least two of the participants engaged in risky behaviour in relation to health, such as having multiple sexual partners, inconsistent use of condoms and drinking alcohol which is consistent with the risk taking behaviour of hegemonic masculinity as argued by (Courtenay, 2000).

4.2.1.1 Money and the Provider Role

The notion that full manhood was achieved through financial stability, marriage and family was consistent during the interviews with the participants. Money was often equated with

success and a man's true sense of masculinity. The normative structure which is supported by patriarchy and often places men as the head of the family and as the main provider, was reconstructed here. The participants in this study who had contact with their fathers, also positioned them in the provider role, even though they were not staying in the same household with them for instance:

Themba (19) knew his father and said *"…I do talk to him and all that but you know how fathers are, they just cough up the money and that's it…"*. Themba's statement that his father simply "coughed" up money seemed to imply that he only provided financial support when it was required but nothing significantly more than that. This probably created an expectation in him to look up to his father as a provider. Lucas' (16) situation was similar to that of Themba. He sometimes visited his father during school holidays and his father occasionally contributed to the payment of his school fees when his mother was short and prompted him to assist. These fathers appeared to engage in aspects of breadwinning and providing. This role that these fathers play most likely had an influence on how their sons perceived provision to be a key aspect of masculinity and fatherhood.

Success in terms of a masculine identity is characterised in a number of different contexts or appearances. Success may be reflected in terms of appearance, management of affect, sexuality, behaviour, occupation and domination amongst other life aspects. For some participants such as Mandla, having money was central to success for him and others, "W*ell without money you wouldn't be mostly successful",* he said. The statement by Mandla seemed to imply that money was a significant marker of masculinity, which is required for a man to succeed. Mandla linked money with success and suggested that the observed evident lack of money could often be equated to the absence of success. It emerged from the data that the availability of money would potentially enable the participants to make key purchases which are signifiers of true masculinity such as houses as in the instance of Nkosi who says, *"I will be able to get my own house, my own kids as I planned".* For Nkosi acquiring a property was important to him as a sign of success, this would then provide the gateway to his next achievement of having a family and children. Nkosi's desire to be successful and independent was consistent with the attribute of hegemonic masculinity. He would then be in a position to show his leadership when he has his 'own' material possessions signified by property and a family that he would be responsible for.

According to Samkelo this leadership in the family sphere and success were also key markers of true masculinity. His comments made references to the fact that by being the first person in his family who will succeed, he will be the most revered male in the family, which was important to him.

> ***Samkelo**: Because like, the difference that I want to make is that, actually almost everyone in the family is a failure so I want to be the first one to change in my family.*

By framing his other family members as failures, Samkelo suggests that failure is not a sign of true masculinity and hence he wanted to take the alternative route in life, where he is successful and becomes a leader – the first person to change in his family.

The discussions above showed that the participants appeared to have drawn on different resources to reproduce a masculine identity that is central to money, provision and the success that it brings. Their constructs seemed to imply that a man's masculinity worth is central to the role that they play as breadwinners and providers. The competitive male attribute was evident in the highlight of individual attributes to "change", "achieve" and to "own".

4.2.1.2 Gendered Responsibilities

Half of the participants were of the opinion that doing housework was a task which was supposed to be done specifically by female members of the family. The only reason that they took part in work was often a result of them being forced to do so. Gender equality in terms of who does the bulk of the chores has made very little progress in terms of what happens in people's homes. Despite the fact that the participants in this study did not stay with their fathers it is interesting to note how they subscribed to the notion that doing housework was for females. Nkosi in particular was an interesting case as he did not have contact with his father and he stayed in an all-female household, his opinions of household chores were probably drawn from the observations that he had made in his social circles. The aversion of household tasks appears to be a hyper-masculinised reaction which he used to position himself as a real man. The following quotations refer to these opinions which were aired by Nkosi:

> ***Nkosi**: Oh God, this is embarrassing. Cleaning*
>
> ***…** I hate cleaning, chores like washing dishes, tjoo aii I just do all of that*

…No it's just like, you feel that there is someone who is supposed to be doing it and not you, you know [laughs] its always like that

… The one who is always home, and mysteriously it's always a woman at some point

In South Africa, family members or women who are domestic workers are responsible for doing household chores. It is no wonder that with Nkosi showed that he believed that doing chores is a task that women should perform as this is part of their social role. This substantiated the sex role theory which alludes to the fact that people learn their roles in the course of growing up and then performs them under social pressure. That social pressure could be coming from peers as Nkosi's friend Lucas shared similar sentiments and he describes his situation below:

***Lucas**: Yah I can cook, she taught me when I was 16, so I know how to cook. I clean sometimes because my brother sometimes he will be at work and my brother at Wits he will be learning so I am the only one who is left at home. I cook and I clean*

***Rue**: So do you enjoy those activities?*

***Lucas**: Aah boring, no I don't enjoy them [laughs]*

***Rue**: Why not?*

***Lucas**: Cause its wasting my time I also want to chill and I also want to be free.*

The data showed that when adolescent boys perform household activities, they do them as they do not have a choice however given the option they would not undertake theses duties as they believed that they were better suited for women. Lucas in the discussion above clearly states that he only does the cooking and cleaning as he is the only one who will be left at home. Masculinity to these participants was suggested by embracing anti-feminine roles and staying away from women's activities was about status and achievement. Only a situation of desperation would require these participants to help. For them their role in a home or their family responsibility was to buy a home and take on the provider role.

4.2.1.3 Sexual Ability and Risky Behaviour

The participant's awareness of sexual norms came almost exclusively from their peers, and conforming to these norms often led to peer-group status and approval. An adaptation to the social ideas around sex seemed to create expectations for the participants to participate in

these social constructions. Eight of the participants indicated that they were involved in relationships of a romantic nature although not all of them were involved in sexual relations with their partners. The data showed that having a girlfriend was an important indicator of a successful masculine identity although some participants were explicit that having heterosexual sex was the ultimate sign of masculinity as in the instance below:

> ***Lucas**: No I am not saying that [laughter] it's just that if you have not slept with a girl you are a boy. But if you did it means that you are now a man, you now know too much. That's what I think, that's my point of view. That's what I think that if you didn't then maybe you are still a boy.*

Lucas' statement suggested that true masculinity was only achieved when a man had sexual relations with a woman. Engaging in sexual activities was positioned as a rite of passage which was necessary to achieve the status of manhood and adulthood. This status of manhood was also linked to acquiring wisdom, Lucas insinuated that boys who have not had sex were not wise and relegated to childhood. Real masculinity in this context became a status that was bestowed upon a person by their peers upon finding out about their sexual experience. When one had gone through the sexual rite of passage, they then shared their success with peers who would then acknowledge whether it was true or not. This then substantiated the argument that masculinity is a socially constructed identity and 'publicly' performed. It is not privately or subjectively experienced.

The performance of masculinity is often enhanced by affirming heterosexuality and displaying a veracious sexual appetite. The participants in this study re-enacted this aspect of masculinity through the way they spoke about girls and women, the jokes they shared and the way they presented themselves as heterosexually active and knowledgeable

The participants were not always clear whether they used protection during their sexual encounters or not. Where pregnancy was reported it gave an indication of unprotected sex. Themba however highlighted that he used condoms and he spoke of an incident where he has a mishap with a condom as follows:

***Themba**: That incident then I, the condom tore and got stuck in her and didn't come out.*

This incident that Themba described raised concerns of whether the condom tore because he did not know how to use it properly and hence he comprised himself and his girlfriend in the

process. A large number of South African adolescents receive their sexual education from mass media campaigns, which encourage the use of condoms but do not necessarily provide a step-by-step process of how to effectively use them (MacPhail and Campbell, 2001).

Thulani did not hide the fact that he was involved in multiple sexual relationships with women during his days as a *skothane*. *Izikhotane* or *Skothane* is a township sub-culture which refers to 'battles' which are performed using material items such as money, mobile phones, clothes and alcohol (Wende, 2013). *Skothane* masculinity is signified by multiple partners, drinking alcohol and buying expensive clothes. This risky behaviour is emulated by the *skothane* followers and successful *skothanes* attract numerous women admirers who they go out with to drink alcohol and sometimes they engage in sexual activities with them. Thulani describes his lifestyle as a *skothane* as follows:

> ***Thulani****: When I was a player, I was once a skothane doing skothane things. Then my friends who I used to have were bad friends, even Thembinkosi as well. Then they were like let's get girls, let's go and date many girls so it was a competition thing. So I always fell into that and that thing was into me. So every girl was like always coming for me, coming for me.*

By stating that dating girls was a competition, Thulani implied that as a man he had to participate in this challenge and win. This is in compliance with data that suggests that competitiveness is a characteristic of hegemonic masculinity; again it was publicly performed and endorsed. Thulani appeared to have wanted to position his masculinity as someone who was not afraid to take on new and 'bad' challenges and come out as a winner. The winner being the one who dated the most women and was the 'baddest'. Thulani's experience clearly showed that adolescent boys embraced different types of masculinities at different stages of their lives depending on various contexts. Their decision to change the style or join or leave certain peer groups may have impacted on the type of masculinity that they adopted, however the core and fundamentals may remain the same.

There were participants in the study who had chosen not to adhere to peer norms by refusing to have sex with their partners. These participants described themselves as members of church groups that forbade sex before marriage. Samkelo made reference to the words spoken by his pastor as shown below:

> ***Samkelo:*** *You know my pastor she is a person who makes you to, she is the one who told me that those that are engaging in sex, they just fool themselves, they are just fools because through sex, you cannot gain a lot of things but you can gain making a girl pregnant. And then from there it's a sacred thing, something precious that it has to be saved for marriage and by a married person.*

Samkelo had made a decision to embrace a masculine identity that neither involved dating girls nor engaging in sexual relations with them. He positioned boys who engaged in sex before marriage as fools who were engaging in fruitless activities. This statement was in direct contradiction with Lucas who suggested that the rite of passage of sex before marriage was a sign of wisdom.

4.2.1.4 Use of Dangerous Substances

A number of participants indicated that they enjoyed taking alcohol even though they were aware of the risks it sometimes poised for them, such as unsafe sexual encounters. Carl describes the nature of binge drinking below:

> ***Carl****: You enjoy yourself, you get intoxicated and you enjoy yourself. Everything that you do, you don't think about what you do. That's the joy of drinking, the irresponsible thing about drinking. When you do something you don't actually think about it. You will think about it and you are like no, why the hell am I thinking about this right now, I should just do it. That's why you get teenagers who have sex without a condom, you understand. They are in the moment, although they have the condom on them, they are just gullible to take out the condom and use it. That's what alcohol does.*

Carl described drinking alcohol as an activity which was pleasurable and allowed one to engage in irresponsible behaviour. He implied that alcohol could be used as an excuse to behave badly because of its ability to diminish good judgement making. This finding was consistent with studies that suggested that alcohol influenced adolescents to engage in risk taking behaviour. The abuse of alcohol is known to play a significant role in risky sexual behaviour, including unwanted, unintended, and unprotected sexual activity, and sex with multiple partners. Such behaviour increases the risk for unplanned pregnancy and for contracting sexually transmitted diseases (STDs), including infection with HIV.

Carl's narrative showed that he had experienced getting drunk however when he describes what happens he removed himself from the narrative and started talking about the experiences that other teenagers go through. It appeared as if he wants to position himself as a responsible adolescent who would not engage in unsafe sex, even though he understood how it could possibly happen to his peers.

In his interview Themba stated that his brother was boring as he did not drink. That statement showed that Themba expected drinking to be a pleasurable experience which made him more exciting to be around. Drinking alcohol was positioned as a marker of masculinity as it was expected to distinguish between an interesting man and one who was not. He however said that when he wanted to drink alcohol he did not go out to a club or a bar. He insinuated that by drinking at home he was showing some form of responsibility as he would just sleep after getting intoxicated. However he also said that when he had drinks at home there were female friends around, although his girlfriend was not invited to these social scenes.

> ***Themba**: So when I drink, I drink with my friends at home. We don't go like clubs and all that. I only went to a club once for my matric dance after party. That's the only time I went to a club but usually I don't go to clubs I just drink at home.*
>
> ***Rue**: Why do you not go to clubs?*
>
> ***Themba**: Cause I don't think it's safe*
>
> ***Rue**: It's not safe?*
>
> ***Themba**: Cause when I drink and I get drunk I get on to a lot of things.*

Themba positioned himself as comfortable drinking at home with his friends because he felt that he would be sheltered from engaging in negative behaviours. The fact that Themba drank with his friends showed that it was an acceptable form of pastime that they all engaged in. This finding suggested that peer endorsement is a factor that influences adolescents to drink alcohol, again it is an endorsement of the public performance of masculinity. His statement that when he gets drunk he "gets on to a lot of things" suggests that he engaged in risk taking behaviour when he was drunk. However this did not appear to deter him from taking alcohol.

4.2.2 Fluid Masculinities

Although the data showed that the participants embraced certain norms of hegemonic masculinity as discussed above, clear forms of alternative masculinity seemed to emerge.

Participants appeared to construct different masculine identities of themselves when they were in different situations like appearing tough when with their friends and romantic when they are with their girlfriends. Themba's discussion was a classic example of this fluidity particularly when he discussed the movies that he watched.

