

## **CHAPTER 3**

### **HIV PREVENTION AND CONSTRUCTION OF MALE SEXUALITY**

In the introductory chapter I highlighted implications of HIV/AIDS for development in South Africa. It is this reality that steers me to focus on factors fuelling the spread of HIV/AIDS amid the more mainstream strategy taken to curb the spread, i.e. the condom strategy. The condom is generally accepted to provide about 90% to 95% protection against infection when used correctly and consistently (Pinkerton, 1998). This simply means that correct and consistent usage of condoms by sexually active South Africans would go a long way in reducing the rates of HIV infection. However, amid the much publicised condom message, the rates of infection continue to soar in South Africa. By the end of the year 2001, AIDS had become the single biggest cause of death in South Africa, responsible for about 40% of deaths of South Africans ages 15 – 49 (Nation Health 2001:11). This reality should be enough to suggest that there is much incorrect, inconsistent usage and even outward rejection of the condom as a preventive strategy against HIV infection in South Africa. What are the factors responsible for the failure of the condom message in South Africa? Is there anything that can still be done to address the situation? The latter question is central to my study and underpins my investigation of the message of abstinence, whilst the former serve as a precursor to the investigation. It is with these questions in mind that I embark on a survey of literature wrestling with the same questions. To this literature, I will now turn my attention.

First, I will focus on the model informing mainstream HIV prevention intervention strategies in South Africa. This model is usually referred to as the KAP (Knowledge,

Attitude and Practice) model. Secondly, I will focus on literature that has critically reflected on HIV prevention in relation to the KAP model. This literature exposes the shortcomings of this model. Thirdly, I will focus on literature demonstrating the construction of a masculinity that renders the strategies informed by the KAP model less effective in curbing the spread of the HIV/AIDS pandemic.

### **3.1. The KAP Model**

The KAP model informs most educational oriented intervention strategies in South Africa. The target of these strategies is usually rational “individual people”<sup>8</sup> with a capacity to logically come into conclusions on the basis of facts presented to them. The same logic applies to health related behaviour. According to the KAP model, health related behaviour is determined by the level of knowledge that individual people possess. Thus, in the fight against the HIV/AIDS pandemic, it is assumed that failure to alter sexual behaviour in the face of the spread of HIV is a function of lack of knowledge or poor knowledge as well as misinformation about the HIV/AIDS pandemic. In short, behaviour is the outcome of knowledge: thus if people know that AIDS is a deadly disease and that condoms will diminish their chances of getting it, they will be most likely to use condoms. Mugabe (2001: 4) highlights the prominence of this line of thinking:

... common interventions consist of identifying these [risk groups] and individuals for targeting. The assumption is that individuals and communities are affected because of their risking behaviour and that the solution is to provide them with the correct information and knowledge for them to change their behaviour.

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<sup>8</sup> I use the concept individual people to refer to people who are usually targeted as groups in the process of HIV prevention intervention but addressed as individuals

Thus, risky sexual behaviour is usually attributed to the issue of the knowledge that individual people targeted possess about the HIV/AIDS pandemic. Even failure of people to change their attitudes in the face of the HIV/AIDS crisis is attributed to the issue of knowledge. A quote is exemplary of this element in approaches informed by the model:

Attitude is directly linked to knowledge or the absence of knowledge. The fact that many rural youths have largely an abstract knowledge of HIV and AIDS explains why they blame the HIV positive partner for transmitting HIV rather than themselves for engaging in high risk sexual behaviour. As a result messages are not internalised, knowledge is ignored or dismissed, and does not translate into behaviour change ([www.emro.who.int](http://www.emro.who.int)).

Thus, in the approaches informed by the KAP model, knowledge, attitudes and practices forms a continuum that constitutes understanding of the problem of the spread of HIV/AIDS and how intervention can be made.

In STI/HIV prevention, as in other areas of health and behaviour, the knowledge – attitude – behaviour (KAB) or KAP continuum is often referred to. It is simply a convenient way to organize the many aspects before changes in behaviour or practices can occur ([www.engenderhealth.org](http://www.engenderhealth.org)).

As the crisis of HIV/AIDS ensues, and the spread continues despite the many interventions made, threatening global stability and world order, many interventions remain fixated on the KAP model, only calling for more information to be provided to rational individuals in search of clarity and understanding. Failure of individuals to adhere to the knowledge given is attributed to lack of correct understanding of the information disseminated. This logic results the increased demand for the condom as a panacea in the face of the increasing spread of the HIV infection. Thus, in the face of increasing rates of infection, the rational individual remains the focus of the condom

message despite the current failure of the condom device as a preventive strategy.

The following passages reflect these tendencies.

Our focus group discussions revealed that even when people knew the basic facts about the disease, they understood very little about the dynamics of HIV and AIDS, knowledge of the modes of transmission and prevention exists largely on a theoretical level: people can quote how the disease is transmitted but they do not understand how this may actually happen to them. As a result this knowledge is academic and abstract, rather than practical and tangible... it is the kind of knowledge that comes from memorizing rather than grasping issues ([www.undp.org](http://www.undp.org)).

