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Reproductive health and denied paternity : the politics of men's fertility.

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CHAPTER ONE

INTRODUCTION

The quality of reproductive healthcare in South Africa falls short of addressing the sexual health needs of both women and men. In South Africa, various barriers that speak to socio-economic, historical and political challenges account for the difficulties faced by both men and women to access adequate and equal healthcare (Hassim, Heywood & Berger, 2007). These barriers are often reinforced by issues around race, sexuality, class and gender. Reproductive health encompasses issues of fertility, preventative services, abortion, contraceptive services, antenatal care, post-natal care, childrearing and family planning. It thus, takes care of the holistic well-being of an individual's sexual health state. However, most reproductive health services unsurprisingly focus on the reproductive functioning of the female body. Consequently issues of men's reproductive health are vaguely addressed. According to the World Health Organisation (2008) reproductive and sexual ill-health accounts for 20% of the global burden of ill-health for women, and 14% for men. Although women are said to have more reproductive and sexual health problems, men's reproductive and sexual health remains an important issue that needs ample attention. Research has illustrated the need for men to be exposed to taking care of their reproductive health so as to increase the reproductive responsibilities and rights.

Risky sexual behaviour predominately leads to unwanted pregnancies and more often than not, leads to contested pregnancies or denied paternity (Nduna & Jewkes, 2012). Nduna and Khunou (Forthcoming) in a study on gender and health in Limpopo and Gauteng reported that a quarter of men in their research admitted to contesting a pregnancy. These findings are further echoed by the South African Institute for Race Relations (SAIRR), which reveals that in 2010 47% of children had absent but living fathers, compared to 16% whose fathers were deceased, and 37% whose fathers were present. Khunou (2007) also illustrated that 47.3 % of maintenance cases heard at the Johannesburg maintenance court in the year 2000 had paternity contestations as an issue. There is, therefore a need for preventative measures that involve men and promote their participation in reproductive health, with specific focus on preventing unintended pregnancies amongst others.

Hunter (2005) and Ramphela and Richter (2006) attempt to make the connection between reproductive health issues for men by locating the root of the problem in the unequal history of South Africa. They argue that the migrant labour system in the Apartheid regime made intimacy and emotional bonds impossible for men. Brils (2012), Khunou (2006, 2007), Morrell and Richter (2006), and Ramphele and Richter (2006), highlight that during the Apartheid regime most African men were absent from their households and that some men started second families in the urban areas due to their separation from their families in the rural areas. This separation facilitated the issue of father absences in South Africa. Morrell, Posel and Devey (2003) reported that 63% of men aged between 15 and 49 were fathers in 1993 and 1998 respectively. Yet, father absence had increased by 14% between 1996 and 2010 (SAIRR), 2011). This implies that there are many men fathering children yet they are not part of their children's lives. The SAIRR (2011) report also reveals that father absence is found more in African black families. Factors that contribute to the reason that most black or African men may be absent lie in the historical accounts of fatherhood. Ramphele and Richter, 2006 (as cited in Richter & Morrell, 2006) argued that "the migrant labour system disrupted all aspects of family life" (p. 78). They elucidate that the migrant labour system, more profound during the apartheid era, changed the traditional notions and functions of African families. Men had to relocate to urban areas to find employment and leave their families behind. Therefore, the separation of these African men from their families deprived most men of being involved and experiencing fatherhood.

1.1 Rationale

The general perception regarding gender and health is that it concerns women and their bodies as this has been acknowledged as part of the emancipation of women from male oppression. However, it is impossible to divorce issues of reproductive health and gender relations (Ratele, 2005). This is so even though the words fertility, population growth, birth control and family planning have been associated with women (Greene and Biddlecom, 2000). Contraceptives are, therefore one of the central factors that are linked to sexual reproductive health. However, there is less research that indicates the needs of men for it (Greene, Mehta, Pulerwitz, Wulf, Bankole & Singh, 2006; Rakgoasi, 2010). Available research on men and their reproductive health is mainly that which focuses on HIV (Hassim, et al., 2007; Rakgoasi 2010). Although these are useful in helping us understand the health needs of men, it is somewhat limiting (Khunou, 2012).

Of the few studies that have been undertaken on sexual reproductive health and men, none of them focus on men and father absence and issues of denied paternity. (Eberhardt, van Wersch & Meikle, 2009; Grady, Tanfer, Billy & Lincoln-Hanson, 1996,) Again none of these identified studies investigate the South African context. The link between men's reproductive health, that is the use of and access to contraception and father absence and denied paternity is significant in South Africa because of high numbers of children who grow up without their fathers. Research indicates that the numbers of children with absent fathers are high amongst Africans (SAIRR, 2011). According to the SAIRR there were approximately 52% of African children with absent fathers in 2009. In comparison to the 41% amongst Coloured people, 12% amongst Indians and 15% amongst Whites in the same year (SAIRR, 2011). Although these findings suggest that the issues of father absence cut across race, class and gender, this is more so for African black communities. Furthermore, this delicate issue indicate the slowly shifting socio-economic, historical and political transformations of South Africa.

This research will be useful in the social work discipline because its findings have the potential to raise awareness about the importance of involving men in family planning and healthcare services. The importance of reproductive health and its focus on the bio-psychosocial or holistic well-being of men and women is to promote healthy sexual lifestyles

and attitudes. The social work profession has been in the forefront of viewing individual's well-being holistically. Therefore, this research is significant to the social work profession in advocating for the introduction of programmes that will look at men's sexual health needs in a manner that accounts for their masculinities and social context. The social work profession will reinforce the message that men are capable and responsible partners in families, communities and relationships in taking care of their sexual health and wellbeing. Therefore, the argument in this research contributes that men are capable and responsible partners in issues of sexual responsibility and therefore, should fully access reproductive health services for healthy communities.

1.2 Aims and objectives of the research

1.2.1 Questions for the research

- What role do masculine attitudes and values have in shaping men's sexual health behaviour?
- What do men think their role is in preventing pregnancies?
- What are men's understanding of their role in reproductive healthcare?
- What are men's perceptions of family planning services/contraceptives for men?

1.2.2 Aim of the study

Investigate unmarried men's perceptions of contraceptives, family planning and their ideas on father absence and denied paternity.

1.2. 3 Objectives

- Understand how men perceive their roles in reproductive healthcare,
- Contribute to policies and practices that will enable men to access their sexual health services,
- Examine if family planning services accommodate and are available to men.

1.3 Definition of key concepts

Sexual and Reproductive health

"A state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and its functions and processes. This implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide" (International Conference on Population and Development /ICPD, 1994, p.63).

Masculinities

Masculinities refer to the socio-cultural expectations and values that are performed to express masculine characteristics by men. However, masculinities are historically and culturally constructed, their meanings are constantly reformed, contested and are always subjected to the process of negotiations in the context of existing power relations (Connell & Messerschmidt, 2005, Lindsay & Miescher, 2003; Morrell, 2001).

Denied paternity:

a) As contestation or rejection of paternal responsibility: men not acknowledging responsibility for the pregnancy.

b) As the denial of personhood, access and responsibility: men being denied the right to claim their paternal identity and the opportunity to claim parental responsibility. This leads to the man having no access to the child.

c) As being denied or rejected by the biological father: men that grew up without their fathers due to issues of being denied, abandoned, unknown discloser of the father or lack of acknowledgment from the participants fathers.