> ***Themba****: Its action movies most of the time*
>
> ***Themba:*** *Well cause the fairy tale ones are for people who are like in love [mumbles] so I actually, so we like getting you see like, we like. Can't explain it but action movies is what we really like a lot*

Themba created a perception that movies that showed speed, action and caused adrenaline to pump, were typically masculine and acceptable among men; whereas movies that triggered warmth, love and made one laugh and smile were typically feminine movies. The dichotomy in the public (with friends), private (with intimate partner) was a performance of masculinity. Themba also enjoyed drinking with his friends however it was also important to him that the members of his church regarded him as a good boy. Although he engaged in regular sexual activity with his girlfriend, he panicked when she fell pregnant as he was worried that his good boy image would be tarnished. He shared that:

> ***Themba:*** *Well I was just thinking what will my dad say and all that and what will people say. Cause at church people tell me that I am a good boy and I was like I have let a lot of people down and so what's the point of me being still around*

In his absence, Themba's father seemed to matter to him to an extent that he renamed him as an influencer in his life whom he did not want to let down. It was important for Themba to create separate identities for the separate groups of people in his life. When he was with his friends Themba felt the need to create an identity of fun which involved a bit of recklessness and adventure which was topped by drinking of alcohol. At church he wanted to present an image of a well behaved young man who followed all the rules in the Bible. The need to present multiple identities made Themba panic when the results of his sexual actions (which seemed perfectly fine amongst friends), resulting in impregnating his girlfriend, appeared to compromise his good boy identity. Themba felt the need to run away rather than have his vulnerabilities exposed by admitting his failings and weaknesses. This was a typical masculine response where men are expected to maintain emotional composure and selfcontrol even in the most difficult situations.

Thulani a former *skothane* suggested that he had outgrown his *skothane* days where he engaged in multiple relationships with girls. He however appeared to blame his 'bad' friends for influencing him to take part in this lifestyle. Thulani's decision to leave his *skothane* identity and embrace another form of masculinity is a clear indicator that masculinity is flexible and can be changed at different stages of a man's life. During the interview Thulani positioned himself as older and more mature and wiser, and this is the reason he suggested why he left the *skothane* lifestyle.

Dominant forms of masculinity encourage the subjugation of women which may result in violence towards women. Participants in this study appeared to hold strong beliefs against violence towards women. When asked how they related to women in their lives, almost all the participants highlighted the importance of being respectful to women. Nkosi described a good man as one who respects a woman's opinions:

> ***Nkosi:*** *They respect a woman's opinion although most of the time they are forced to make the last decision.*

Nkosi proposed that it was important for a man to pay attention to the woman's opinion and yet he presents men as decision makers through the use of some 'force'. Although his statement was progressive in recognising the importance of listening to a woman's opinion, he showed that he still subscribes to the patriarchal norms of masculinity where the head of the house is supposed to have the final say in all discussions. The participants below shared what they thought were the ideal characteristics of real men:

> ***Nkosi:*** *….Now it's caring, now it's more different no fighters only lovers. It's caring, it's all about caring and being a gentle man, yah*
>
> ***Siphiwe****: A man is someone who is honest, a reliable person and must be referred to as a role model.*
>
> ***Thulani****: A man who is not abusive, who is responsible and honest, and always faces his problems or mistakes, whatever he does. That's being a man. That's one thing that I am trying to reach to.*

The findings showed that a key signifier of masculinity for most of the participants was being caring, honest and reliable to the women in their lives. Showing physical abuse to women was unacceptable and most of the participants clearly condemned these practices.

The data also revealed that the participants valued the importance of maintaining one sexual partner at a time. Serial monogamy was more acceptable than juggling multiple partners. The participants did not appear worried that being involved in a string of sexual relationships could put them at risk of getting sexual infections. Engaging in one relationship at a time appeared to be less offensive to their partners and socially acceptable for them. Themba shares as follows:

> ***Themba:*** *That's what I learnt that you don't go around just sleeping around cause even, I think that sex is very precious, it's a very precious thing and once you have sex with someone there is something that you guys share.*

Participants showed no indication that they were involved in multiple sexual relationships with the exception of Thulani who had mentioned being involved in multiple relationships during his *skothane* days. Thulani however highlighted during the discussion that this behaviour was now in the past as he now only had one serious girlfriend that he loved and he that he aimed to prove his faithfulness to. His attitude showed that something had changed his perception of viewing women as trophies on a man's arm to being priced possessions. Thulani explained how he tried to convince his girlfriend that she was the only woman in his life at that particular time in the following statement:

> ***Thulani:*** *… Then whenever I ask her why she is cause of things that I have been hearing about you. I always tell her that if I was cheating on you, you will never touch my phone, I was never gonna give you my time anytime you need me. Cause anytime she can call me and say, I am at home come. Whenever she says go with me, I always go with her. So I always tell her that, I am trying to build her, and I am not that person who is rushing her…*

For Thulani being available for his girlfriend whenever she wanted to see him was a sign that he loved and respected her. Thulani had indicated earlier that his father was always travelling and unavailable most of the time, this is probably why for him making himself available to his girlfriend was an important factor. However by saying that he want to build her, Thulani appears to be infantilising his girlfriend which is an indication of the domineering side of patriarchy.

Eight of the participants in this study identified themselves as quiet and shy, which is contrary to the dominant discourses of masculinity which is presented as unashamedly loud

and bold. These participants did not appear in any way threatened by their self-positioning. In fact they all presented a stable, well established sense of occupying a valued identity, which was not in any way intimidated by the characteristics of the hegemonic male symbol.

> ***Mandla:*** *I would say quiet, quiet yes, I am very quiet. Umm quiet, a bit shy. Yah that's all for now*
>
> ***Lucas****: My personality, at school they say I am quiet. I am not talkative*
>
> ***Thabang****: I am a shy, quiet person*
>
> ***Carl****: … I used to be a quiet person, I used to be a really really quiet person*
>
> ***Siphiwe****: I am a very shy person, I am kind and caring*

When asked how they handled confrontations and fights, the participants showed no desire to engage in any physical fights to show any forms of dominion or authority. They did not do this out of fear but they seem to indicate that the act of walking away from a fight was a great signifier of masculinity than actually engaging in a fight. The participants were more likely to have internalised the views of their peers and the social definitions of masculinity and femininity as is shown by Ringo's comments below:

> ***Ringo****: Like I said I am too sensitive, I am soft. If I strangle someone I will shed tears. Ok for a guy I know they will say tjoo this guy is gay no it's not that, I have a heart for that person. The minute I throw a punch at someone I feel hurt myself. I will go and apologise and say I am sorry for what I did. Oh sometimes if someone wants to fight with me, telling me that I am weak. I will just easily turn back and you know what. I will talk to that person and if that person doesn't want to listen, trying to show everybody that no I am going to beat him up. I will be like you know what thanks I am just going to walk away. That's what I do cause I am not the fighting type.*

Ringo expressed the fact that he was not afraid to show his emotional side, by shedding tears when in a confrontation. However he was quick to dismiss his show of weakness as a sign of being gay. There appeared to be a link between the display of emotions and 'gayness' which Ringo appeared to want to distance himself from. Being gay was positioned as an alternative form of masculinity which was made fun of and was associated with expressions of vulnerability. Gayness was linked with being soft and effeminate, whilst straightness was

linked with being strong and masculine. However these are just stereotypes which are not necessarily true.

Some of the participants engaged in acts of giving back to the community by visiting children in orphanages. These are initiatives that they said they came up with on their own and their friends although they were probably influenced and encouraged to do so by the Outreach Foundation Centre where they were members. This alternative position recognises the need to provide and protect the under privileged members of the society. Carl and Thulani describe these moments as follows:

> ***Carl**: We used to go camping, we used to go to children that are in need like shelters. Prepare food for them, like talk to our parents to give us money and prepare food for them, give them food and yah. Go to disability homes, feed the children that are crippled, yah.*
>
> ***Thulani**: … Because sometimes we go to orphanages to visit even if we don't have anything, maybe teach them some games etc*

4.3 THEME TWO: Influencers of Masculinity

4.3.1 The power of mothers

There was evidence in this study that the relationships that the participants had with their mothers was strong. The mothers in this study appeared to have created an atmosphere at home where values were discussed and they also successfully developed a relationship that encouraged some levels of open discussions of issues. Themba talked about the time that he impregnated his girlfriend and how his mother stepped up to help him deal with the situation that was greatly causing him stress. Themba's mother taught him and provided him guidance on how to deal with a crisis as follows:

> ***Themba**: Cause she is that woman who is patient about things and she knows what she wants in life, and she supports her children a lot cause I have been through a lot of incidents of almost impregnating a girl and all that, and I can talk to her about that. She gives me advice*

Themba's description of his mother above shows that he believed that his mother was a reliable person whom he could trust. By being directly involved in the situation where her son had impregnated a girl, Themba's mother gave him the blue print of how men are expected to handle relationships. By showing support to the girl whom her son had impregnated, Themba's mother appeared to have been trying to teach him how to be a man who is responsible for his actions, a man who takes accountability for what he has done.

Mothers were also shown to connect with their sons just by being with them, by giving them attention and by making themselves available as a source of love comfort and support. Carl describes how his mother provided him inspiration in the following way:

> ***Carl**: My mum is very very nice lady. When I get married one day I want to marry the person that my mum is, you understand. My mum is like my friend basically. I tell my mum everything, I tell my mum like every, every single thing.*

Carl's narrative shows that he had a very strong connection with his mother. He spoke passionately about how his mother gave him strength and courage to face the future. Carl goes to the point where he said that he would want to marry a woman like his mother as he believed that his mother was the ideal woman that there can ever be. Carl and Siphiwe shared how their mothers gave them advice on relationships and how their advice always played out in their favour. Siphiwe describes his experience with his mother as follows:

> ***Siphiwe**: Sometimes I tell her how I feel about something or someone, then she will give me opinions on*

The mothers in this study appeared to play a supportive role in constructing the masculinity of their sons. Their advice and the direction they provided appeared to assist in the building of self-esteem and the strength of character that their sons needed to feel confident in their masculine identity. These mothers appeared to also subscribe to the notions of hegemonic masculinity and appeared to be raising their sons to be compliant with the hegemonic norms of masculinity. They positioned their womanhood as strong, supportive, caring and always available to give advice, which made a participant like Carl admire these characteristics and desire to marry someone similar.

4.3.2 The macho (or strict) absent fathers

Half of the participants in this study maintained ongoing relationships with their fathers however it appeared like they tended to receive erratic support and guidance from them.

Themba said that his father was available to take of his financial needs only, rather than other issues. From his perspective he despised the fact that fathers were absent from a child's life and only became present when there were disciplinary issues to deal with as he shared "…*They are only there when you do something wrong. For example then your mother tells him that you are doing this, this, this and then he is there to confront you about that…"* Themba shared an incident where his mother had to call his father to provide discipline below:

> ***Themba:** Ok oh well umm [...] my friend and I, we thingy. The girls that are around the flat where we stay and they came to the house, then the security caught us with the girls in the house and then they told my mum. And my mum told my dad and then it became a huge thing you see. That I don't respect that I put girls that are warra warra yah*

The security guard at Themba's flat appeared to have had authority to determine whether or not Themba was misbehaving. The security guard took up the unofficial role of being a social father to Themba. He regarded it in his power to report Themba to his mother, although he did not have the authority to instil any form of discipline. Themba's mother in turn did not doubt the word that had been given by security guard to an extent that she also elevated the issue to Themba's father. Despite the fact that Themba positioned his mother as an

independent woman, when it came to this issue of her son's discipline, she reported his misbehaviour to his father. Although Themba's mother was fully responsible for raising him, although she could support him when he impregnated a girl, she still felt like she did not have the power to instil discipline in him when he misbehaved. Themba's father reacted as follows when his son's misdemeanour was reported to him:

> ***Themba:*** *He did slap me and he did shout at me and he said I should, it was like at eleven o'clock at night. He said I should get out of the house. So I went to my friend's house, cause my friend stays next door to me but he fetched me again and said I must come back like at one, yah he said I should come back*

In the discussion above Themba's father had the authority to discipline his son as he saw fit once the mother had reported to him the son's misdemeanour. The father had the authority to kick his son out of the house that he himself did not reside at, into the dark of the night. In what appears to be a triumph of patriarchy, the mother willingly let go of her authority and handed it over to a man who was generally absent in his son's life. The reasons are unclear why the mother allowed this to happen. This decision angered Themba who probably did not understand how a man whom he hardly ever saw could have the authority to make what appeared to be a cruel decision of chasing him out of his mother's house in the middle of the night.

The findings from the study show that patriarchy reigns supreme in the homes of many single women even though they do necessarily stay with the fathers of their children. Themba's experience shows an imbalance in gender power between men and women. Violence within families is often masked within a culture in which certain behaviours such as corporal punishment are not clearly condemned and at worst they are condoned. Adolescent boys who grow up in this environment may be influenced by what they see and develop masculinities where they feel that certain forms of violence are acceptable.

Carl's (19) father had been away for most of his life because he had been working in Britain and had returned home two years ago. Carl appeared to have a lot of respect for his father. Carl described his father as very strict man whom he would not want to be on his wrong side as he cites below:

> ***Carl:*** *Very close, but right now, we are having our ups and downs you know. As a father and son, you do have that, yah. But then my father is a very very, he is strict*

neh, but I had say my father is my mentor. I would like to be my father one day, its just that right now. My father raised me properly, my father never beat me, you understand. My father slapped me once and I thought that, this slap of my father it simply means that my father wants to kill me. So I won't even dare to put myself in a position where my father will hit me again. And my father, even he tells me that you should have respect….So I believe to make a man you should have respect and you should respect women.