The following passage demonstrates the tenacity of focus on the rational individual.

Whilst it is acknowledged that intervention has not produced the expectant results, it is expected that the individual's understanding can be tapped into and utilized. If only that HIV/AIDS information can be made to speak to him directly. The following passage further exemplifies this situation.

Most commercial sex workers have a high knowledge of general information about HIV transmission and prevention. However, many do not think that they personally are at risk for contracting the virus even though they understand that other commercial sex workers may be highly susceptible to HIV infection. Although knowledge levels of HIV may be high, preventive practices such as condom usage are not widely conformed to (Venteateremena 2001:22).

In the face of the rapid spread of the HIV/AIDS pandemic, issues are being raised about the relevance of the KAP model in the fight against the HIV/AIDS pandemic.

These are important issues that I will now discuss.

### **3.2. A Critique of the KAP Model**

In her article, *Migrancy, Masculine Identities and Aids*, Campbell (1997) wrestles with the reality that the HIV/AIDS pandemic continues to spread at an alarming rate despite attempts to curb it. This situation is further sharpened by the results of a

research study that was conducted in the Carltonville mining area. The results show that miners continue to engage in high-risk behaviour despite their knowledge of the HIV/AIDS pandemic and methods of preventing infection (Campbell 1997). Campbell attributes the incongruence between people's knowledge of HIV/AIDS and their behaviour to the KAP model underpinning education programmes meant to disseminate information about HIV/AIDS. To Campbell, the KAP model fails to take significant factors in between knowledge and behaviour into consideration. These are discourses that shape the social and sexual identities of people. These discourses have a huge impact on response to the preventive intervention strategies deployed in order to curb the spread of HIV/AIDS.

Campbell is not alone in her problematisation of dominant intervention models and strategies/programs informed by KAP. Collins and Stadler (2001:2) solidify the view that mainstream in thought about the HIV prevention is ultimately fixated on people as individuals:

Conventional health promotion theories have tended to interpret “risky” sexual activity through the lens of cognitive behavioural models. These models are inclined to suggest that risky sexual behaviour is the outcome of individual deficits, be these deficits in knowledge, perception of risk, motivation and or skills. These perspectives have implicitly informed the design of a multiplicity of knowledge, attitudes and practices (KAP) surveys.

From the results of this research study, conducted in South Africa, we see that there is a gap between people's knowledge of HIV/AIDS and their behavioural patterns. Many people continue to engage in high-risk behaviour despite their knowledge of the HIV/AIDS pandemic and methods of preventing infection. This fact exposes the KAP model as less than an adequate model for behaviour change. Thus its

implications for development also prove of little significance since the model fails to curb the tide of the HIV/AIDS pandemic in a significant way.

From literature critiquing the KAP model I also note a factor highlighted as significantly undermining efforts (informed by the KAP model) to curb the tide of the HIV/AIDS pandemic. This factor emerges as a particular representation of male sexuality: a representation of male sexuality as potent, uncontrollable and overpowering. To this factor, I will now focus my attention.

### **3.3. The Construction of Male Sexuality**

Campbell (1997), identifies the construction of a masculinity that is risky to health among migrant mine workers. This masculinity is constructed as a survival strategy within the context of harsh living and working conditions in the mine. Though her work is not on sexuality as much as it is on masculinity, I observe, in her data, a particular construction of male sexuality. This is a construction of male sexuality that represents male sexuality as potent and uncontrollable. An interview with a participant in the research study that Campbell (1997:278) drew on for her work succinctly drives this point home.

**Interviewer:** Why do you think that men have sex on their minds?

**Participant:** I think that is the way men were made, that is, to always have a desire for a woman.

**Interviewer:** You have a family that you love and support, but on the other hand you behave in a way that can make you vulnerable to diseases. Why should men behave like that?

**Participant:** "The truth is that a man is a dog" meaning that he does not get satisfied... when a man sees "a dress", meaning a woman, he follows her.

**Interviewer:** Why do people think about pleasure before they think about their life, which is at risk?

**Participant:** The truth is that we are pushed by desire to have sex with a certain woman. We do not think about Aids during that time but about it when we are finished... Basically, it is the body that desires.

To Campbell this kind of sexuality forms a component part of a masculinity that mine workers construct as a survival strategy within the context of harsh mine conditions. The pleasure brought about by coitus seems to play the role of alleviating the plight of mine workers within the harsh context of the mine. Thus condoms, which are interpreted as diminishing the pleasure of coitus are rejected. From the data that Campbell uses to drive her point home, I observe a representation of male sexuality as potent and uncontrollable. This sexuality remains uncontrollable in the face of HIV/AIDS. The condom requires some level of control and agency. It requires some technique of use. It requires some level of negotiation between two or more people involved in a sexual act. In the face of a representation of male sexuality as uncontrollable and overpowering and thus undermining the possibility of individual responsibility and rational choice, the condom strategy thus dismally fails. This failure is represented in the participant's comment:

We do not think about AIDS during that time but about it when we are finished (Campbell 1997: 278).