Outline of the research

The rational, aims and objectives of the study are encompassed in chapter one of the report.

Chapter two presents an overall literature review that guides the discussions and findings of this study. The chapter comprises of the review of gender, men and health, sexual reproductive health and men, politics of sexual reproduction, contraception and gender dynamics, notions of manhood, initiation, circumcision and sexualities, politics of the penis and masculinity, sexual and sexual socialisation, denied paternity and father absence, and the history of fatherhood absence in South Africa.

This is followed by chapter three which discusses the qualitative methodology applied in this study and how it framed the findings and discussion of this study. This chapter encompasses a detailed account of the sampling process, participant profile, the research sites, the data collection processes, research instrumentation, piloting process, data analysis, the dependability and reliability of the study, ethical consideration and reflexivity.

Chapter four presents the first part of the findings and discussions section of the study. This section of findings focus on sexual reproductive health services for men and their different experiences which include family planning for some men and contraception as a personal responsibility.

Chapter five is the second part of the findings and discussions of the study; this chapter focuses mostly on father absence and denied paternity. It tackles various forms of denied paternity along with different types of father absence in the context of female headed households such as physical and emotional absence. It also looks at the men's attitudes towards sex and money and what implications it has for fatherhood.

Chapter six is the final part of the findings and discussions looks at sexuality and pleasure and what implication it has on men's sexual practices which can be rooted in sexual socialisation. It also discusses whether or not sexual reproductive health debates and policies address men's needs and concerns and looks at circumcision as part of the masculine identity.

Finally, chapter seven concludes the report with detailed discussion on the findings and the implications on research, policies and the social work profession.

CHAPTER TWO
LITERATURE REVIEW AND THEORECTICAL FRAMEWORK

Introduction

This chapter provides a detailed review of literature that focuses on sexual reproductive health, gender, masculinities and sexualities. The first parts of the review focus on the defining and conceptualising gender and its significance in understanding gender relations. In an attempt to understand the complex dynamics of sexual reproductive health, this review will proceed to discuss masculinities as a formation of gendered structure and as part of the gender discourse within healthcare. To understand the importance of focusing on sexual reproductive health for men the review engages in sexual reproductive health definitions and its implication for South Africa, particularly in issues of contraception. In unpacking masculine sexualities in the South African context the review attempts to connect circumcision as a central conception of manhood and health measure for men. Finally, the review looks at father absence against the backdrop of denied paternity and a sexual reproductive health discourse in South Africa. This research used 3 theoretical frameworks to contextual this study namely, social constructionism, ecosystems theory and feminist theories.

2. 1 Gender

Gender is not tangible, rather it is social, cultural and institutionally organised social practices that are informed by assumptions about individual bodies and their functions. Therefore, biological sex can be seen as a schema that assists individuals in performing as their masculine and feminine selves. Hoch (1979) and Reynaud (1983) argued that the role of biology is essential in forming human identity in particular gendered identity. This highlights the importance in recognising that biological sex is the main identifier and thus, essential to informing human identity. Identity in work with gender, sexuality, race, culture and so forth are seen as socially important as these categories of identity are important criteria for analysis

and practices. This implies that gendered identities are essential in allocating responsibilities, mobilisations, resources in unequal ways which exclude, shame and oppress others. Gender for a long period of time has been associated exclusively with feminist analysis of gender relations. The emergence of feminism focused on major issues such as new roles, more rights and freedom for women (Jackson & Scott, 2002). Feminism tackles issues of change in women's involvement in political, economic, social and public spheres which were dominated by men. It is plain to see how the word gender is easily associated with women. Daly and Rake (2003) argued that any legitimate use of the concept of gender and gender relations must be inclusive of women and men in their relation to each other through their interaction in social institutions and society. It is thus erroneous to see gender as synonymous to women.

The notions of masculinities and femininities can be perceived as rational concepts to which meaning is attached for the performance of particular gendered identities that personify their masculine or feminine identities in relation to each other. In defining gender as a social construct, Harcourt (2009) highlights that gender embodies the analytical elements of body politics. She refers to gender as: "the psycho-social, political-cultural, scientific and economic reading of sexual differences that inform all human relations" (p. 14). Furthermore, gender is geographical and context specific. When reflecting on this particular definition of gender, Harcourt (2009), captures the essence of gender as being multiple, complex and dependent on multiple spheres for its existence and definition. With that said, gender has no meaning without human participation in gender relations, however gender is not fixed, more so because it is subject to human interpretation and lived experiences. It is therefore appropriate to define gender as a social construct that is fluid and ever-changing, produced, negotiated and sustained to provide social inscription and interactions that are used to identify women and men (Connell &Messerschmidt, 2005; Harcourt, 2009; Jackson & Scott, 2002). Gender is a concept that relies not only on human participation and hierarchical relationships that are assisted institutionalised practices. Significantly for this study, Connell's (1995) assertion that gender is an organised social practice, in which the bodily structure and processes of human reproduction impacts gendered practices understood and reinforced by bodily experiences, culture and personality. Therefore, biological sex is used to understand gender as the performance of one's biology to affirm to socio-cultural, biological and intrapersonal expectations.

It may be argued that biological sex does not determine the 'performance' of individuals' body function rather how different sexes being male or female 'performs' their individual socially constructed bodies (Butler, 1993; Hooks, 2000) However, the notion of the male and female body are not defined, experienced and analysed in a cohesive manner. This is highlighted by Cornwall's (2005) book *Readings in Gender in Africa,* where it is underlined that gender is a social practice that is interpreted and performed differently given the context in which is written about. Oyewumi (2002) argues that gender is a social cultural construct in which for instance, the notion of 'womanhood' is not a universal social category. This is a reflection of the discourse of gender in which there is a need to be critical of how gender is written and practised. Therefore, gender implies multiple identities within individual lived experiences yet it also limits them to male or female, giving the notion of gender as too much implication. It is also subjective and objective interpretations that are measured by designated categories of what should be masculine and feminine. To add to this complexity of the nature of gender is the notion of power and subordination using biological sex and patriarchy to write and define gender. Rather it is how the ideas of masculinities and femininities collide, merge and reconcile to help individuals cope, define and reshape their lives within other identities that individuals assume on a day to day basis.

Most gender scholars write gender as a social construct that changes over time owing to social, political, economic and cultural change (Khunou, 2007, 2013; Ratele, 2006). However, one may argue that gender as a lived experience in African societies is more than a performance of one's sexualised body but rather an individual's ability to assertively cope and navigate the challenges and changes in organised structures and unorganised areas of their lives (Ogundipe-Leslie, 1994 as cited Cornwall, 2005; Ouzgane & Morrell, 2005; Oyewemi, 2002) .

Using womanhood as an example; Cornwall (2005) and Oyewemi (2002) highlight that the notion of womanhood in Africa is not completely tied to the interpretation of subordination, inferiority and rudimentary to men. Rather, it is multiple identifications that allow women to shift roles and identities that render them powerless and powerful in different spaces. Looking through masculine lenses, the relationship between power and powerlessness in gendered spaces is captured by Ratele (2008) through looking at male sexuality as an analysis. He argues that the discursive position of patriarchy assumes that all men have absolute power in society without acknowledging that not all spaces in society allow men to

assume power, and not all men have absolute or equal power. In one's rendition of Cornwall (2005), Oyewemi (2002) and Ratele's (2008) work, there is no absoluteness of power without powerlessness, therefore; gender is fluid and ever changing and power relations between men and women should be understood as contested, negotiated and multiple (Gramsci, 1971; Ratele, 2008).