Carl described his father as very strict, and he insinuated this to be a good characteristic that his father had. This strictness was demonstrated by the disciplinarian role that Carl's father played in his life. Carl's experience where his father slapped him hard made him develop fear for his father. It is interesting that Carl did not refer to this method of discipline as abuse. The fact that his father restrained himself and gave his son one slap was an effective communication method which was designed to instil a sense of fear and deep found respect for him. He seemed to endorse this method of discipline as he stated that his father was his mentor and he would like to be like him when he grew up. This therefore implied that Carl believed that respect can be earned by imposing violence with a degree of restraint onto the next person.

Thulani (18) had been raised by his grandmother and he now stayed with his father who was constantly travelling and often left him behind to stay with different relatives. Although Thulani's father appeared to have taken over responsibility of his son after his mother died, Thulani still regarded himself as someone whose father was absent. This could have been exacerbated by the fact that he had grown up without living with his father. Thulani's father appeared to travel a lot for work purposes and this seemed to have affected the relationship with his son where he was not available emotionally for him. He also described his father as strict and emotionally abusive. This spatial relationship between the two of them created an emotional distance, which made it difficult for Thulani to develop a warm relationship with him where he could discuss issues that directly affected him. He cites his situation below:

Thulani: *My grandmother now lives alone and she is paralysed like every time I call her, she is this person who is always sick, who is missing me, who needs me. When she sees me she feels better because I remind her of her child. The other children that I grew up with from my uncles they have already dropped out of school, they smoke they do whatever. And even here I am facing challenges, cause I never grew up with*

my father I stayed with my grandmother. When I moved here I stayed with my father and my stepmother. And my father travels and he leaves me with my stepmother or relatives sometimes. He has got this thing that when he comes home sometimes like he arrived yesterday, he is a strict father, he is caring but he is strict on the other side like yesterday when he arrived he started a fight over a small thing. He brought up something that happened 20 years ago with my step mother. He started bringing it back etc. And then he started arguing with her and then he beat her up then he walked out of the house and came back in the morning. Sometimes I find it hard, and like me I am not used to him. I don't usually spend my time with him so I can't say I can tell him the problems that I have.

It is particularly interesting how Carl and Thulani link strictness with caring. These two participants made it sound like when their fathers were strict towards them, it was a sign that they cared for them. Restrained beatings and other violent forms of communication were accepted by these participants. Beatings from fathers become an acceptable form of reprieve based on the participant's social cultural contexts.

Men as a social group have greater social power than women and violence is an important way by which men maintain their dominant position. Socially constructed gender roles, relationships and identities support these inequalities and patriarchy is one such example which is at the root of gender based violence. Culture is often used to justify gender inequality and violence by evoking traditional cultural beliefs about how women and children should be treated. Children are said to experience family based violence when they witness their parents engaging in violent behaviours as in the case of Samkelo. He had since lost contact with his father ever since his mother opened a police case against him as he cites below:

Samkelo: *Actually the last time, my mum and dad were having a huge fight and so that when I think my mum went and opened a case against my dad, and since then I have never seen where he is.(16)*

4.3.3 Friendships and Intimacy

The study findings revealed that the boys exerted an influence on one another through their friendships. Friendships for them involved finding someone they trusted to be around. The participants discussed how they bounced off ideas with their friends, decided on which girl

they should date and gave each other advice. Lucas and Nkosi shared their experiences as follows:

> ***Lucas**: Obvious my friends. Nkosi, who came here is one of my best friends. We talk a lot, we help each other a lot, and my brother, those are, I first ask them for advice and before I do something I think twice if it's right or wrong so that I won't regret and say damn I did something bad. So I think twice. But mostly I ask advice from my friend Nkosi. He is good with advice so he will tell me this, I think that is wrong don't ever do that it's bad*

> ***Nkosi:** They are friends, they are co-workers, they are brothers, they are everything.*

The participants appeared to respect the opinions of their peers greatly. The general opinions of a group were used as markers of masculinity and the participants appeared to have drawn their own identities from this. Lucas described how conversations with his friends could have influenced even the girls that they finally decided to date:

> ***Lucas**: Aah which girl you like, do you like this new girl, anything? To ask that girl out, tjoo, I was hanging out with that girl, it's just amazing. It's just a chat for boys*

Peer groups provided adolescents safe venues where they could explore their identities, where they could feel accepted and develop a sense of belonging. Nine of the participants indicated that their peers influenced them towards positive behaviour and that they were an important aspect of their lives. Peers with similar interests appeared to gravitate towards each other.

The findings showed that the participants were developing the capacity to have deep, strong and intimate relationships. Six of the participants spoke out to have had at least one friend who was a girl with whom they were not romantically involved in. This friend was often described as one of the boys with whom they could engage with without fear or reservation. Carl and Nkosi describe the relationships they had with their female friends as follows:

> ***Carl**: yeah and a girl. Not my girlfriend but my best friend is a girl.*

> ***Carl**: Yah, like all of us we did everything together. The girl is a girl, but she used to be our guy you understand. She will call us and be like guys aren't we going out tonight?*

Nkosi: *If we are together we are doing everything like, ok it's a mixture of male and women. 2 male 2 women*

These girls were described as people that they could go out and have drinks with, party with or engage in different activities with. The findings revealed that when the participants were with their female friends they do not hold back on their feelings and emotions. These female friends appeared to offer them the opportunity to explore intimate and verbal connections without the pressure of a romantic relationship. By saying 'the girl is a girl' was Carl's way of stating that his friend was a girl because she had the biological characteristics that made her a girl. He however positioned this girl as one of the guys because her gender expression had some masculine elements that entitled her to belong to a boys' peer group. His statement seemed to imply that the girl had to act at least to an acceptable extent, as another boy in order to be accepted as a peer, only then could he let his guard down and expose his vulnerabilities. This statement communicates the fluidity of gender and how gender does not always align with sex, though it is often linked to sex.

Most of the participants indicated that they were involved in an intimate relationship with a girl. Having a girlfriend heterosexually appeared to be a significant marker of masculinity. The rules that existed in platonic relationships appeared to change when the relationship status also changed. Girlfriends were not always allowed to take part in the activities that the boys engaged in. Themba stated that his girlfriend did not drink so he did not take her when he went to drink. There was evidence of stereotyping that stated that women in relationships were expected to behave in certain ways that showed respect and decency.

Themba*: Well my girlfriend doesn't drink so I never go with her to drink.*

Rue*: Ok so when you drink with your friends are there any other girls around that you have drinks with or is it just the boys?*

Themba*: Yah there are other girls around that we do have drinks with*

Nkosi would not involve his girlfriend in what he called his business activities according to him as he did not mix business with pleasure. Nkosi's business involved providing entertainment to youth performing musical battles, which are artistic expressions of music where they compete with rival groups. Nkosi appeared to be drawing from patriarchal norms

that state that the woman cannot be involved in the 'street' work that a man does. He did not like to bring his girlfriend anywhere, where he engaged in rough activities.

> ***Nkosi**: Oh no she is not [laughter] aah I don't mix business with pleasure. I don't mix business with pleasure it can get very ugly.*

The findings revealed that the boy-girl relationships provided a space where the boys could feel freer about their emotions and feelings. Within the space of their relationships, the participants felt safe and comfortable to be themselves as Themba describes below:

> ***Themba:** Oh I want, I want a fun relationship. I want an open relationship that we can talk to each other. If she has got problems at home I can talk to her cause when I go into a relationship, I want a person that I can talk to. Like some problems that I have at home that I cannot talk to with my parents or my brothers or anybody that I can talk to, those kind of problems. So I want a person who is open, who is free, who is fun, yah. A person who just loves going for everything and who is, who wants to study and wants to have a bright future.*

The participants particularly valued the fact that their girlfriends appeared to look at situations differently and they provided them a safe space where they could express their feelings. Their female partners were also sources of emotional support whom they could look up to and lean on in the same way that their mothers did.

The findings of the study revealed that the participants in this study also constructed their masculine identities through their religion, the way they dress, looking good and the music they created and listened to.

4.3.4 Religion

The findings in this study proved that religion is a significant part of life for the adolescent participants. Seven of the participants appeared to have strong religious backgrounds and they affirmed their individual beliefs in God. Religion appeared to be a strong marker of masculine identity which was aligned to responsible behaviour. The participants' strong religious beliefs could also have been influenced by their affiliation to the Outreach Foundation Centre, which is an organisation that is predisposed to Christian beliefs and values. The findings revealed that God was projected by some of the participants as the ultimate role model of masculinity, the provider, the counsellor and the guide to all things, Themba and Ringo expressed these sentiments as follows:

***Themba**: well you know with me I usually pray about a lot of things, so I pray, and pray and pray and I know that God is going to lead the way. So I don't care what tomorrow has, I know He is going to lead the way. Whatever I do today, as long as I include God, I know that everything is going to be perfect. That's how I go through day in and day out.*

***Ringo**: ... Sometimes I involve God into it because I know that God is my provider and he can provide anything for me. See that's how I manage my stuff.*

Prayer was presented as a formal channel of communicating with God. The comments above showed that these participants no longer made automatic forms of praying, that were mechanical, mindless reciting of formulas. Instead prayer became a conversation with God where the participants believed that they could comfortably discuss all the issues that they had on their mind, with the full belief that they were being listened to, and with the expectation that their needs would be met. God was also seen in some instances taking the role of the father figure that the boys did not have in their lives. The findings showed that some participants like Samkelo, talked to God as they would have if they had their father:

***Samkelo**: A lot of things, like I can present my problems to him especially because I don't have a father, yah. I tell him my problems what I need and he seems to give me that.*

Religious beliefs and practices were also used in determining the kind of masculinities that the participants in the study displayed. The highly religious and devout participants reported to be less likely to engage in delinquent behaviour. Ringo in particular highlighted that he did not engage in premarital sex as this was against the laws in the Bible:

***Ringo:** Yah they do actually hey. Like ok they say I am dating. Dating isn't bad, in my family they don't have a problem with it. They said I must not fall into sexual intercourse at a young age before marriage, because that is against the Bible law. I believe in Christianity religion, that's a sin. Sex before marriage is a sin.*

The guiding principles that were given by the Christian religion, provided markers on how adolescent boys needed to conduct themselves, this had a huge influence on how they constructed their masculinity. Religious leaders also had a role to play in enforcing certain codes of how the young men were expected to conduct themselves according to the rules in

the Bible. Samkelo's pastor was a huge influence in his life and he appeared to reverence all the advice she provided to him.

> ***Samkelo**: You know my pastor she is a person who makes you to, she is the one who told me that those that are engaging in sex, they just fool themselves, they are just fools because through sex, you cannot gain a lot of things but you can gain making a girl pregnant. And then from there it's a sacred thing, something precious that it has to be saved for marriage and by a married person.*

It is interesting to note that Samkelo's Pastor was a woman, whom he held in high regard. Being raised in the home by a single mother probably made it easy for Samkelo to respect his Pastor and position her as one of his mentors who could help him construct his own masculine identity, regardless of her gender. According to Samkelo being a real man involved the fear of God, which served to affirm the religious beliefs that most of the participants had, that a real man needed to believe in God and look up to him for direction. Fearing God in this context involved being obedient to the Biblical guiding principles that were supplied by religious leaders such as the pastors and priests. The data revealed that a real man needed to believe in a higher power where they could look up to for guidance and strength.

> ***Samkelo**: [laughs] the beginning of a real man is to fear God. And then he should know how to control himself, especially when it comes to women. Some people abuses women, and then what can I say. To make you a real man you have to have education, you know. People should admire and when your children grow up they should say, I want to be like my dad.*

Samkelo did not have much contact with his own father whom he had said earlier on was abusive. This was the reason why it was probably important for him to project a good man as one who could control himself and not be abusive towards women. His statement showed that he wanted to become a better man than what his father was to his mother and him. Fearing God appeared to be the solution that he believed would enable him to achieve this ideal of manhood.

4.3.5 Style and popular culture

The findings revealed that the participants highly regarded the way they looked as significant to how they portrayed their masculinity. However it was evident that different styles were associated with different types of masculinities. There was therefore no common agreement

on which style was regarded as better than the other. What was regarded as cool was not fixed on a particular masculine identity but more on the way one assembles their own style and represents it. The effects of all this was to open up a space for some new visual codes of masculinity.