In short, the data that Campbell uses in her work as well as her interpretation of it provide insights into representations of male sexuality and the failure of the condom strategy of prevention.

Collins and Stadler (1999), in their work: *Love, Passion and Play*, also provide interesting insights on representations of male sexuality and the failure of the condom

strategy of prevention in South Africa. The data that they use in their article is drawn from a study that was carried out in the Northern Province to determine sexual meaning among youth living there. From interpretation of this data Collins and Stadler reached an interesting conclusion:

To conclude analysis, of the qualitative data collected, suggests that for young people in the Northern Province of South Africa, control over sexuality may be perceived as limited. In part, this may be due to shared ideologies that inform sexual activity and militate against safer sexual practices (Collins and Stadler 1999: 333).

I find their conclusion interesting; for one thing, Collins and Stadler do not distinguish between female sexuality and male sexuality. Though from their data, it is male sexuality that is presented as uncontrollable, they interpret this data as meaning that youth sexuality is perceived as uncontrollable by youth in the Northern Province. This might be because male sexuality ultimate involves women in a way that these women cannot control it. This point is driven home by some of the comments made on male sexuality by both male and female youth:

When a guy has sex, he becomes confused. He has a lot of feelings that affect his mind... his voice changes and he seems to be whispering. His buttocks become stiff and he can start shivering (male, age set 15-21, p329)

We know a man becomes mentally affected and confused, especially when he meets a young woman he loves, then he becomes erect. At that time, he really needs a woman he forgets his own mother... (female, age set: 16-17, p331)

Collins and Stadler go on to quote similar comments made about male sexuality by both male and female participants. These comments, to Collins and Stadler, reflect how control over sexuality is perceived as limited. This limitation affects control and negotiation of condom use. Within the context in which male sexual partners are considered to lose their senses when experiencing desire for sex, (so that they forget



their mothers!) the failure of the condom as a preventive strategy makes sense. The data that Collins and Stadler use provide insights about representations of male sexuality and the failure of the condom as an effective preventive strategy against HIV infection in South Africa.

Wood *et al* (1998), deal with perceptions of violence by youth within an Eastern Cape background living in Khayelitsha. They argue that male sexuality is strongly associated with violent behaviour among her research participants. Furthermore, she argues that suffering violence from boyfriends is perceived as a way of life by research participants. Most of the research participants admitted to being beaten by their male sexual partners if they attempted to decline sexual advances made on them. Wood argues that such behaviour is not perceived as harassment, let alone as rape by participants.

From the latter information we see male sexuality being constructed as violent and uncontrollable when faced with desire. Male sexual partners cannot negotiate terms of a sexual encounter in the face of sexual desire, thus their female sexual partners have to yield or bear the brunt of violent tendencies that accompanies male sexual desire. Wood highlights that such behaviour is not seen as harassment, let alone as rape by the research participants. This expression of sexuality is accepted as normal male sexual behaviour by the participants. From this we see a representation of male sexuality as violent and uncontrollable. This representation of male sexuality is reflected in some of the participants' comments on male sexual behaviour:

I think that if someone says they have never been beaten up they are lying (participant 1, p238)

It's alright as long as he doesn't beat me every day (participant 2, p238)

As a woman you have no rights. You must keep quite and do as the man wants (participant 3, p238 ).

These are but a few quotes among many that are cited by Wood. Violence in connection with sex emerges as a strong feature of sexual relationships that her participants are involved in. Wood observes that this has become common sense in the area in which her participants live in, and people continue to form such relations accepting the whole package. What I draw from the work is the idea of the uncontrollability of male sexuality that I see embedded in these relationships. I also identify a context that makes negotiation of condom use and rational thinking in the face of male sexual desire close to impossible. From this literature, I identify a context that implicates negatively on development since development in South Africa is strongly tied to success in curbing the HIV/AIDS pandemic (Cawthra *et al.* 2001).

In this chapter I highlighted the failures of the KAP model as a model for HIV prevention in South Africa. I also discussed the message of the condom strategy of prevention in terms of its impact on HIV preventive behaviour. I connected this failure to the KAP model because, for the most part, it informs the way in which the message advancing the condom strategy of prevention is disseminated. Furthermore, I highlighted the construction of male identity that represents men<sup>9</sup> as victims of an

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<sup>9</sup> Information from the data seems to suggest that the representation is particular to black African men. However, the authors of the papers discussed do not reach this conclusion. Thus one will have to be careful in extending the analysis to incorporate race.

overwhelming sexual desire that requires gratification at all costs even when the lives of the men involved are at the risk of contracting HIV.

Ideas promoting other forms of preventive youth behaviour are also being promoted in some circles. A case in point being the promotion of pre-marital sexual abstinence within the evangelical Christian movement in South Africa and elsewhere. In the following chapters, I focus on how the message of sexual abstinence is advanced within this movement. I first give focus to how the message is advanced in the American Evangelicalism. This is done to provide a background to expression of the message within the South African context.