2. 1.2 Masculinities

"Masculinity is a construct that carries no meaning outside of its materialised and culturalised expression" (Naidu & Ngqila, 2013, p. 62). It is these conformations and arrangements of practices formed by and within gender relations where men cannot be understood in the absence of women, power and culture. Masculinities are regarded as the opposite of femininities, however, the notion of masculinities are diverse and do not exist in a vacuum. This analysis of the diversity that exists with masculinities opens up the discussion that there is a hierarchy in masculine identities. As bases of understanding masculinities, there is a need to comprehend what being a man is demands from a societal level. Lindsay and Miescher (2003, p. 23) define masculinity as a, "norm of values and behavioural patterns expressing explicit and implicit expectation of how men should act and represent themselves to others". To unpack Lindsay and Miescher's definition of masculinity, one needs to understand that norms, values and behaviours derive from primary socialisation. Therefore this affirms that the performance of one's gender is understood along bodily experiences, culture and personality assumptions as argued by Connell (1995) and Connell and Messerschmidt (2005). Ratele (2008) highlights that the notion of masculinity is essential in understanding the gendering of the male subject, which includes the social masculinisation of their psyche and bodies. This means that the concept of masculinity is a key feature of understanding the processes that males undertake or perform to become men. Connell refers to this as hegemonic masculinity, however, the term 'masculinity' is problematic as it suggests that there is one aspect to being a man or achieving manhood. Morrell, Jewkes and Lindegger (2012), Murphy (1989) and Ratele (2008) highlight that economic, political and social structures typically 'need' to maintain a system where men resemble power, specifically because most individual men have little power. As a result, the ideal representations of masculinity are used to subordinate other forms of masculinities. The concept of hegemonic masculinity derives from the conception of the ideal, preferred and normalised masculinity. Connell (1995, p.77) defined hegemonic masculinity as "the

configuration of gender practices which embodies the currently accepted answer to the problem of the legitimacy of patriarchy, which is assumed to guarantee position of men and the subordination of women". Hegemonic masculinity is the institutionalised dominants of a particular image of being a 'real man'. Therefore, hegemonic masculinity was conceived to 'represent a set of cultural ideals that are constructed, defended and contested' to single out sub societal groups and ideals (Khunou, 2013).

The conception of hegemonic masculinity is not only in the 'main' imagery of masculine identity that oppresses complicit, subordinated and marginalised masculine identities but the dominate performance of manhood in each category of masculine identities or masculinities. Further, there must be acknowledgement of the hegemonic masculinities or ruling masculinities within spaces of power and powerlessness to allow for "a position persuaded by the fact that masculinities intersect with and co-produce one another in relation to poverty, wealth and inequality, with ethnicity and sexualities, with race, space in a country, and location on the globe" (Ratele, 2006, p. 56). Men express and represent themselves to affirm their ideals of masculinity. Thus, men are understood in society in relation to their privilege, prestige, and power in relations to women and other masculinities that are low on the masculinities hierarchy (Connell, 1995; Ratele, 2008).

Masculinities are therefore fluid, multiple, ever changing and contextual (Connell & Messerschmidt, 2005; Khunou, 2006, 2013; Morrell, 2006; Ratele, 2006; 2008). Therefore, the multiplicity of masculinities is attributed to the challenges that are found in various spaces that contradict the notion of the 'ideal masculinity', namely dominant, subordinate and complicit masculinities (Ratele, 2008). Hegemonic masculinity underlines that there are other masculinities that co-exist yet are regarded ineffective and weak in comparison to the 'ideal' masculine identity. However, one may argue that even within the subordinated, complicit and marginalised masculinities, hegemonic masculinity still exists. An example would be that young black unemployed men may be considered a complicit masculine identity in South African townships (Morrell, 1998)

The conception of multiple masculinities is essential to gender studies as it highlights that the power relation in gender relations not only exist between women and men, but also between men. Hence, masculinities must be analysed in relation to how men in certain contexts, era of time lifestyles that are specific to culture, sexual orientation and race understand and perform

their masculine identities. Furthermore, the analysis of masculinities must look at how masculinities intersect with social structures and other members of society (Connell & Messerschmidt, 2005; Jackson & Scott, 2006; Lemon, 1991 as cited in Van der Watt, 2009). Although there has been an increasing interest in scholarly work that focus on masculinities in Africa, there is still a lack of understanding of what masculinities involves in the absence of Western feminism (Oyewemi, 2002). Therefore, the notion of African masculinities in an effort to show diverse masculine identities and the challenges faced by men in the African continent leaves much to be desired. Although gender scholars may argue that the term masculinities drives the fact that there are multiple masculine identities, the term still does not speak to the true nature of patriarchal structure and how power is disseminated. Hooks (2000) highlights that the rubric of patriarchy saw both black women and men at the bottom of privilege and power distribution. While white men lead followed by white women, this analysis is important as it brings to light that men do not equally benefit from patriarchy in the same manner (Hooks, 2000; Khunou, 2013; Ratele, 2008;).

2. 1. 3 Men and health

There is an assumption that all aspect of hegemonic masculinity is negative to men's behaviour, health and sexual lifestyle. Courtenay (2002) and Harcourt (2009) highlight that men are most likely to prolong the seeking of healthcare services as a symbol of being a 'real man'. However, one needs to acknowledge factors such as socio-economic, political and cultural factors that contribute to most men prolonging their visits to healthcare facilities.

However, Mathewson (2009) and Khunou (2013) argues that when exploring notions of men and their health, it is important to acknowledge that masculinities and approaches to health are diverse and complex, with significant variations across cultural context. Historical and cultural hegemonic construction of masculinity preserves the image that men are strong, invulnerable and reckless which discourages health positive behaviour among men. Addis and Mahalik (2003) highlight that hegemonic masculinity is perceived as promoting risk-taking behaviours that are harmful to the social health of men, this factor is reflected in the low life expectancy of men linked to health related behaviours and beliefs. Although this may be true, hegemonic masculinity can serve a positive purpose in men's health. Patterson and

Richard (2002) and Schroeder and Zwick (2004) give examples that derive from how mass media uses hegemonic masculinities to promote healthy bodies. They argue that the representation of hegemonic masculinity is captured through perceiving men's bodies as the products of labour or body work. This body that represents work or laboured body, symbolises aggressive drive toward physical attainment. The plurality of masculinities is present in all societies, each differing depending on issues such as race, class, age, religious, sexual orientation, and geographic context (Brown, Sorrell & Raffaelli, 2005; Khunou, 2006, 2013; Morrell, 2006; Myburgh, 2011).Therefore, masculinities are not all equal. Khunou (2013) and Morrell, et al. (2012) highlight that hegemonic masculinity has negative connotations linked to it, with specific reference to men's risky behaviour.

2. 2. 1 Sexual reproductive health and men

Reproductive health looks at the sexual and reproduction needs of both men and women. At the ICPD in Cairo in 1994, sexual reproductive health was defined as, "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and its functions and processes" (p.63). This "implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide" (ICPD, 1994, p.63). Therefore, the implications of this definition is that there is an understanding that the rights of men and women must be informed and they need to have access to safe, effective, affordable, acceptable and legal methods of family planning of their choice (ICPD Program of Action, 2009).