> ***Nkosi****: … there are different types of dress codes. We have got what we call isivundra, that's the ghetto, the all ghetto but nice, the thingy, they call it dhelela or something. But its nice, but smartness. Then we have got the all star, the old all star you know the dirty old star that's the ghetto. For some reason whoever made the all star did a good job because that thing when it gets dirty or messed up it still looks nice. You see, then we have got what we call swag. Taken from American culture, ok with swag we have got kinder swag.*

The ideals of what looked best were adopted from the American culture although in some instances the participants would adapt them to their own personal taste and style. According to Carl and Nkosi the ideal man needed to have a respect for his clothes and they definitely needed to smell good by using cologne. The participants appeared to acquire their varying tastes and styles from the different media that they engaged with. Carl indicated that he read the GQ magazine as it offered him the style guide of what is hot and what is not. Nkosi took his definition of swag from what he called the American culture, which was probably influenced by the music that he listened to. The quotes below describe these styles:

> ***Carl****: Formal. He respects his clothes, wears a touch of cologne, the belt should match the shoe. Like formal, you can see your formal guy. I buy GQ magazine, you know GQ magazine.*
>
> ***Nkosi****: [laughter] now you are asking my sense of style. Ok with the man right, its cologne first of all, after bathing it's a lot of cologne.*

The participants in this study were coming from impoverished backgrounds and they did not dress the way that they spoke about. However they were very clear about the styles that were trending and they had very strong ideas about how they would help to develop the fashion industry. The way they talked about their dreams showed that they projected their hopes on something that was bigger than their current statuses. They were able to project ideal masculine images from the imageries that they got from the mass media and they hoped that one day their dreams would become a reality. This finding shows that despite growing up in

difficult conditions within the inner city, adolescents have the resilience to project better images of who they can be in life. Lucas spoke of how he used social media to follow trends and also to find out what was happening to celebrities all around South Africa. It appeared that he used the images from media to draw his own idea of ideal masculinities. He said:

> ***Lucas**: Teenagers we love gossip, you know anything that happened to celebrities we just love it. If it's dramatic we just want to know what happened, because at school people will be bragging and saying do you know what happened to Cassper and what what. And you also just to know, so you go and research.*

Two of the participants appeared to show high levels of creativity which influenced their desires to construct their own interpretations of style. These findings reveal the emergence of alternative codes of masculinity which are guided by the desire to create new identities and new individualities.

> ***Nkosi:** Ok with fashion I do like anything under fashion especially like creating clothes that are never seen before that's what I work with, that's like the most thing that I love working with cause I like daring stuff that are different, right, so that's what I do. And umm along the lines within my career I want to start my own company.*
>
> ***Carl**: I want to start my own brand, 45. The five is for formal, innovation, vision, entertainment.*

Carl and Nkosi were particularly clear on how their love of a certain style had influenced their desire to create their own brands and line of clothing. Although they took their inspiration from the images projected by the media, they wanted to put their own mark and define what made sense to their own individual selves.

The findings of the study revealed that style and pop culture were linked to music. Music provided all of the participants with a medium to construct, negotiate and modify aspects of their own individual masculine identities. The range of music that the participants enjoyed was very diverse however music appeared to provide them all with the same amount of pleasure and diversion.

> ***Nkosi**: Ok eeh its hip hop, underground hip hop I don't listen to anything else*
>
> ***Ringo:** I play saxophone actually*

***Samkelo**: … I decided that I want to be a musician, I play violin*

Music acted as a prominent force in the lives of the participants, which appeared to change their daily activity as well as their long range of hope and dreams.

> ***Samkelo**: We have a group, I do play here at this very same building. We go to places like Pretoria, and there are some places which I go there alone, which is, they take me there and I will be the only black person*

Music had opened up a new world for Samkelo where he travelled to different places to play his violin in previously white dominated spaces. He particularly seemed to enjoy the experience of being the only black person in some of these places. Samkelo had earlier during the interview shown a hunger to become a better person than the 'failures' in his own family and music was offering him a chance to be different. A chance to construct a masculine identity which showed great success.

The findings also reveal that some of the participants seemed to be concerned with creating and maintaining an external image for their peers through music. Nkosi wanted to be regarded as a thought leader for his peers and he had managed to construct an identity where they appeared to listen to him and respect his opinions. His choice of music genre – underground hip hop, revealed this much about his identity.

> ***Nkosi**: Ok eeh its hip hop, underground hip hop I don't listen to anything else. I feel it's more challenging and complicated than the usual cause with underground hip hop it's not everyone who listen to it that's why I go for it*

Underground hip-hop is a sub-genre of hip hop music which does not subscribe to the traditional forms of rap music and where the artists appear to be more socially conscious and independent to the main stream styles (Keyes, 2004). Nkosi's love for this type of music appeared to be because of its positioning as different. Music offered some of the participants a range of strategies of knowing themselves and connecting with others. Music acted as a social glue which helped one of the participants to create and maintain strong peer relations. Ringo had found his best friend during music practise and through this they had realised that they had similar personalities and they developed a good relationship.

***Ringo:** … I think music was just something that, you know, linked us together*

The findings from the study show that although the participants in the study were raised in households where their fathers were absent, their construction of masculinity was along the lines of hegemonic masculinity. These constructions were drawn from their peers, media and other players in the community such as the church. The findings seem to contradict studies that suggest that boys who grow up with absent fathers will lack in their sense of masculinity and manhood. Instead their sense of manhood leans towards heteronormative and hegemonic masculinity that is reported for boys in other studies (Smith and Langa, 2010, Langa, 2012). This will be revisited in the next chapter.

The following section examines the decision to go for VMMC for the participants.

4.4 Voluntary Medical Male Circumcision (VMMC)

The researcher discovered that all the participants in the study had undergone medical circumcision even though this was not a recruitment criteria. This could have been as a result of the information which had been presented to potential participants at the time of recruitment, hence the participants in the study had probably volunteered based on their perceived knowledge of the study area. Themba is the only participant that clearly indicated that he did not want to get circumcised at all in the first place, however in retrospect he did not regret this decision. The findings revealed that getting circumcised medically was not a decision that most of the participants took on their own, this was a decision that was in most instances imposed on them by their mothers. This is what they had to say:

> ***Themba:*** *I did not really make a decision to be circumcised. I was forced to do it, I didn't want to do it*
>
> ***Lucas****: My mother was like, this is for you, for your own health status, you must go there. My mother is the reason why I went.*
>
> ***Thabang****: My mother has always been pressuring me, telling me if I go next year the pain is going to be worse than this year.*

The participants took part in the procedures because they believed that their mothers held the best decisions for them in terms of the health; otherwise they were still too young to understand and object the decision. The findings show that the mothers recommended medical male circumcision to their sons for the health benefits associated with the process.

The ages that the participants had undergone VMMC varied considerably, Ringo had undergone the procedure at the age of 6 whilst Thabang had undergone the procedure a month before the time of the interview.

Most of the participants themselves reiterated and said they did not associate the process of circumcision with the process of constructing their own masculinities, for them this was a process of protecting themselves against diseases and staying healthy. Nkosi expressed his statements clearly as follows "... *Just because you are circumcised does not mean that you can rule a woman's life right".*

The participants however did not appear to have a clear understanding of how medical circumcision would keep them protected from diseases, they all seemed to have accepted what their mothers had told them without them interrogating the reasons why. Two of the participants had the following to say:

> ***Mandla:*** *Umm I understand that umm that's when umm thats when they prevent you from getting the diseases. That's mostly what I understand*
>
> ***Ringo****: You know like I think he was trying to avoid sickness because people tell me that when you are not circumcised, you quickly catch sicknesses. So like circumcising is actually healthy. I don't know some people say its good for sexual intercourse and that yah.*

None of the participants said that they would have opted for traditional initiation circumcision even if they had been offered the chance to do so. They all shrieked and vehemently stated that this was an option that they would gladly not take up. Compared to their own personal experiences of getting circumcised in the medical set up, they all shuddered to think what the experience would be, where they would not be allowed to take medicine to manage the pain and all the other medical procedures that are necessary for healing. Thabang and Carl made the following comments:

> ***Thabang****: Aah its scary, there is no injection, there is no bandage to wipe the blood around the penis and stuff*
>
> ***Carl:*** *Just thinking about it, I wouldn't utter a word of saying I want to go there, or even me trying to say go there, no, no. I have a friend who came from the mountains, yah. He said its normal, he is Xhosa, he said that it's normal, hai. Me, hai, no.*

There was also the concern around how initiates die when they go to the mountain to get circumcised. This discourse appeared to be strongly influenced by the media. The impact of staying in the inner city probably also influenced the lack of information that surrounded their knowledge of traditional initiation circumcision.

Only one participant associated circumcision with the process of constructing masculinity although he had also been circumcised medically. In his discussion Lucas suggested that circumcision was particularly important during sexual intercourse. He insinuated that girls would laugh if you had intercourse with them whilst not being circumcised.

> ***Lucas**: ... Also if you didn't circumcise you are a boy.*
>
> ***…** You are just a man. Some girls they don't feel happy when they sleep with a boy who is not circumcised. I think it's because of the girls, that's what they think.*
>
> ***…** Yah when you are not circumcised they make it into a big issue. Aah he is not circumcised, then they tell their friends and the friends start laughing at you kwakwa*

Again here the link is brought to the fore of masculinity and heterosexual performance. Lucas had earlier on stated that engaging in sexual activities is the rite of passage to manhood. However when asked about circumcision, he appeared to further contextualise his earlier statement. An uncircumcised man who engaged in sexual activities was a boy who could be laughed at by women. Lucas' statements confirms the fluidity that accompanies the definition of masculinity, it differs based on the social context that it is discussed under.

CHAPTER 5: DISCUSSION

The findings from this study question the assumptions that suggest that in the absence of fathers, boys will develop masculine identities that are deficient from the societal norms (McLanahan et al., 2013, Harper and McLanahan, 2004). There is need to analyse these assumptions as the data shows that it takes more than one man who is a biological father to help construct the identity of an adolescent boy particularly in this context where patriarchy is embedded within the social fabric. From these findings it would seem like boys can still construct masculine identities in the absence of their fathers.

5.1 Influencers of masculinity

In South Africa the typical child is raised by their mother in a single parent household (Lannoy et al., 2015) . Single mothers are often perceived and depicted as being ineffective parents. However Kissman and Allen (1993) argue that these perceptions stem from societal disapproval or lack of faith in women's ability to execute leadership. The findings in the study revealed that most of the mothers of the participants, play a substantial role in the healthy development of their son's manhood and masculinity. The data suggests that the mothers in the study provided a structured family environment which allowed for some degree of autonomous functioning; and facilitated for the development of supportive relationships with positive males within and around the family network.

It was evident in the study that single mothers relied on the active participation of their sons in the day to day functioning of household. This is consistent with the findings from the studies that suggest that children from single parent families spend significantly more time on tasks such as food preparation, dish washing, house cleaning and maintenance, than children in two parent families (Rani, 2006; Richards & Schmiege, 1993). This direct involvement in day-to-day household tasks appeared to have assisted the participants to develop a sense of shared responsibility which aided them in developing higher levels of autonomy.

The data also revealed that mothers are often the first point of call that their sons turn to in the event of a crisis. According to Pollack (1999) mothers are the first women who are deeply involved in the emotional lives of most boys, they are the earliest teachers of masculinity. The data suggested that the advice that the mothers provided their sons acted as beacons of light in how the participants were expected to conduct themselves in society. Pollack (1999) argues that despite the confusing messages about identity that most boys receive, it is often

the mother who is in the best position to help him reconcile these conflicting messages about who they should become.

Bush (2004) argues that what black mothers constructed is neither traditional masculinity nor femininity, rather they desire qualities that are of a balanced synthesis. He contends that the black mothers list is composed of concepts such as being in strong in mind and strong in heart, showing compassion for everyone, believing in God and being true to self. Bush's argument resonated with the findings of this study. The data suggested that all of the participants appeared to have qualities of a balanced nature which appeared to be an influence of their mothers on them. They reported that they were not aggressive and preferred to walk away from fights rather than take part in them.

According to Chandler (1991) with the absence of the father and within the context of a positive mother-child relationship, the power structure in single parent households is less likely to be hierarchical but is more likely to be permissive and democratic. This was evident in the study where the participants all indicated that they had good relationships with their mothers where they could share problems and then discuss them together to come up with solutions. There is evidence in the study of mothers who were open and willing to hear their son's opinions on issues.

Research has shown that although fathers may not live in the same house as their children, they have uninterrupted or intermittent contact with them during the course of their lives (Posel and Devey, 2006). This is consistent with the findings in this study where seven of the participants indicated that they had some form of relationships with their fathers. The participants who had contact with their fathers indicated that they received some financial assistance from their fathers even though it was not always consistently provided. This finding supports the evidence provided by Richter and Morrell (2006) that many South African men are neglecting the responsibility of providing for their children. The few that do provide do not do it consistently and often have to be pushed by the mothers to take up this responsibility.

An emotional gap appeared to exist between the participants and their fathers which made it difficult for them to talk about what it means to be a boy. Only one of the participants suggested that he would like to be a man like his father, whilst the rest projected images of ideal men as loving, caring, and available, being able to provide and protect their children. The findings suggested that the male peer group were an important context for the

construction of masculinities. Batra (2013) argues that the desire to locate oneself in a social context becomes paramount and a sense of belonging becomes necessary for the child. Parents and peers provide models for adolescents to observe and imitate. All the participants had groups of peers with whom they spent a considerable amount of time with. These peers provided the participants with a sense of belonging and these peers had an influence on the identity that they constructed for themselves. The participants held their peer relationships in the highest regard, listening to each other's advice and following each other's recommendations.

According to Salisbury and Davidson (1996) although they are at a time of great insecurity and fear in their own lives, adolescents dream about and passionately desire idealised models of strutting manhood, that will reassure them about their future status as proper boys and men. Nine of the participants spoke of the role models in their lives whether they were at home, school or in popular culture from whom they projected their own images of idealised masculinity. These findings seem to suggest that in the absence of fathers, adolescents are still able to negotiate their way through society and construct masculine identities that are healthy.

Adolescence is the time when an adolescent begins to think about what sort of an identity they want to develop based on their social context which may include their family and their traditions, based on the past present and the future. Batra (2013) suggests that the adolescent is faced with a situation where they need to choose from amongst their friends and their own interests, their own evolving likes and dislikes in clothing and fashion, entertainment, travel destinations, topics of conversation and debate; and they must learn to do this simultaneously whilst trying to deal with changes that are caused by hormonal changes in their body. This discussion is consistent with the findings of the study. All the participants showed clearly defined choices of friends, fashion and music.

Seven of the participants in the study stated that they were Christians and that they believed in God. This is consistent with the studies that suggest that religion is a significant part of life for many adolescents and young adults (Smith and Denton, 2005). Smith and Denton (2005) argue that religious youth are less likely to engage in delinquent behaviour. In the study two of the participants opted to delay engaging in premarital sex in consistency with their religious beliefs. However alcohol drinking and dating could be regarded as out of sync with religiosity. The principles of Christianity provided the blue print of what real man look like

and what they are expected to do. This probably explains why eight of the participants appeared to hold moral values which included not wanting to engage in fighting and rowdy behaviour. These principles were probably substantiated by the Christian based guiding system of the Outreach Foundation Centre, where all the participants of this study where members.

The role of popular culture in perpetuating certain gender stereotypes cannot be ignored. Popular culture covers all forms of mass media which include television, radio, billboards, music videos and print media such as magazines (Freedman, 2006). Different images are now used to position certain behaviours and appearances as better as or more sophisticated than others. It is suggested that whilst most men are being bombarded with varying images of masculinity, the choice is left to individuals to select an identity that suits them best. The data suggests that all the participants in this study were also influenced by the force of popular culture. Norris et al (2008) argues that young people's identity in South Africa is influenced by the globalised American ideological symbols at all levels of the society – through language, dress codes and recreational activities. They further assert that South African youth are also more likely to define themselves as part of a cultural collective either by language, religion or ethnicity. The findings in this study are consistent with Norris et al (2008).

According to Coupland (2007) style is a performed discursive practice, and constitutes social reality whilst at the same time being responsive to it. The participants appeared to divert from the discourse of hegemonic masculinity by emphasising the importance of how a real man should be meticulous about their outward appearance. Grooming has historically been an attribute that is given to women, however it is interesting to note how the participants spoke of more external outward presentations rather than any internal characteristics. With the attention to grooming there is the suggestion of a particular type of image that is trying to be portrayed. The style that the participants in this study gravitated towards, was greatly influenced by the media which they engaged with. The data showed that ideal masculine role models were represented by those who conformed to a fashion sense which was inspired by American styles. Carl and Lucas spoke about injecting their own individual styles to the primarily American style to create their own unique signature looks.
According to Hurst (2009) the difference in clothing style revolves around brands and is produced (both historically and currently) by the availability and marketing within the South

African city context. This was consistent with the data where the participants mentioned certain clothing brands that accompanied particular styles such as the All Stars sneakers which one of the participants referred to as a 'ghetto' style. Another participant mentioned that he had been part of the *izikhothane* which is a township culture which uses expensive clothes with expensive brands as part of their identity (Wende, 2013). Coupland (2007) postulates that brands can be re-contextualised and adopted by a culture through a performance of style within a cultural context for a range of symbolic purposes. This was particularly true for three of the participants who went to great detail to explain their different sub-cultures. The symbolic meaning is dependent on the context within which styles are performed, where context is understood to be the historical construction of a social configuration (Coupland, 2007).

Simon Frith (1987) acknowledges identity formation as one of the social functions of music. This argument is consistent with the findings of this study where the majority of the participants indicated that they liked a certain genre of music. There is an increase in popularity in music videos that are created by different artists which position different forms of masculinities that adolescents can identify with. The subcultures associated with some of these genres of music – from country music to rock, heavy metal, punk and hip-hop – embrace different ethos that are consistent with differing masculinities. This was demonstrated in the study where the music that the participants listened to had a indirect influence on the identities that they appeared to be constructing. Nkosi was interested in underground hip hop, which appeared to be translated into the identity that he constructed of being a creative director. Samkelo's love of classic music was opening up doors for him in previously white dominated spaces where he performed before large audiences, crafting a career for him that would potentially make him into a successful man.

The findings revealed that music fulfilled the emotional and social needs of the participants and it helped to distract them from engaging in various inappropriate social behaviours. The participants who played a musical instrument found themselves spending their spare time perfecting their skills whilst others who aspired to be musicians engaged in local competitions with other aspiring artists.

5.2 Multiple voices of masculinities

The theory of hegemonic masculinity idealises a specific type of masculinity which imposes itself on other types of masculinities and femininities (Connell, 2005b). Connell (2005b) argues that men who do not fully meet the standards of hegemonic masculinity often find

themselves positioned in either one of the hierarchical levels: subordinate, complicit or marginalisation. The findings from this study suggested that the participants occupied various masculine identities in ways that were more complicated than what Connell suggested. In relation to hegemonic standards, the data show that none of the participants simply occupied one of the four positions in relation to a hegemonic standard, instead they positioned themselves through multiple and sometimes contradictory identities. These identities were not always voluntary however they were constructs which were based on the social contexts that the participants encountered in their lives. This serves to reinforce Morrell's (1998) argument that in any society there are many masculinities which change over time, being affected by changes elsewhere in society and at the same time themselves affecting society itself. Critiques of the concept of masculinity argue that it is difficult to refer to a universal masculinity because of the possible diverse constructions that are available in different cultural contexts (Cornell, 2005; Morrell, 1998).

Hegemonic masculinity is understood to legitimise the subordination of women which Connell (2005a) refers to as the patriarchal dividend. Patriarchy in its wider definition means the manifestation and institutionalization of male dominance over women and children in the family and in society as well (Hooks, 2000). Patriarchy is about the social relations of power between men and women, women and women, and men and men. It is a system for maintaining culture, class, gender, racial, and heterosexual privilege and the status quo of power – relying both on crude forms of oppression, like violence and corporal punishment This was quite evident in the study, because although none of the fathers were staying with their children at the time of the study, those that were in contact with their children were actively involved in areas that needed performance of masculinity such as provider and disciplinarian roles. This was probably because of the traditional setup of the family as a patriarchal unit, which helped to inflict the notion of female subordination and male superiority. This was to an extent that the mothers in the study felt disempowered to discipline their own children even when they were not staying together with the fathers. Evidence of patriarchy was also shown in the findings of the study in instances where the participants segregated their girlfriends from taking part in certain activities that they themselves engaged in, because they regarded it as inappropriate for females who are in relationships to engage in. These behaviours appeared to legitimise the notion that men are privileged to take part in certain activities by the simple virtue that they are men. The only females who were allowed to take part in these 'manly' activities are those who had been

categorised in the friend zone, where they were regarded as 'one of the guys'. This affirms the description of masculinity as a social performance rather than being biologically determined, women too can perform masculinity by drinking alcohol and hanging out at night.

Although the findings in this study show that the participants embraced some patriarchal elements of masculinity they also revealed characteristics that contradicted hegemonic masculinity. The participants appeared to have been comfortable expressing their feelings and emotions without reservation particularly when they were in the company of the females in their lives. The participants stated how their close relationships with these females provided them with a safe space for expressing vulnerability. This is contrary to hegemonic standards where real men are discouraged from showing feminine emotions such as admitting to fear or pain and where they are ridiculed for being effeminate if they are not aggressive. According to Phillips (1996), the emerging man is different from the traditional model of masculinity and is a more feminine version of the male self. This new man is supposedly gentler, less aggressive, more in harmony with nature less convinced of the authority of traditional male logic and amenable to alternative modes of thinking (Hunt, 2008). Pollack (1998) postulated that platonic girl boy connections help boys access long forgotten and repressed aspects of themselves and gives them the opportunity to expand emotionally. This was consistent with the findings in this study where two of the participants spoke about the good relationships they held with girls within their cliques with whom they could relate to easily and share intimate and emotional stories without showing any form of discomfort.

5.3 VMMC in adolescent boy's HIV prevention

The demographic make-up of the sample used in this study was of adolescent boys who are being raised by single mothers. These mothers had an influence on the health and wellbeing of their children. The mothers in this study had the ability to shape or restrict the behaviour of their adolescent sons, by supervising and monitoring their activities.

The study findings showed that even though the participants were not fully aware of whether or not they needed to or wanted to get circumcised, the mothers are the ones who determined that medical circumcision was in the best interest of their sons. The mothers' primary motivation to get their son's circumcised included hygiene reasons and protection against

infections. The mothers in this study appeared to have exercised their authority in various ways to ensure that their sons were rather safe, medically speaking, and refrained from engaging in risky behaviours and that they followed their health advice.

All the participants in the study suggested that they had good relationships with their mothers where they could discuss with them a variety of life issues. Perrino et al. (2000) suggests that during parent–adolescent sexuality discussions, the information shared is more than just facts about sexual behaviour and disease transmission. He argues that these conversations must extend beyond objective facts to the more subjective and personal aspects of social and sexual behaviour, such as the components of healthy relationships, the emotional implications of intimacy, and the inevitable interference of pregnancy and sexual disease transmission with life goals and aspirations. Perrino's (2000) argument is consistent with findings in this study as the participants shared circumstances where their mothers had offered them advice which extended to the relationships that they had with their girlfriends. As such the participants did not see the need to question their mothers when they suggested that it was important for them to undergo the VMMC procedure. Only one participant asked his mother to take him for VMMC, the rest of the participants had their mothers initiate VMMC for them. At the clinics the boys are supposed to receive education on the importance of VMMC. However the mothers' presence as accompanying and consenting guardians may have foreclosed this opportunity. As a result the boys were not fully conversant about the mechanisms by which VMMC would protect their health.

The study findings suggest that when the participants went for VMMC there was no motivation, they simply followed their mothers' advice that it was mainly for hygienic reasons and protection against sexually transmitted infections which include HIV. These findings are consistent with Toefy et al. (2015) whose study in Cape Town suggested similar motivations for the uptake of VMMC. The study findings hinted an agreement to Humphries et al. (2015) study in KwaZulu Natal which suggested that VMMC is linked to perceptions of masculinity and male gender identity, including sexual health, sexual performance and pleasure. Two of the participants suggested that the fact that they had undergone VMMC meant that they would have better sexual experiences. One of the participants suggested that he was now a real man because he had undergone VMMC. This is in spite of the general disregard for men circumcised medically (Mfecane, 2008)

In other studies on VMMC, pain and the fear of HCT were cited as reasons which act as barriers against the uptake of VMMC (George et al., 2014, Bulled, 2015, Moyo et al., 2015). The participants in this study also expressed fear of the anticipated pain that they would experience in the procedure. However all of the participants stated that the actual procedure in itself was not painful as they were under the effect of anaesthetics. However they gave elaborate descriptions of the pain they experienced after the anaesthetic had worn off and they all shuddered to think what their counterparts who went to have the procedure in the mountains experienced. That said the anticipation of pain did not act as deterrent to the uptake of VMMC but it was an issue of concern for the participants. None of the participants in this study mentioned the details of HIV counselling and testing neither did they indicate any apprehension towards taking the test. This could have been because they did not feel the need to worry about HIV infections they were all sexually inactive at the time that they went for circumcision.

A sense of masculinity had no bearing on the participants' views around circumcision and therefore did not influence their decision to undergo VMMC and neither did the impact of having no father.

According to UNAIDS and the Lancet Commission (2013) the age of consent laws that require adolescents to get the permission of a parent or guardian to use a service, or that limit access to people under a certain age, are barriers to information and services for adolescents. The participants in this study went for VMMC with the consent of their parents at their local public health facilities. This "age discrimination," as UNAIDS and the Lancet Commission (2013) describe it, "interferes with their civic participation, their ability to freely make decisions, and their access to sexuality education and life-saving sexual and reproductive health and HIV services. The study demonstrates that consent laws were an issue for the participants in the following ways:

- Because they were minors when the circumcision procedure took place, their ability socially and legally to make their own decision was taken away from them
- Because they were minors, their mothers were made mediators and the Health Care Workers (HCW) restricted the free flow of communication

In this study only one of the participants had made the decision that they wanted to undergo circumcision, the rest had simply had this decision made for them by their mothers. With that

regard although VMMC in South Africa is termed voluntary, the data reveals that when adolescent boys get circumcised, it is not 'voluntary' for them as their guardians take them to the clinic for the procedure to take place, without the boy's themselves being fully informed. Proper informed consent should include the four C's:

- Ability to **C**onsent
- Ability to **C**omprehend information about the procedure
- Ability to **C**ommunicate back to the service provider the details of the procedure and
- Ability to make a **C**hoice that is consistent with the client's best interest (Kundapura et al., 2013)

In this study it would seem that all this was not followed. Needless to mention that the absent and known father was not mentioned at all in this process.

CHAPTER 6: CONCLUSIONS

The purpose of this research was to understand young black adolescent boys and how they model their own form of masculine identity, when they grow up in households where their biological fathers are absent. The research wanted to find out how the participants decide on which form of masculinity best suits their identity, when they are surrounded by differing forms of masculinity. Parents play a vital role in creating healthy adolescent development so the research also wanted to understand how adolescents who have absentee fathers make the health decision to undergo VMMC.