Health issues tend to show how feminine and masculine behaviours are categorised, classified and subordinated to privilege specific behaviours over others. Courtenay (2000) highlights that hegemonic masculine ideals about health are measured by the rejection of feminine practices and ideals on how to be healthy. Rakgoasi (2010) states that "men's behaviour, just like that of women, is constrained by traditional expectations about gender; and dominant versions of masculinity exert a powerful effect on boys and men to conform to sometimes destructive ideas about what it means to be a man". The lack of research on men and health issues specifically in a sub-Saharan context derails efforts to improve programmes, products and interventions for men. The assumption that all men have the

ability to reproduce and therefore cannot control fertility derives from hegemonic masculinity notions. According to Wentzell and Inhorn (2011) the male reproductive body represents specific ways of being a man and therefore interventions such as family planning may imply that their 'manhood' is being threatened, particularly their sexual embodiment and reproducing.

To understand the side lining of men in the sexual reproductive healthcare system, one needs to understand history of the South African healthcare system. Under the apartheid regime, healthcare was separate and unequal, white citizens had the best health services that were reinforced by adequate information and teachings to ensure that their holistic well-being was taken care of (International Defence and Aid Funds for Southern Africa, 1980; Horwitz, 2009). On the other hand black people under the Native /Urban Areas Act had limited and inadequate healthcare services. Again blacks were also faced with the challenge of living in slums which made most of the black population prone to many diseases, especially those that were poverty related. Although the black population was provided with healthcare, the programmes and services prioritised the healthcare of women and children. The focus on men's health during that era is documented to have been in relation to migration health which was characterised by the men's health issues in relation to conditions and risks related to mobile populations (Kok, Gelderblom, Oucho, & van Zyl, 2006). This implies that men's health was captured through their experiences as migrant workers and their vulnerability, in particular, to environmental and sexually related illness. Therefore, men's health is still intervention-based from primary level and is based on ideas of their virility. Even though ideals around masculinities are fluid and multiple, notions of virility for heterosexual men's fertility remains central

Edwards (1994), Glover-Walton (2007) and Mokoena (2008) highlight that virility means strength, health and fertility as implied for the constitution of manhood. Therefore, issues of reproduction need to encompass sexual reproductive health for men in a manner that speaks to their multiple identities as men, fathers, partners, community members and others in the facilitation to help men to understand the social consequences of sexuality, reproduction and their overall sexual healthcare. Sexual and reproductive health rights should be seen as more than the right to access contraceptives to prevent pregnancies, but rather as the legislative rights and responsibilities to exercise one's sexual freedom and choices. These rights are interwoven with economic, cultural and political factors that affect individual sexual and

reproductive health choices. It is also important that women and men exercise these rights and responsibilities regarding their bodies to ensure that individuals do not relinquish their freedom in all areas of their lives (Hooks, 2000).

2. 2.2 Politics of sexual reproduction

Platforms such as the ICPD (Cairo 1994) and the Fourth World Conference on Women (Beijing 1995) has enabled men to participate in discussions about sexual reproductive health and rights as men's participation in such matters are seen as positive. Through these discussions the participation of men as partners established that:

> "Special efforts should be made to emphasize men's shared responsibility and promote their active involvement in responsible parenthood, sexual and reproductive behaviour, including family planning; prenatal, maternal and child health; prevention of sexually transmitted diseases, including HIV; prevention of unwanted and high-risk pregnancies" (ICPD 4.24).

The themes that this conference emphasised was that women and men have shared responsibilities in issues of sexuality, parenthood and reproductive health, and thus is important for this study. However, the main questions that derived from literature around these conferences was, do men and women share the same rights, and what exactly are men's sexual reproductive rights? Although it may be argued that women and men's sexual relations are interdependent, it cannot be denied that women and men also have individual needs that are specific to their bodies, desires, social positioning and pleasure. Therefore, although responsibilities can be shared, however, in the context of sexual reproductive health, rights need to cater for the needs of the communities concerned. The reproductive health discourse in this study seeks to uncover if sexual reproductive policies and treaties are addressing men's sexual reproductive health concerns or treating men as the other 'gender'?

From the female perspective, reproductive health includes preventative and promotive works on HIV/Aids, pre and postnatal and contraceptive methods and services to reduce prevalence of unwanted pregnancy (Greene, et al., 2006). Therefore, the assumption regarding the inclusion of men in issues of reproductive health is to empower men regarding their sexual behaviours and its social consequences. However, the lack of political mobilisation of men remain overlooked with regards to sexual reproductive health matters.

South Africa has no policy that adequately defines reproductive health, however, according to the *National contraception and fertility planning policy and service delivery guidelines* sexual reproductive health includes sexually transmitted infections (STI), breast and cervical cancer, sexual violence/sexual assault, termination of pregnancy, medical male circumcision, male sterilisation, HIV including HCT, PMTCT, HIV management, antiretroviral therapy also referred to as ART and maternal health services (RSA, 2012). These are the various components that enable South African citizens to comprehend sexual and reproductive health. Most of these services speak more specifically to women's health and needs. So, we see how policies utter which health matters and needs are important to men (Khunou, 2013).

Furthermore, the problem with a gendered health definition and approach to defining sexual reproductive health is that it neglects the specific needs of men and women. Hence the implementation of sexual reproductive healthcare services that focus on men would need to acknowledge how South African men are shaped by socio-economic, cultural and political factors that are continuously contested and negotiated to sustain their manhood. Political mobilisation, advocacy and activism needs to look at promoting and protecting the sexual rights of men and women, at the same time there is a need for raising the awareness of men about how their patriarchal privilege can also infringe women's rights (Literature Review for the Symposium on Male Participation in Sexual and Reproductive Health, 1998).

2. 3 Contraception and gender dynamics

Men's reproductive health attitudes and practices and their decisions and responsibilities concerning their own capability of conception and contraception, and which contraceptive method to use is informed by socio-cultural meanings based on their sex. Thus the social meanings about one's sex influence behaviours and choices with regards to reproduction and contraception.

Contraception is commonly known as birth control, with the aim to prevent pregnancy. Greene et al. (2006, p. 7) defines contraception as: "methods of birth control that allow women and men to decide whether they want children; how many children they want and when", however, its sole focus on women suggests that it is only the concern of women. Accessibility to contraceptives is an important step in protecting the reproductive and sexual

rights of men and women (Greene et al. 2006). Contraception may be deemed as a method of controlling the body or the reproductive system to acquire a healthy sexual lifestyle. The commonly known forms of contraceptives includes; condoms, oral contraceptives, sterilisation and progestogen-only injectables. Most contraceptive services are aimed at women. Eberhardt, van Wersch, and Meikle (2009) argue that traditionally, contraception has been viewed as the responsibility of women; hence women have multiple and easier access than men. Oudshoorn (2004) highlighted that since World War II, thirteen contraceptives had been developed for women, the current number of contraception developed since 2004 is not available. In contrast, men have only had one contraceptive developed since the invention of the condom in the 19th century, namely a vasectomy or male sterilisation. A vasectomy is: "a surgical procedure for male sterilization or permanent birth control. During the procedure, the vasa deferentia of a man are severed, and then tied in a manner such as to prevent sperms from entering into the seminal stream (ejaculate)" (Glasier, 2010, p. 453). Male contraceptives such as vasectomies and condoms are deemed as irreversible and less reliable respectively.