The themes that emerged in this study confirmed that masculinity is fluid and that there is no universal masculinity that adolescent boys can subscribe to. What appears to be emerging from the data is that adolescent boys in Hillbrow are developing alternative forms of masculinity that are neither complicit nor subordinate to the nouveau hegemonic black masculinity. Evidence has been presented of transforming masculinities which are influenced by religion, style and popular culture. The messages that are portrayed by mass media appear to be reinforcing the construction of different forms of masculinity. The data shows the emergence of adolescent boys who are different from the traditional model of masculinity and who are supposedly gentler, less aggressive, less convinced of the authority of traditional male logic and amenable to alternative modes of thinking.

The role that single mothers have on the masculine identity constructions of their adolescent sons cannot be understated. The study findings have suggested that single mothers do not raise sons who have deficient masculine characteristics. In the absence of a biological father, mothers have been shown to step in and be the primary role model for their children. The study reveals that identity construction is a complicated process that cannot only be attributed to a sole male body who is the father. This is particularly in the context where patriarchy is embedded within societal norms and players such as the church have a huge influence on how identities are constructed. Adolescent boys have different influences that they draw from to construct identities that they believe would suit them best.

The study also revealed that male peer groups have a huge influence on how adolescent boys construct their masculinity. This means that to influence youth peer workshops can be established which challenge the certain risky aspects of hegemonic masculinity. These workshops can be used to provide adolescents with adequate and relevant sexual health

education which includes the benefits of VMMC. These workshops can also be used as platforms to provide counselling and support around any issues the adolescents might meet.

The transition to healthy adulthood is dependent on the social environment in which adolescents live, learn and earn (WHO, 2007). Parents play a critical role in promoting adolescent health and development. In the absence of fathers, mothers have a crucial role that they play to ensure that their children live healthy lives. Nine of the participants in this study did not make the personal decision to undergo VMMC. The mothers in this study appear to have acknowledged the importance of VMMC and made the necessary arrangements for their sons to undergo this process, fathers were not involved. The study demonstrated that health decisions for adolescents are made by their parents and they have a limited influence on the final choice that is made. This study also concludes that whilst advocacy for father's involvement in their children's lives is worthy, their absence is not a barrier to health access for their children. This is a good thing as children's access to health care is not obstructed by the presence or the absence of a father.

The study revealed that although all the participants had undergone VMMC, none of them had proper understanding of the reasons why they underwent this procedure. The majority of the participants had simply followed the instruction that they had been given by their mothers and guardians. More educational workshops should be employed which explain the process of VMMC to all men. The communication around VMMC should also be targeted towards mothers as they appear to have an influence on decisions around their children's health issues. VMMC communication that currently exists which includes females, is targeted at female partners who are prompted to encourage their male sexual partners to get circumcised but there are currently no messages which are specifically tailored for mothers.

6.1 Recommendations

The South African government has targeted young people in the prevention strategies to fight against HIV and VMMC is part of a prevention intervention strategy that the NDoH has recommended. Children are allowed to access sexual health services from the age of 12 however they are not allowed to assent for VMMC (Strode et al., 2010). Currently, boys are able to consent independently to circumcision only when they are 18 as the procedure is classified as an operation (Strode et al., 2010). This consent law acts as a barrier to the number of adolescent boys who might want to go for VMMC but their parents do not consent. In the absence of a legal guardian, adolescents will only be able to go for VMMC

when they are 18, in which case they could have already been left vulnerable to HIV infections. Revisions could be made to the current laws where the service provider should be given the provision to establish if a client has 'sufficient maturity' and understanding of the procedure. It could merely entail cognitive understanding, as outlined in the law on HIV testing, where sufficient maturity is described as understanding the benefits, risks and social implications of the intervention (Strode et al., 2010). This way the VMMC procedure would be truly 'voluntary' and more accessible.

The limited knowledge about VMMC was apparent in the participants of this study meaning that the participants did not have adequate understanding of the risks and benefits of the procedure. If adolescents' understanding of the relationship between circumcision and HIV transmission is deficient, this may ultimately detract from their ability to give true informed consent and put them and their partners at elevated risk after the procedure. It is imperative that all participants in the VMMC procedure are adequately educated about the process that they are getting into and what the benefits are for them. Public health educators could be employed in VMMC clinics who will provide an educational talk to all clients before the procedure. Researchers can explore whether this is an effective way of educating people about the risks and benefits of the VMMC procedure.

Researching constructions of adolescent masculinity in relation to the HIV risk behaviours should be a serious and urgent research priority (Lindegger, 2014). Although South African youth have access to a good deal of information on HIV transmission there is a scarcity of knowledge on how sexuality is constructed by adolescents and what this implies for high risk behaviours or behaviour change.

In future the role of the media in influencing the constructions of masculinity should be explored much further. It is important to understand the ways that media imagery helps shape the construction of masculinities.

References

AHMAD, P., CHIRISA, I., MAGWARO-NDIWENI, L., MUCHINDU, M. W., NDLELA, W. M., NKONGE, M. & SACHS, D. 2010. Urbanising Africa: The city centre revisited. Experiences with inner-city revitalisation from Johannesburg (South Africa), Mbabane (Swaziland), Lusaka (Zambia), Harare and Bulawayo (Zimbabwe). *In:* AYALA, A. & GEURTS, E. (eds.). Rotterdam, Netherlands: Institute for housing and urban development studies.

AUVERT, B., TALJAARD, D., LAGARDE, E., SOBNGWI-TAMBEKOU, J., SITTA, R. & PUREN, A. 2005. Randomized, Controlled Intervention Trial of Male Circumcision for Reduction of HIV Infection Risk: The ANRS 1265 Trial. *Plos Medicine,* 2.

AUVERT, B., TALJAARD, D., RECH, D., LISSOUBA, P., SINGH, B., BOUSCAILLOU, J., PEYTAVIN, G., MAHIANE, S. V. G., SITTA, R., PUREN, A. & LEWIS, D. 2013. Association of the ANRS-12126 Male Circumcision Project with HIV Levels among Men in a South African Township: Evaluation of Effectiveness using Cross-sectional Surveys. *Plos Medicine,* 10.

BATRA, S. 2013. The Psychosocial Development of Children: Implications for Education and Society -- Erik Erikson in Context. *Contemporary Education Dialogue,* 10**,** 249-278.

BEMBE, M. P. & BEUKES, A.-M. 2007. The use of slang by black youth in Gauteng. *Southern African Linguistics and Applied Language Studies,* 25**,** 463-472.

BOND, P. 2000. *Cities of Gold, Townships of Coal: Essays on South Africa's New Urban Crisis,* Trenton, Africa World Press.

BRAUN, V. & CLARKE, V. 2006. Using thematic analysis in psychology. *Qualitative Research in Psychology,* 3**,** 77-101.

BRITTIAN, A. S. 2012. Understanding African American Adolescents' Identity Development: A Relational Developmental Systems Perspective. *J Black Psychol,* 38**,** 172-200.

BRYAN, A., KAGEE, A. & BROADDUS, M. R. 2006. Condom use among South African adolescents: developing and testing theoretical models of intentions and behavior. *AIDS Behav,* 10**,** 38797.

BULLED, N. L. 2015. Hesitance towards voluntary medical male circumcision in Lesotho: reconfiguring global health governance. *Glob Public Health,* 10**,** 757-72.

CHAUKE, P. & KHUNOU, G. 2014. Shaming Fathers into Providers: Child Support and Fatherhood in the South African Media. *The Open Family Studies Journal,* 6**,** 18-23.

CONNELL, R. W. 2005a. Change among the Gatekeepers: Men, Masculinities, and Gender Equality in the Global Arena. *Signs: Journal of Women in Culture and Society,* 30**,** 1801-1826.

CONNELL, R. W. 2005b. Hegemonic Masculinity: Rethinking the Concept. *Gender & Society,* 19**,** 829859.

CORNWALL, A. & LINDISFARNE, N. 2005. Dislocating Masculinity: Comparative Ethnographies. *In:* CORNWALL, A. & LINDISFARNE, N. (eds.). New York: Routledge, Taylor and Francis Group.

COUPLAND, N. 2007. *Style: Language variation and identity*, Cambridge University Press.

COURTENAY, W. H. 2000. Construction of Masculinity and their Influence on Men's Well Being: A Theory of Gender and Health. *Social Science and Medicine,* 50.

CSDH 2008. Closing the gap in a generation: health equity through action on the social determinants of health. Final Report of the Commission on Social Determinants of Health.

. Geneva: World Health Organization.

DAVIES, N. & EAGLE, G. 2010. "Boys as Peer Counsellors: What's Under the Overcoat?". *The Journal of Psychology in Africa,* 20**,** 569-580.

DEACON, H. & THOMSON, K. 2012. The Social Penis. Traditional Male Circumcision and Initiation in Southern Africa, 1800-2000: A Literature Review. CENTRE FOR SOCIAL SCIENCE RESEARCH.

DEAN PEACOCK, B. K. A. E. M. 2006. Men and Gender Activism in South Africa_ Observations, Critique and Recommendations for the Future. *Agenda: Empowering Women for Gender Equity,* 69.

DENZIN, N. K. & LINCOLN, Y. S. 2005. *The Sage handbook of qualitative research,* California, Sage.
DESMOND, C. & DESMOND, C. 2006. HIV/AIDS and the crisis of care for children. *In:* RICHTER, L. & MORRELL, R. (eds.) *Baba: men and Fatherhood in South Africa.* Cape Town: HSRC Press.
DLUDLA, N. 2015. Police Arrest 23 as Students Protest Tuition Fee Hike Plan. *Times Live*.
ERIKSON, E. H. 1968. *Identity: Youth Crisis,* New york, W.W Norton.
EVALUATION, I. I. F. I. 2014. Evidence, Influence, Impact: Annual Report 2013. *In:* LEACH, B. (ed.). New Delhi: International Initiative for Impact Evaluation.
FERGUSON, J. & SHEARS, K. H. 2007. Helping Parents Improve Adolescents Health. Geneva: WHO.
FITZGERALD, M., COLLUMBIEN, M. & HOSEGOOD, V. 2010. "No one can ask me 'Why do you take that stuff?'": men's experiences of antiretroviral treatment in South Africa. *AIDS Care,* 22**,** 355-60.
FLICK, U. 2009. *An Introduction To qualitative research,* London, Sage.
FLORSHEIM, P., TOLAN, P. & GORMAN-SMITH, D. 1998. Family Relationships, Parenting Practices, the Availability of Male Family Members, and the Behavior of Inner-City Boys in SingleMother and Two-Parent Families. *Child Development,* 69**,** 1437-1447.
FREEDMAN, K. 2006. Adolescents, Identity and Visual Community. *Visual Arts Research,* 32.
GEORGE, G., STRAUSS, M., CHIRAWU, P., RHODES, B., FROHLICH, J., MONTAGUE, C. & GOVENDER, K. 2014. Barriers and facilitators to the uptake of voluntary medical male circumcision (VMMC) among adolescent boys in KwaZulu-Natal, South Africa. *Afr J AIDS Res,* 13**,** 179-87.
GLASER, C. 2000. *Bo-tsotsi: the youth gangs of Soweto, 1935-1976*, James Currey Publishers.
GLASER, C. 2005. Managing the Sexuality of Urban Youth: Johannesburg, 1920s-1960s. *International Journal of African Historical Studies,* 38.
GREELY, P., MAHARAJ, P., LETSOALO, T. & MITI, A. 2013. Traditional male circumcision for reducing the risk of HIV infection: perspectives of young people in South Africa. *Cult Health Sex,* 15**,** 148-59.
GUPTA, M. D., ENGELMAN, R., LEVY, J., LUCHSINGER, G., MERRICK, T. & ROSEN, J. E. 2014. The state of world population 2014: The power of 1,8 billion adolescents, youth and the transformation of the future *In:* KOLLOGE, R. (ed.). UNFPA.
HARPER, C. C. & MCLANAHAN, S. S. 2004. Father Absence and Youth Incarceration. *Journal of Research on Adolescence,* 14**,** 369-397.
HILLMAN, S. B. 1991. What Developmental psychologist have to say about early adolescence. *Middle School Journal,* 23**,** 3-8.
HOLBORN, L. & EDDY, G. 2011. First Steps to Healing the South African Family. Johannesburg: South African Institute of Race Relations.
HUMPHRIES, H., VAN ROOYEN, H., KNIGHT, L., BARNABAS, R. & CELUM, C. 2015. 'If you are circumcised, you are the best': understandings and perceptions of voluntary medical male circumcision among men from KwaZulu-Natal, South Africa. *Cult Health Sex,* 17**,** 920-31.
HUNTER, M. 2006. Fathers without amandla. *In:* RICHTER, L. & MORRELL, R. (eds.) *Baba: Men and fatherhood in South Africa.* Cape Town: HSRC Press.
HURST, E. 2009. Tsotsitaal, global culture and local style: identity and recontextualisation in twentyfirst century South African townships. *Social Dynamics,* 35**,** 244-257.
JDA & COJ 2011. Joburg Inner City Urban Development Plan. Johannesburg: Johannesburg Development Agency

City of Johannesburg.
JERMAN, P. & CONSTANTINE, N. A. 2010. Demographic and psychological predictors of parentadolescent communication about sex: a representative statewide analysis. *J Youth Adolesc,* 39**,** 1164-74.

JONES, J. & MOSHER, W. D. 2013. Fathers Involvement with their children: United States 2006 - 2010. *In:* SERVICES, U. S. D. O. H. A. H. (ed.). USA: Centers for Disease Control and Prevention: National Center for Health Statistics

KAMATH, V. & LIMAYE, R. J. 2015. Voluntary medical male circumcision for HIV prevention and early resumption of sexual activity: a literature review. *AIDS Care,* 27**,** 986-9.

KEKANA, M., ISAACS, L. & CORKE, E. 2015. Tuition Fee Protests Shut Down Two of SA's Biggest Universities. *Eye Witness News*.

KUNDAPURA, S. V., POOVAIAH, T. & GHOOI, R. 2013. The Big Cs of Informed Consent: Compliance and Compehension. *Indian Journal of Medical Ethics,* 10.

KYNOCH, G. 1999. From the Ninevites to the Hard Living Gangs: Township Gangs and Urban Violence in Twentieth Century South Africa. *African Studies,* 58.

KYNOCH, G. 2005. Crime, conflict and politics in transition-era South Africa. *African Affairs,* 104**,** 493514.

LANGA, M. 2012. *Becoming a man: Exploring multiple voices of masculinity amongst a group of young adolescent boys in Alexandra Township, South Africa.* PhD, University of Witwatersrand.

LANNOY, A. D., SWARTZ, S., LAKE, L. & SMITH, S. 2015. South African Child Gauge 2015. *In:* LANNOY, A. D., SWARTZ, S., LAKE, L. & SMITH, S. (eds.). Cape Town: Children's Institute, University of Cape Town.

LERNER, R. M., PETERSEN, A. C., SIBEREISEN, R. K. & BROOKS-GUNN, J. (eds.) 2014. *The Developmental Science of Adolescence: History Through Autobiography,* New York: Psychology Press.

LESEJANE, D. 2006. Fatherhood from an African cultural perspective. *In:* RICHTER, L. & MORRELL, R. (eds.) *Baba: Men and fatherhood in South Africa.* Cape Town: HSRC Press.

LUESCHER, T. M., KLEMENCˇ ICˇ, M. & JOWI, J. O. 2015. Student power in African Higher Education. *Journal of Student Affairs in Africa,* 3.

MACPHAIL, C. & CAMPBELL, C. 2001. 'I think condoms are good but, aai, I hate those things'. *Social Science & Medicine,* 52**,** 1613-1627.

MADHAVAN, S. & ROY, K. 2008. Securing Fatherhood through Kinwork: A Comparison of Black Fathers and Families in South Africa and the U.S. *In:* GOLDSCHEIDER, F. & RICHARDSON, J. (eds.). University of Maryland: University of Maryland.

MADHAVAN, S., TOWNSEND, N. W. & GAREY, A. I. 2008. 'Absent Breadwinners': Father-Child Connections and Paternal Support in Rural South Africa. *J South Afr Stud,* 34**,** 647-663.

MALINGA, M. & RATELE, K. 2012. *RE: Love and the construction of young black masculinities.*

MANDARA, J. & MURRAY, C. 2000. Effects of parental marital status, income, and family functioning on African American adolescent self-esteem. *Journal of Family Psychology,* 14**,** 475-490.

MANDARA, J., MURRAY, C. & JOYNER, T. 2005. The impact of father's absence on African American adolescents' gender role development. *Sex Roles,* 53**,** 207-220.

MANYATSHE, L. & NDUNA, M. 2014. Keeping it secret: Mothers' concerns in dealing with the undisclosed paternity of their children. *Gender Questions,* 2.

MARSIGLIO, W., AMATO, P., DAY, R. D. & LAMB, M. E. 2000. Scholarship on Fatherhood in the 1990's and Beyond. *Journal of Marriage and Family,* 62**,** 1173-1191.

MCLANAHAN, S., TACH, L. & SCHNEIDER, D. 2013. The Causal Effects of Father Absence. *Annual review of sociology,* 399**,** 399-427.

MFECANE, S. 2008. Living with HIV as a Man: Implications for Masculinity. *PINS,* 36**,** 45-59.

MITCHELL, K., KERNER, B., MAZZACURATI, C. & KIM, J. 2009. Adolescent Sexual and Reproductive Health Toolkit for Humanitarian Settings: A Companion to the Inter-Agency Field Manual on Reproductive Health in Humanitarian Settings. *In:* BORISE, S. (ed.). New York: UNFPA

Save the Children.

MKHIZE, N. 2006. African traditions and the social, economic and moral dimensions of fatherhood. *In:* RICHTER, L. & MORRELL, R. (eds.) *Baba: Men and fatherhood in South Africa.* Cape Town: HSRC Press.

MORRELL, R. 1998. Of Boys and Men: Masculinity and Gender in Southern African Studies *Journal of Southern African Studies,* 24.

MORRELL, R. 2006. Father, Fatherhood and Masculinity in South Africa. *In:* RICHTER, L. & MORRELL, R. (eds.) *Baba: Men and Fatherhood in South Africa.* Cape Town: HSRC Press.

MOYO, S., MHLOYI, M., CHEVO, T. & RUSINGA, O. 2015. Men's attitudes: A hindrance to the demand for voluntary medical male circumcision--a qualitative study in rural Mhondoro-Ngezi, Zimbabwe. *Glob Public Health,* 10**,** 708-20.

NAMISI, F. S., AARO, L. E., KAAYA, S., ONYA, H. E., WUBS, A. & MATHEWS, C. 2013. Condom use and sexuality communication with adults: a study among high school students in South Africa and Tanzania. *BMC Public Health,* 13.

NDOH 2012a. Department of Health Annual Report 2012/ 13. *Annual report.* Pretoria: Department of Health.

NDOH 2012b. Global AIDS Response Progress Report 2012. Pretoria, South Africa: National department of health.

NDUNA, M. 2014. Growing Up Without a Father and a Pursuit for the Right Surname. *The Open Family Studies Journal,* 6**,** 31-38.

NDUNA, M. & JEWKES, R. 2010. Undisclosed Paternal Identity in Narratives of Distress Among Young People in Eastern Cape, South Africa. *Journal of Child and Family Studies,* 20**,** 303-310.

NDUNA, M. & JEWKES, R. 2012. Denied and disputed paternity in teenage pregnancy: topical structural analysis of case studies of young women from the Eastern Cape Province. *Social Dynamics,* 38**,** 314-330.

NDUNA, M. & JEWKES, R. K. 2011. Silence: a strategy used to deal with psychological distress by young people in the Eastern Cape, South Africa. *Vulnerable Children and Youth Studies,* 6**,** 360-372.

NORRIS, S. A., ROESER, R. W., RICHTER, L. M., LEWIN, N., GINSBURG, C., FLEETWOOD, S. A., TAOLE, E. & VAN DER WOLF, K. 2008. South African-ness Among Adolescents: The Emergence of a Collective Identity within the Birth to Twenty Cohort Study. *J Early Adolesc,* 28**,** 51-69.

PADI, T., NDUNA, M., KHUNOU, G. & KHOLOPANE, P. 2014. Defining absent, unknown and undisclosed fathers in South Africa. *South African Review of Sociology,* 45**,** 44-59.

PALYS, T. 2008. Purposive sampling. *In:* GIVEN, M. (ed.) *The Sage encyclopedia of qualitative research methods.* Los Angeles: Sage.

PENCE, A. & NSAMENANG, B. 2008. A Case for Early Childhood Development in Sub-Saharan Africa. *In:* FOUNDATION, B. V. L. (ed.). The Hague, The Netherlands.

PERRINO, T., GONZÁLEZ-SOLDEVILLA, A., PANTIN, H. & SZAPOCZNIK, J. 2000. The role of families in adolescent HIV prevention: A review. *Clinical Child and Family Psychology Review,* 3**,** 81-96.

POSEL, D. & DEVEY, R. 2006. The demographics of fatherhood in South Africa. *In:* RICHTER, L. & MORRELL, R. (eds.) *Baba: Men and Fatherhood in South Africa.* Cape Town HSRC Press.

RAMPHELE, M. & RICHTER, L. 2006. Migrancy, family dissolution and fatherhood. *In:* RICHTER, L. & MORRELL, R. (eds.) *Baba: Men and fatherhood in South Africa.* Cape Town: HSRC Press.

RATELE, K. 2013a. Masculinities without Tradition. *Politikon,* 40**,** 133-156.

RATELE, K. 2013b. Subordinate black South African men without fear. *Cahiers d'Etudes africaines***,** 247-268.

RATELE, K., SHEFER, T. & CLOWES, L. 2012. Talking South African fathers: a critical examination of men's constructions and experiences of fatherhood and fatherlessness. *South African Journal of Psychology,* 42**,** 553-563.

RICHTER, L. 2006a. The importance of fathering for children. *In:* RICHTER, L. & MORRELL, R. (eds.) *Baba: Men and Fatherhood in South Africa.* Cape Town: HSRC Press.

RICHTER, L., DESMOND, C., HOSEGOOD, V., MADHAVAN, S., MAKIWANE, M., MAKUSHA, T., MORRELL, R. & SWARTZ, S. 2012. ID 322 Fathers and other men in the lives of children and families. *Strategies to overcome poverty and inequality: Towards Carnegie III.* Cape Town.
RICHTER, L. & MORRELL, R. 2006. Baba: Men and Fatherhood in South Africa. *In:* RICHTER, L. & MORRELL, R. (eds.). Cape Town: HSRC Press.
RICHTER, L. M. 2006b. Studying Adolescence. *Science,* 312**,** 1902-1905.
SALAMONE, F. & SALAMONE, V. 1993. Erikson in Nigeria. Exploring the Universality of the Theory of Psychosocial Development. *Anthropos,* 88.
SANAC 2011. National Strategic Plan on HIV, STI's and TB 2012 - 2016. Pretoria: South African National AIDS Council.
SCHENK, K. D., FRIEDLAND, B. A., APICELLA, L., SHEEHY, M., MUNJILE, K. & HEWETT, P. C. 2012. On the cutting edge: Improving the informed consent process for adolescents in Zambia undergoing male circumcision for HIV prevention. *Vulnerable Children and Youth Studies,* 7**,** 116-127.
SHENTON, A. K. 2004. Strategies for ensuring trustworthiness in qualitative research projects. *Education for information,* 22**,** 63-75.
SHIRE, C. 1994. Men Don't Go to the Moon: Language, Space and Masculinities in Zimbabwe. *In:* CORNWALL, A. & LINDISFARNE, N. (eds.) *Dislocating masculinity: comparative ethnographies.* London: Routledge.
SHISANA, O., REHLE, T., LC, S., ZUMA, K., JOOSTE, S., N, Z., LABADARIOS, D. & ONOYA, D. E. A. 2014. South African National HIV Prevalence, Incidence and Behaviour Survey 2012. 1 ed. Cape Town: Human Sciences Research Council.
SHISANA, O., REHLE, T., SIMBAYI, L. C., ZUMA, K., JOOSTE, S., PILLAY-VAN-WYK, V., MBELLE, N., ZYL, J. V., PARKER, W., ZUNGU, N. P., S, P. & TEAM, S. I. I. 2009. South African National HIV Prevalence, Incidence, Behaviour and Communication Survey, 2008: A Turning tide among teenagers? Cape Town: HSRC.
SILVERMAN, M. & ZACK, T. 2007. LAND USE MANAGEMENT AND DEMOCRATIC GOVERNANCE IN THE CITY OF JOHANNESBURG Case Study: Hillbrow and Berea. Johannesburg: Wits Centre for Urban Built Environment Studies.
SMITH, R.-L. & LANGA, M. 2010. Exploring the notion of adolescent masculinity in a private multiracial school. *New Voices in Psychology,* 6**,** 76-91.
SPRINGER, K. W. & MOUZON, D. M. 2011. "Macho men" and preventive health care: implications for older men in different social classes. *J Health Soc Behav,* 52**,** 212-27.
STATSSA 2014. Mid-year population estimates. Pretoria: Statistics South Africa.
STATSSA 2015. Mid-Year Population Estimates 2015. Pretoria: StatsSA.
STEVENS, G. & LOCKHAT, R. 1997. Coca-Cola kids: Reflections on black identity development in postapartheid South Africa. *South African Journal of Psychology,* 27**,** 250-256.
STRODE, A., SLACK, C. & ESSACK, Z. 2010. Child consent in South African law: Implications for researchers, service providers and policy-makers. *SAMJ,* 100**,** 247-249.
UNAIDS 2000. Men and AIDS a gendered approach: 2000 World AIDS Campaign. Switzerland: UNAIDS.
UNAIDS, W. 2007. ale Circumcision and HIV Prevention: Research Implications for Policy and Programming Montreux, 6- 8 March 2007 Conclusions and Recommendations. Montreux: WHO/UNAIDS.
VARGA, C. 2001. The Forgotten Fifty Per Cent: A Review of Sexual and Reproductive Health Research and Programmes Focused on Boys and Young Men in sub-Saharan Africa. *African Journal of Reproductive Health,* 5.
VINCENT, L. 2008. 'Boys will be boys': traditional Xhosa male circumcision, HIV and sexual socialisation in contemporary South Africa. *Cult Health Sex,* 10**,** 431-46.
VINER, R. M., OZER, E. M., DENNY, S., MARMOT, M., RESNICK, M., FATUSI, A. & CURRIE, C. 2012.