The lack of new innovations of male contraceptives reflects how male bodies and sexualities are continuously perceived as untouched and 'taboo' to questioning. Consequently, men are overlooked in issues of sexual reproductive health policies, services and social movements (Eberhardt et al., 2009; Glasier, 2010; Oudshoorn, 2004). Looking at contraceptives as part of family planning and fertility control interventions and programmes men are treated as the 'other' gender in which the word men is used as an 'add-on' next to women to 'reflect' gender equity and equality.

Sex is the expression of the self, and one may argue that for men, sex is the expression of masculinity. Weld and Gould (1992) in *Sex with contraception,* highlight that sex with contraceptives is a burden because heterosexual unprotected sex entails the risk of disease and pregnancy. Weld and Gould's argument is central to this study as it problematisese the lack of mobilisation in contraceptive sex for men and thus intensifies other social ills such as high rates of father absence, HIV prevalence and unwanted pregnancies. Hence it is important to reinforce sexual reproductive health as an important aspect of masculine sexualities. The relationship between sex, fertility and hegemonic masculinity is reflected in men's ability to impregnate a woman, thus fatherhood is perceived as an elevated performance of manliness. Mason (1993) and Oudshoorn (2004) assert that fertility marks a

man's ability to undertake fatherhood and is therefore seen as fundamental to the conception of masculinity. For the reasons mentioned, sex in this study cannot be separated from its assertion to issues of reproduction and traditional conception of gendered roles.

Mokoena's (2008) framework of understanding reproductive masculinity, found that contraceptive utility affects notions of masculinity as it challenges their fertility, their security and unity in the relationship. On the other hand, Preston-Whyte and Zondi (as cited in Burman and Preston-Whyte, 1992) argued that contraceptive utility for young women was seen as a challenge to moral consideration which implied that contraceptive use was 'negatively' encouraging female sexual freedom that could impair future fertility. Mokoena (2008), Preston and Zondi (1992) describes contraceptives as a challenge to heteronomative values around sex. However, when looking at fertility as a cultural value it places more much responsibility on women to bear men children whilst men are encouraged to explore their sexuality as assertion of their manhood. When analysing contraceptive utility through a gender analytical lens, it is clear that contraception is used to sustain patriarchal attitudes about the dominance of male sexualities and the subordination of female sexualities.

2. 4. Notions of manhood, initiation, circumcision and sexualities

Masculinities and manhood are constructed and reconstructed over time through processes of socially prescribed roles and responsibilities. However, numerous studies on men and masculinities indicate that one of the essential markers of manhood is sex, but the performance of sex is also governed by politics of sexuality which governs with whom, when, where and why people have sex. Nicholson (1997) highlights that sex is just as culturally determined and obtained in accordance with gender. She argues that every society has a unique gender system, defined as a "set of arrangements by which the biological raw material of human sex and procreation is shaped by human, social intervention and satisfied in a conventional manner" (p. 32). This implies that the expression and performance of sex through cleaning, endowment of pleasures, intimacies and sexual acts are embedded in the socio-cultural institution. Therefore, sex is a performance of the gendered self, thus one can argue that ideas about sex are also governed by politics of dominance and submissiveness. Kokopeli, Lakey, Blood and Moyer (1983) highlight that patriarchy shapes men's sexuality to express the subject of domination. Men's relation to their penis divulges issues of 'hierarchy'

or power within manhood, this power or 'hierarchy' is seen in relation to size of the penis and issues around having a circumcised or uncircumcised penis.

An example of this grading of manhood is illustrated by Kokopeli et al. (1983, p. 2) as they mention that: "Men want to have large penises because size equals power, the ability to make a 'woman really feel it'". Therefore issues of male sexuality are measured along the lines of sizing up other men and sexual genital pleasure. One may argue that male sexuality is limited to sexual performance and functioning of the penis rather than the focus on their sexual health, which should include their fertility, relation to fatherhood, intimacy, sexual preferences and so forth.

Sexualities force men and women to connect with their biological organs, their relation to their sexual practice and sexual performance with regards to how they have sex, when, where, with whom and so forth. Further, sexualities link individuals to their bodily and psycho-social wellbeing with regards to issues of fatherhood and motherhood. Therefore, the concept of sexualities embodies the experiences of an individual's sexual and reproductive personhood and wellbeing. Ratele (2008) highlights that masculinity needs society, not just testicles, meaning that the transitions into male-hood is not dependent on the evolution of the penis but rather on how masculinity is embedded on socially grounded ideas. One of the things that also reinforce the ideals that manhood and male sexualities and masculine identity lies in the penis is how policies on men's sexual health are around the issue of penis functionality. In contrast to women's reproductive health policies that emphasise the importance of the vagina, breasts, ovaries, womb, and mental care after pregnancy, men's sexual reproductive health focuses on the penis, testicles and on occasion the colon.

2. *4.1 Politics of circumcision and the penis: manhood an event or a process?*

Ratele (as cited in Tamale, 2011) argues that notions and narratives of manhood in postcolonial Africa revolve around sex which is associated with the functioning of the penis. By which dominant imagery and the accomplishment of manhood is measured by the definite sexual conquering through having sex, procreation and so forth. Drawing from the argument that the penis is the instrument of manhood, in South Africa, initiation schools and circumcision have been at the centre of contemporary construction of manhood. Vincent (2008, p.434) states that; "male circumcision rites are symbolically saturated with the enhancement of masculine virility, the performative enactment of the

> separation between men and women for marriage and adult sexuality and the hardening of boys for warfare are typical themes". This author's symbolic analysis of male circumcision rites should be understood in the context of cultural significance as rites of passage to manhood. Frequently initiation rites are wrongly used as a synonym for circumcision. However, initiation rites are linked to the forms of physical testing, isolation, cultural idioms, metaphorical death and rebirth and the demonstration of fitness for masculine approbation or affirmation (Vincent, 2008). Initiation schools and circumcision are linked together as the process in which young men learn the ways of being a man which extends to orientating young men into their multiple identities as sons, brothers, lovers and prospective fathers. However, most research and documentation on circumcision, initiation rites, and the notion of manhood speaks specifically to issues of the penis and its functions to the masculine identity.

In Mgqolozana's (2009, p.64) novel *a man who is not a man,* there is an emphasis that the circumcision process is a, "physical manifestation of what manhood is teaches the men how to endure, how to manoeuvre through and out of difficult situations that life presents. It trains men in the lesson of patience, for it is something that cannot be rushed through but can only be completed step by step". Thus, initiation rituals such as circumcision are core to the rite of passage for many men, as these practices shape particular behaviours, psychologies and their relations with other men and women.

According to the *National contraception and fertility planning policy and service delivery guidelines* (2012) medical male circumcision is essential in the engagement of men in issues of sexual reproductive health. However in South Africa male circumcision is one of the controversial topics. In statistics by the World Health Organisation in 2010 Southern African countries 80% of young men between the ages of 14-29 had been traditionally circumcised (Wilcken, Keil & Dick, 2010). In 2010, the South African government launched a massive campaign in support of medical male circumcision in an effort to reduce HIV/Aids risks. Whilst this campaign continues to receive positive media coverage, traditional male circumcision annually endures negative media reporting on the death of young men along with horrific stories of botched circumcisions. Despite the new conflict between medical male circumcision and traditional male circumcision and the call for the collaboration between the two practices, what remains clear is circumcision is widely practiced and speaks directly to issues of manhood and masculinities.

Mgqolozana's (2009) presentation of the processes of circumcision and its significance to manhood emphasises that manhood is not just an abstract concept but experiences various tasks, idioms, and ceremonies that shape men to be seen as fit to be in society. However, this cultural and religious practice has had its fair share of controversies with young boys dying each year in initiation schools in South Africa, particularly in the Eastern Cape (Tshemese as cited in Meyer and Struthers, 2012). Alongside, reports of young men being taught violence and sexual malpractices that are described as rape and violence against women, some of the initiation sites have been found to belong to gangster cults. Hence, there was an advocacy for young men and grown men to rather go to medical circumcision at government or private clinics that provide this service.

Tshemese states that; "circumcision literally cuts to the core of masculinity" to this the author refers to the physical removal of the foreskin and its direct engagement with the penis as the marker of manhood (Meyer and Struthers, 2012, p.154). At the crux of the issues of circumcision is the subject of its conflicted role to socialise young men into manhood touching on issues of sexuality, social responsibility and leadership. Adomako Ampofo and Boateng (2011) highlights that sexual initiation and practices associated with gendered socialisation structures such as initiation schools measure men characteristics in association with virility, strength, authority, power, leadership qualities, protection and the ability to bear physical and emotional pain. When reflecting on the characteristics of manhood by Adomako Ampofo and Boateng one cannot overlook that their manhood characteristics leave much to be desired.

When looking at contemporary notions of manhood in urban areas of South Africa like Soweto sex, money and physical dominate the practices of manhood. Therefore, one may ask how does circumcision fit into the narratives of man in urban areas of South Africa. Delius and Glaser (2002), Tshemese (2009), Vincent (2008) and Wicken, et al. (2010) documents the narratives of traditional male circumcision mostly from the perspectives and practices of young Xhosa men from the Eastern Cape, given the Xhosa people's long practice of traditional male circumcision. However, at the root of this historical practice for young men, the focus of circumcision in media coverage looks intensely at the question of the penis and its link to manhood. Deluis and Glaser (2002) and Vincent (2008) argues that male circumcision both traditional and medical needs to be understood within a highly complex contemporary socio-sexual context in which issues of unemployment, cultural hydrides,

familial breakdown and HIV contribute to the lack of emphasis on sexual social responsibility for men. Circumcision and initiation need to be understood as an event and a process, in which initiation is the process of enduring the symbolic hardship of being a man and circumcision is the event in which endurance is tested (Tshemese, 2012; Vincent, 2008). However, traditionally, the process of young men going to initiation requires familial or communal preparation and arrangements for the 'soon to be man'. On the other hand, medical circumcision focuses on the surgical procedure of the removal of the foreskin to enhance sexual and reproductive healthcare of men. Therefore, circumcision as an event and a process of initiation serves different purposes that compliment and contradict each other.

Although one can argue that traditional initiation or circumcision focuses on practices that are specific to the development of masculine identities. Conversely, there is still a great need for both traditional and medical circumcision practices to reinforce healthy performances of masculinities such as health seeking attitudes, encouraging positive fatherhood practices, non-violent attitudes particularly against women and the importance of healthy sexual and reproductive choices (Langa, 2012; Tshemese, 2009; Wawire, 2010). The mentioned components highlight that the practice of circumcision as documented in contemporary practice both medically and traditionally faces the challenge of approaching masculine sexualities comprehensively using circumcision as a health service and a cultural ritual.

2. 5 Sexualities and sexual socialisation

Sexualities have been altered by various factors throughout human interaction, furthermore, by how an individual comes into their sexual self. Sexualities goes hand in hand with sexual agency, which is an individual's sexual maturity and how they negotiate their sexual processes. Oloruntoba-Oju (2011, p.3) refers to sexual processes as the, "inauguration to the conclusion of the production of desire procurement of, one's participation in sexual activities which includes initiation, negotiation, reciprocation, rejection, participation and severance or disengagement". This definition of sexual processes personifies the processes of engagement that individuals may encounter when seeking to establish their sexual expressions. However, these processes are influenced and governed by socio-cultural factors that are contextually defined. Gwata (2009) asserts that issues of sexuality should be analysed in the context of socialisation and agents of sexualisation. Sexual socialisation is seen as a lifelong learning

and developing process in which significant groups of people and institutions contribute to an individual's holistic upbringing. Therefore, institutions and society accustom young men with cultural norms and expectations of South African men in society. However these social and cultural norms and expectations are fluid and shaped along the lines of race, culture, political structures and so on.

Adomako Ampofo and Boateng (2011) highlights that masculinities are constructed by diverse structures mediated across socio-economic status, geographic location, generational difference, race and ethnicity (Connell, 1995, 1998; Khunou, 2006, 2007, 2013; Lindsay & Miescher 2003; Morrell 1998; Ratele 2002; Richter and Morrell 2005). Hence, masculinities should be understood, interpreted and analysed at an intrapersonal and interpersonal level. At the centre of sexualities lies sexual and social responsible behaviour of men in society. These issues cut through matters of how traditional and medical circumcision and initiation schools play in the construction of contemporary masculinities and creating sexual and social responsible men in South Africa. Delius and Glaser (2002) highlight that historically, African societies were associated with sexual openness in which sexual socialisation catered for and celebrated the sexual maturity of adolescents through monitored sexual play or practices such as sex between the thighs, older boys and girls who supervised intimate relationship of the younger new couples, and virginity testing. Furthermore, transgressions such as pre-material penetrative sex and pregnancies were punishable.

Authors such as Adomako Ampofo and Boateng (2011), Delius and Glaser (2002), Ratele (2002), and others authors mentioned above examine the fact that such structures allowed youth to explore their sexualities as these matters were addressed openly and were practical. Although these structures or platforms allowed exploration; the criticism of some of the practices were that most of the sexual responsibility lay on the young females to ensure that they remained 'pure' and 'marriageable'. An example of how particular practices did not equally acknowledge male and female sexualities is illustrated by Gqola (2009) and Leclere-Madladla (2001). They stressed that activities and practices such as virginity testing and sex between the thighs focused on the pleasure for men and further reinforced the notion that sex, for particularly young men is a way to legitimise their manhood (Tshemese, 2009). As a result women that were sexually expressive or exercised their sexual freedom were deemed promiscuous. On the other hand, practices that were seen privileging men are also a

repercussion of negative imagery around masculine sexualities through depicting men as promiscuous, violent and disinterested in intimacy.

It can also be argued that these practices have been documented with the emphasis on sex as an act that should be engaged into when in a heterosexual marriage with the purpose of reproduction for women (Buthelezi, 2001). However, for men, sex is oriented around dominance of women and performing a masculine identity to prove heterosexuality. Literature on cultured sexuality rituals and rites such as circumcision, virginity testing and sex between the thighs as seen from the contemporary and historical context, focuses its significance on sex as a physical act. Little emphasises is made on how these rituals and rites yield to discussion on sexualities, pleasure, intimate relationships and the holistic wellbeing of individuals.

Sexual practices, norms, struggles and revolutions are interwoven into the material realities of life; along with the promptly changing political, economic structures and exposure to the mass media. These socio-political and economic structures influence discussions around what the sexualised body means. Further, the mentioned structures are used as a gaze to constitutionalise sexual citizenship which talks to identity politics and sexual politics that often automatically places men at the highest hierarchical stances in society (http://gwsafrica.org; Lewis, Shewarega Hussen and van Vuuren, 2013). To further to understand what sexualised bodies means through the male gaze there is also a need to understand how sexual intercourse has been constructed and shaped in regards to the male sexualised body.