Adolescence and the social determinants of health. *The Lancet,* 379**,** 1641-1652.
WENDE, H. 2013. Burning with a destructive desire. *The Star*.
WHO 2007. Helping parents in developing countries improve adolescents' health. Switzerland: WHO.
WILSON, F. 2006. On being a father and poor in southern Africa today. *In:* RICHTER, L. & MORRELL, R. (eds.) *Baba: Men and Fatherhood in South Africa.* Cape Town: HSRC Press.

APPENDICES

APPENDIX I: Information Sheet

Each parent or guardian must receive, read, and understand this document before their child can participate in the study.

Full Study Title: Constructions of masculinity on adolescents with absentee fathers and how this informs health seeking behavior with reference to medical male circumcision.

Investigator: Ruvimbo (Rue) Rushwaya

Institution: University of Witwatersrand

Hallo. My name is Rue and I am studying with the University of Witwatersrand for my Masters degree in Diversity Studies. I am working on a study with adolescent boys to understand how they create meaning of what it is to be a boy, when they do not live with their biological fathers and how they make the decision to get circumcised medically.

The information I will get from this study will help me understand how adolescents develop their boyhood and the effect this has on their decision to get medical circumcision. The research will help in providing more information which can be used to assist adolescent boys protect themselves from getting HIV/AIDS.

What is the purpose of this research?

The main purpose of this research is to understand how boys construct meaning of what it is to be a boy when they do not stay with their biological fathers and how this influences their decision to get circumcised medically.

How long will my son be in this research?

Your son will only be involved in the research for a one hour interview. One extra follow up session may be required after which your son is free to leave the research study.

What will happen if I give my consent for my son to take part?

If you agree for your son to take part in the study, they will be asked some interview questions. Because I would like to hear everything that is said, I will do an audio recording of the session. I will be the only person to listen to the recording and your son will not be identified by name.

Are there any risks to being the in the study?

There are no risks to being in the study. Your child does not have to answer any questions that they don't want to, or if at any point they feel uncomfortable and want to stop, they are also free to do so.

Are there any benefits to being in the study?

There are no direct benefits to you or your child for taking part in the study.

How about privacy?

I will do everything I can to keep the data I collect private however some of the information collected will be reviewed by my Research supervisor and the research records may be reviewed by the Human Research Ethic Committee of the University of the Witwatersrand.

What if I do not want my child to take part in the study?

Participation in this study and your decision to involve your child are entirely voluntary and you can withdraw your permission at any time without stating any reason. Your child will be asked for their written assent before the research begins.

What if I have any questions?

If you have any questions about the study, you can ask them at any time, now or later. If you have any questions later you can call me directly on 0839979641

APPENDIX II: Recruitment Script

Hi my name is Rue Rushwaya and I am from the University of Witwatersrand. I would like to speak to you about a research study that I am conducting for my Masters degree.

My study title is "Constructions of Masculinity on Adolescents with Absentee Fathers and How this Informs Health Seeking Behaviour with Reference to Medical Male Circumcision".

I would like to talk to you because this study I am doing involves working directly with young people who live in this community. Do you have a few minutes to talk to me? I would like to ask you a few questions to ensure that you are eligible to participate in the research activities.

- Are you between the ages of 15 and 19?
  If no, say "Okay, thank you very much for your time, but at this time I am only trying to recruit boys within those ages"

- Do you live with your biological father?
  If yes, say "Okay thank you very much for your time, at this point I am only recruiting for boys who do not live with their biological fathers".

- Have you been circumcised before?
  If yes, say, "Okay thank you very much for your time, at this point I am only recruiting boys who have not been circumcised before".

- Do you have a parent or guardian who could give consent for you to participate in a research study? If no, say "Okay, thank you for your time anyway".
  If Yes say, "Great, I am looking for young boys aged between 15 and 19 years old who live in this community to participate in my:

  In-depth Interview –
  You will participate in an hour long interview where you will be asked what you think it means to a boy in your community, who do you think influences what it means to you to be a boy, whether you would like to be circumcised and the process you go through to make the decision to get circumcised medically.

  If no, thank them for their time.
  If yes continue

  The interview will take about an hour to complete. We can schedule a time and a location that will work with your schedule. If you are interested, I need to ask you a few questions and give you some paperwork that you will need to have a parent or guardian complete before you can participate.

  Distribute Consent Forms

Give all recruited youth younger than 18 an information sheet and the parental consent forms appropriate for the activity in which they will participate. Explain why they will not be able to participate unless the forms are returned with a parental signature on the day of the activity.

Collect Contact Information for Follow-Up

Ask for the adolescent's permission to record their contact information so that we can follow up with reminders about the project activity in which they intend to participate. Collect the following information:

- Name
- Age
- Mobile phone number
- Home phone number Email address

Do you have any questions at this point?

Please contact me on 0839979641 if there are any changes to your schedule. Also, if you have friends who are between the ages of 15 and 19, we encourage you to invite them to participate in this study as well. If they are interested in taking part, they can reach me by phone number above.

Thank you very much for your time.

Hi my name is Rue Rushwaya and I am from the University of Witwatersrand. I would like to speak to you about a research study that I am conducting for my Masters degree.

My study title is "Constructions of Masculinity on Adolescents with Absentee Fathers and How this Informs Health Seeking Behaviour with Reference to Medical Male Circumcision".

I would like to talk to you because this study I am doing involves working directly with young people who live in this community. Do you have a few minutes to talk to me? I would like to ask you a few questions to ensure that you are eligible to participate in the research activities.

- Are you between the ages of 15 and 19?
  If no, say "Okay, thank you very much for your time, but at this time I am only trying to recruit boys within those ages"

- Do you live with your biological father?
  If yes, say "Okay thank you very much for your time, at this point I am only recruiting for boys who do not live with their biological fathers".

- Have you been circumcised before?

If yes, say, “Okay thank you very much for your time, at this point I am only recruiting boys who have not been circumcised before”.

- Do you have a parent or guardian who could give consent for you to participate in a research study? If no, say “Okay, thank you for your time anyway”.
  If Yes say, “Great, I am looking for young boys aged between 15 and 19 years old who live in this community to participate in my:

  In-depth Interview –
  You will participate in an hour long interview where you will be asked what you think it means to a boy in your community, who do you think influences what it means to you to be a boy, whether you would like to be circumcised and the process you go through to make the decision to get circumcised medically.

  If no, thank them for their time.
  If yes continue

  The interview will take about an hour to complete. We can schedule a time and a location that will work with your schedule. If you are interested, I need to ask you a few questions and give you some paperwork that you will need to have a parent or guardian complete before you can participate.

  Distribute Consent Forms

  Give all recruited youth younger than 18 an information sheet and the parental consent forms appropriate for the activity in which they will participate. Explain why they will not be able to participate unless the forms are returned with a parental signature on the day of the activity.

  Collect Contact Information for Follow-Up

  Ask for the adolescent’s permission to record their contact information so that we can follow up with reminders about the project activity in which they intend to participate. Collect the following information:

- Name
- Age
- Mobile phone number
- Home phone number
- Email address

Do you have any questions at this point?

Please contact me on 0839979641 if there are any changes to your schedule. Also, if you have friends who are between the ages of 15 and 19, we encourage you to invite them to

participate in this study as well. If they are interested in taking part, they can reach me by phone number above.

Thank you very much for your time.

APPENDIX III: Request for Permission

7 July 2015

Dear Programme Manager

My name is Ruvimbo Rushwaya I am a Masters student at the University of the Witwatersrand. As part of my Master's degree, I am doing research with adolescent boys to understand how they make meaning of what it is to be a boy, when they grow up in households where their biological father is absent. I would like to also find out how they make the decision to get circumcised medically.

I would like to ask your permission to conduct my research at your centre. Should you agree, I will need to conduct individual interviews with 10 adolescent boys aged between 15 – 19 years. A suitable venue will be selected where 1 hour semi-structured interviews will be conducted with the participants.

By allowing me access to adolescent boys at your centre to take part in this study, you will help the researcher in this project understand how adolescents develop into boyhood. The research also aims to understand ways in which adolescent boys can prevent and protect themselves from HIV/AIDS.

Participation in the study is entirely voluntary and you may withdraw your centre from the study at any time and it will not be held against you in any way. The participants have the right not to answer any questions that they feel uncomfortable answering and confidentiality is assured. Parental consent as well as individual participant consent will be obtained before the study begins.

Your permission and assistance would be greatly appreciated.

Should you have any questions do not hesitate to call the researcher on 083 997 9641.

Yours sincerely

Ruvimbo Rushwaya

c/o University of Witwatersrand

Wits Reproductive Health and HIV Institute

22 Esselen Street, Hillbrow

APPENDIX IV: Informed Consent: Parent or Guardians Agreement for Minor to Take Part in Study

I agree for my child to participate in an in-depth interview with Ruvimbo Rushwaya as part of her partial fulfilment of her MA degree with the University of Witwatersrand.

I also agree for my child to be audio-recorded during the in-depth interview.

Signature		Date	
Print Name			

Signature of investigator

Signature		Date	
Print Name			

APPENDIX V: Informed Assent: Agreement of Volunteer to Take Part

I agree to participate in the in-depth interview with Ruvimbo Rushwaya as partial fulfilment of her Master's degree in Diversity Studies with the University of Witwatersrand.

I also agree to be audio-recorded during the interview.

Signature of volunteer

Signature		Date	
Print Name			

Signature of investigator

Signature		Date	
Print Name			

APPENDIX VI: Outreach Permission Letter



30 Edith Cavell Street, Hillbrow, South Africa
P O Box 17098, Hillbrow 2038
Tel: 011 720 7011
Fax: 011 725 2760
info@outreachfoundation.co.za
www.outreachfoundation.co.za

20 July 2015

TO WHOM IT MAY CONCERN

This letter serves to confirm that Ruvimbo Rushwaya's proposal to conduct the research for her Master's degree, at our organisation has been accepted and she can start immediately.

For more information or confirmation of this letter, please do not hesitate to contact Ethel Munyai on 011 720 7011/ 072 589 3530.

Yours faithfully,

Ethel Munyai

Social worker

072 589 3530

APPENDIX VII: Interview Guide

Hi my name is Rue Rushwaya from the University of Witwatersrand. Thank you for agreeing to speak with me today. I am interested in hearing more about you and your experiences about being a boy and how these experiences influence your health and your decision to get circumcised. There is no right or wrong answer to my questions and you don't have to answer any questions that you don't want to. We can stop the interview at any time.

Before we get started with our chat, I would like to ask you just a few basic questions:

- How old are you?
- What grade are you currently in/ or what is the highest grade of school you completed?

1. What can you like to tell me about yourself
2. Tell me about your relationships with your family members and friends.
3. Tell me about what you like to do in your spare time? What do you watch, listen to or read?
4. Would you like to tell me about someone you look up to? Who do you admire? Who is a hero for you?
5. How would you describe yourself, what is your personality like?
6. Is your father a part of your life, if so what do you do with him?
7. When you need help or guidance who do you ask?
8. Tell me about the last time you felt unwell, what had happened and what did you do? (then probe if this is a general pattern)
9. Tell me what you know about circumcision?
10. Would you go to a hospital to get circumcised?
11. Do you have any questions you would like to ask me?

APPENDIX VIII: Recruitment Flyer

Volunteers Needed For A Research Study



DESCRIPTION OF PROJECT

I am doing a research on adolescent boys to understand what it means for them to be a boy, when they grow up in households where their biological father is absent. I would also like to find out how they make the decision to get circumcised medically.

REQUIREMENTS TO TAKE PART IN STUDY

- Boys aged between 15-19yrs
- The boys should stay around Hillbrow, Yeoville and Berea
- The boys should not be currently staying with their father

WHAT HAPPENS WHEN I TAKE PART IN THE STUDY?

The selected participants will be required to share their experiences with the researcher in an interview.

To take part in the study please contact

Rue Rushwaya Cell: 0839979641

APPENDIX IX: Ethics Clearance Letter

Research Office

HUMAN RESEARCH ETHICS COMMITTEE (NON-MEDICAL)
R14/49 Rushwaya

CLEARANCE CERTIFICATE	**PROTOCOL NUMBER: H15/05/37**
PROJECT TITLE	Constructions of masculinity on adolescents with absentee fathers and how this informs health seeking behaviour with reference to medical male circumcision
INVESTIGATOR(S)	Ms R Rushwaya
SCHOOL/DEPARTMENT	Diversity Studies/
DATE CONSIDERED	22 May 2015
DECISION OF THE COMMITTEE	Approved unconditionally
EXPIRY DATE	26 July 2018
DATE 27 July 2015	**CHAIRPERSON** (Professor J Knight)

cc: Supervisor : Dr M Nduna

DECLARATION OF INVESTIGATOR(S)

To be completed in duplicate and **ONE COPY** returned to the Secretary at Room 10005, 10th Floor, Senate House, University.

I/We fully understand the conditions under which I am/we are authorized to carry out the abovementioned research and I/we guarantee to ensure compliance with these conditions. Should any departure to be contemplated from the research procedure as approved I/we undertake to resubmit the protocol to the Committee. **I agree to completion of a yearly progress report.**

_____ **Signature**

_____/_____/_____ **Date**

PLEASE QUOTE THE PROTOCOL NUMBER ON ALL ENQUIRIES