Ratele et al, 2007 expresses that there is a disturbing pattern amongst adolescent males in which this transition from boyhood to manhood was characterised by the notion of craziness, abstinence and having a girlfriend. Therefore, there was a connection between women and sex holding the key to their transitioning to ‘normality’ and becoming men. However the question to this disturbing trail of thought of linking abstinence to mental illness and women being perceived as the means to manhood is; where do these young men learn these things?

In Moele’s (2009) novel *the book of the dead* he adds a beautiful dynamic on what a condom, HIV and sex mean to the masculine identity. He reflects on the male characters that were having extra marital sex, yet feared contracting HIV, yet had to have sex. He places emphasis on the following:

> "The problem is I am a man, I can't stop being what I am…. we can't stop being what we are. Our forefathers enjoyed their women freely, but we can't… we are in danger, but unlike our forefathers, we have our god: god-condom" (p.94).

The significance of Moele's work is that it shows the complexities that are reflected by Ratele's (2008) argument that in spaces of absoluteness in sexual power there are also spaces of absolute powerlessness. Therefore, men and women are constantly negating these spaces to perform their sexualities. Consequently, new meanings of sexuality, pleasure, sex and condoms are created and continuously recreated.

2. 6 Denied paternity and father absence

Male sexuality and what contraception means for men have implications for how fatherhood is experienced in South Africa. This is particularly true for how we understand father absence, questioned paternity in maintenance cases and why fathers deny paternity. In 2009, 52% of African children had absent fathers, 41% amongst Coloured people, 12% amongst Indians and 15% amongst Whites in the same year (SAIRR, 2011). There are various factors to why many fathers are absent in their children's lives, one of these factors are the issue of denied paternity. Denied paternity has simply been defined as the disputed, denied or contested pregnancy by men (Nduna, Kasese-Hara, Ndebele and Pillay, 2011). The issue of denied paternity represent the issue of problematic father figures and irresponsible sexual partnerships. Paternity means that a man has potentially biologically fathered a child. When defining paternity, the emphasis is on the concept of the biological father. A father can simply be defined as the male parent, which locates the physiology to the male specie (Oxford dictionary, 2006). The dictionary definition of 'father' places emphases on the biological attribution of the male to the conceiving of a child meaning the natural father. "The natural father means a male person whose gamete has contributed to the conceiving of a child as a result of a sexual relationship with the mother of the child" (Morrell, Posel & Devey, 2008, p. 74) The men's biological relationship to the child can be proven through a paternity test.

2. 6.1 *History of fatherhood absence in South Africa*

The issue of denied paternity and father absence lies deeply in the roots of fatherhood in South Africa. Ramphela and Richter, 2006 (as cited in Richter & Morrell 2006, p. 78) argued that "the migrant labour system disrupted all aspects of family life". They acknowledge that the migrant labour system profoundly changed the traditional notions and functions of African families. Furthermore, this system impacted on reproduction and normalised multiple sexual partners for both women and men. Kwankye (2009) argues that the historical and continued effects of the migrant labour system can be used to analyse the changes in sexual behaviour in context with reproductive health, including HIV/AIDS. Kwankye continues to argue that the nature of migration is disruptive as it entails family separation, weakened social networks and social isolation. Therefore, individuals' sexual needs from an intimate partner are not met and thus most are likely to have multiple partners. Kwankye's (2009) view is echoed by Ramphele and Richter (2006) as they explain that many men had to relocate to urban areas and abandon their families to find employment; consequently, leaving behind their wives and children.

The separation of these African men from their families, more so their wives, allowed them to engaged in risky sexual behaviours which included impregnating out of wedlock, and also allowed an opportunity to not participate in the child's life as residency was not permanent. Furthermore, for unmarried men, migration and multiple partners were reinforced by the high dependency of women on men for survival in forms of money. Therefore, money and sex went together, as did money and fatherhood. Hunter (2002) argues that gendered material inequalities that reinforce transactional sex place men in the position of power to decide on the livelihood of those who depend on them. Reflecting on the historical times of Kwa-Zulu Natal, he shares that pregnancies were punished by the payment of *ihlawulo* (damages) and a man was also expected to marry any girlfriend who might become pregnant. However, in most cases of multiple partnerships, the sexual relationships are considered casual sexual relationships.

Lemelle (2010) argued that reproductive values resulting in out-of-wedlock pregnancies and high rates of sexually transmitted infections among black males were a major social problem. There has been limited conceptual understanding of particular dominant discourses around

male sexualities, specifically in addressing black male sexual attitudes and behaviours, and often offers of general common sense about premarital sex and teenage pregnancies. Although in South Africa attempts by Hunter (2002, 2005), Mokoena (2008), Richter and Morrell (2006), Xaba (2001) have illustrated that the link between reproductive and sexual behaviour and attitudes of black males is rooted in the country's long history of the migrant labour system and Apartheid. There is still a lack of conceptualisation on how these reproductive values and the socio-historical factors that impact men's sexual behaviour and perception about contraceptives.

2. 7 Theoretical framework

This study used the social constructionism, feminist and ecosystems theories to contextualise this study.

2. 7.1 Social constructionism

The social constructivism framework as offered by Hughes, Kroehler and Zanden (1999) defines gender as socially constructed. This theory encourages us to examine aspects of our social environment in ways that enables us to explore our private experiences and personal difficulties as if entangled with the structural and institutional arrangement (Swartz, De la Ray, Duncan & Townsend, 2008). Social constructionism allowed this research to reflect on how the political and public impact our performativity of public and private engendered lives and vice versa. Therefore, this framework allows the audience to see that their social experiences are part of socio-political machinery that creates unique knowledge that speaks to their subjective truths. The social constructionist perspective is significant in investigating masculinities and femininities in South Africa and how they are experienced, documented and narrated and therefore shape our personal and political identities. Gergen and Gergen (2008) highlighted that the importance of the constructionist position in qualitative research, is that it brings focus to three significant relationships in the research process; the researcher's relationships with the subjects of research, with the audience, and with society. For this reason, this constructionist position allows the researcher to reflect on their own power in the research process but also on the research participant and the power that the research participants posses in the process of knowledge production.

2. *7.2 Ecosystems perspective*

The ecosystems perspective assumes that people's life challenges should not be analysed in isolation of their unique socio-political, historical and socio-economic circumstances (Bronfenbrenner, 1978 as cited in Swartz et al). This implies that the political, socio-cultural, economic and physical environments or circumstances inform the individuals' interaction with others, and social institutions and their perception of the social world. This theory informs this research to exclusively look at how the environment influences issues relating to gender or how individuals' attach meaning to gender; but also to explore how the environment is engendered. Furthermore, it will also help to uphold how the personal politics that govern the body of men regarding their sexual and reproductive health is linked to their political, socio-cultural, economic and physical environment. In this research the ecosystems perspective is used to argue that an individual is impacted by their environment along with the people that are in the respective environment; this is captured through the notion of personhood.

Hook (2004, 2007) argues that personhood is not merely just individuals that share a private set of preferences, a common life and location. Rather personhood is an earned process that seeks an individual to undergo rites of passage in marking their transition from childhood to adulthood and affirmation through interacting with one's community to attain attitudes of generosity, benevolence and respect (Menkiti 1984 as cited in Wright, 1984). In essence personhood minimizes individualism or self-interest in communal living instead it enhances components of individual lives in a community setting to create a harmonious environment for all those in that respective community. Ramphele (2012) expresses that many men have been deprived from experiencing humanness as patriarchy restricts particularly black men from expressing ideals of generosity, benevolence and respect for women because the severity of the expectations that come with conceptions of manhood. Again Ramphele (2002) highlights that personhood is humanity or Ubuntu in the African essence, yet, when looking at the history of South Africa humanity was replaced by brutality, deprivation of the collective black nation which evoked solidarity and resilience.

In relation to men; personhood, humanity and Ubuntu ideals are contradicted by the ideals of patriarchy are instilled into men to successfully fulfil the role of provider and protector. These expectations are met by the harsh realities of mass unemployment, father absence and emotional void in society that deprives men from expressing their vulnerabilities and

reactions to their demoralising realities. Therefore, there is a need to acknowledge that some men are also victims of the brutality of the patriarchy system.

2. 7.3 *Feminist analysis*

Feminist analysis looks at using various research methods, methodologies and epistemologies that look to add the perspective of women in issues that were previously or predominately perceived as male dominated. Feminist analysis as a theoretical framework looks to impact how the concepts of gender and women activities are analysed and influenced by political, cultural, historical, social and economic spheres and not solely private experiences of women (Harding, 1987). Feminist analysis reflects that both women and men can benefit from feminist research and scholarships. For this study, this approach attempted to show how adopting a critical gender lens and gender sensitive approaches reflects how socio-economic, cultural and political spheres influence social practices such as reproduction, sexual and help-seeking for both women and men.

CHAPTER THREE

METHODOLOGY AND RESEARCH DESIGN

Introduction

This chapter will focus on the processes that this research undertook in investigating unmarried men's perceptions on issues of contraceptives and ideas of father absence and denied paternity. It discusses the procedures that were followed in undertaking this study which included the research instrumentation, sampling methods, data collection process and data analysis. This chapter also looks at the ethical consideration and limitations applicable to this research and also provide a reflection on the gender dynamics of women interviewing men.

3. 1 Qualitative Approach

The orientation of this study is predominantly qualitative in nature. Therefore, the experiences of individuals are important in answering the main research statement which looks at unmarried men's perceptions of contraceptives, family planning and their ideas on father absence and denied paternity. Denzin and Lincoln (1994) highlight that qualitative research means that the emphases of the research are on the processes and meanings that derive from the lived experiences of individuals. The qualitative approach in this research is seen as important in capturing unmarried men's perceptions of contraceptives and ideas of father absence and denied paternity. This approach allowed the participants to express, define and narrate their lived experiences and share their perceptions about issues relating to masculinity, denied or contested fatherhood and sexual reproductive health. Qualitative methods are preferred because they focus on the experiences and voices of the research participants as well as incorporate other important factors that define the everyday life practices of women and men (Gana Shettima 1998 in Adomako Ampofo, Beoku-Betts, Ngaruiya Njambi and Osirim, 2004).

De Vos, Delport, Fouche and Strydom (2011) highlights that a qualitative approach to research is used to describe and understand a complex phenomenon from the participant's perspective. Thus a qualitative approach enables the researcher to understand how men interact with their multiple identities as lovers, prospective fathers and sexual partners. Furthermore, the qualitative approach allows the researcher to gain an understanding of the life of the research participants in order to document multiple truths and realities that exist in society. The qualitative research approach embodies inductive methods that enable a bottom-top approach to research, which allows the research participants' knowledge and lived experiences to guide the contents of the research (Babbie & Mouton 2001).

Langa (2010) highlighted that qualitative methods allowed the researcher to explore how adolescent boys negotiated both hegemonic and alternative non-hegemonic versions of masculinity. This approach was significant in understanding how some of the contextual factors appeared to facilitate or hinder engagement with alternative forms of masculinity. Therefore qualitative methods allows the researcher to understand a complex phenomenon such as masculinities in townships.

3. 2 **Sampling**

This research used snowball sampling to recruit participants for the study. Snowball sampling is a non-probability sampling method used to compliment the non-representative and non-generalist nature of the qualitative approach. According de Vos et al., (2005) snowballing is a non-probability sampling technique that involves approaching a single case that the research targets to obtain data on other similar cases. Then, other cases or participants are referred to the researcher to make up the sample of the study. Snowball methods leads to a dynamic moment where unique social knowledge of interactional quality can be uncovered and generated.

In qualitative research studies, snowballing sampling is seen as practical when the researcher wants to identify a specific population that is perceived as unique or hard to reach to investigate a deeper understanding of these participants. The researcher approached three unmarried men who had denied paternity or contested a pregnancy that resided in Soweto and were known to the researcher. The most interesting dynamic that the research identified during this process is that snowballing is like chaining narratives together and therefore the stories complete, contradict, and continue each other. Thus, snowballing samplings is about

gathering different narratives that have common features and allowing them to link and complement each other and then contradict and change each other.

3. 2. 1 Participant profile

There were 14 participants in this research and due to the snowballing dynamics of the research the process finished off having two locations, being Soweto and Kagiso. 7 participants were from Soweto and the other 7 participants were from Kagiso. The ages of the participants were between 24 and 32. 5 participants were employed, 6 were unemployed and 3 identified themselves as self-employed. In exploring issues of circumcision, 4 were traditionally circumcised, 6 were medically circumcised and 4 were not circumcised citing religious and cultural reasons. One of the dynamics that were linked to the circumcisions was the issue of relationships and intimacy; 7 of the participants were in a partnership or serious relationship with the exception of one participant who explained that he was in a partnership and having casual relationships. The other 4 were single and 3 engaged in casual relationships. Within the dynamics of relationships, 9 of the participants were fathers, interestingly, the dynamic of fatherhood was that there were possibilities that some of the men had fathered more children than that they had identified in the beginning stages of the interviews. One of the participants however did not actually know his status of fatherhood, as he was in the process of seeking legal assistance to get a paternity test conducted on his alleged child, whilst 4 men did not have children at all.

3. .2. 2 **Research site**

Soweto

[1]Soweto which is the abbreviation for South Western Townships is an urban area of the city of Johannesburg in Gauteng, South Africa. The development of Soweto has been characterised by the mass eviction of Africans by city and state authorities to independent homelands that were laid out in accordance to particular ethnic groups. These independent

[1] History of Soweto is extracted from Pirie, G.H. (1984). Letters, words, worlds: the naming of Soweto. African Studies, 43 43–51, accessed through Wikipedia.

homelands were established during the 1880's in the era of mass employment in gold mines. This economic pull factor to urban areas for Africans, more particularly for men, created the migrant labour movement. The socio-political situation in South Africa during the apartheid era impacted on sexual reproductive health practices in many households, alongside with the gender dynamics and other socio economic priorities such as education, healthcare and others. Soweto now stands with a population of 4 434 827 million, unemployment is soaring at 25%, of which many young people are being the most impacted by unequal worth distribution. 31.50% of Soweto's youth was recorded as unemployed according to the 2011 census (www.municipalities.co.za). The unemployment rate in Soweto can be linked to the relatively low levels of education with 2.90 % of the population who are without a formal education or no education. Whilst 35.70% have attained a basic education and only 19.20% attained higher education (www.municipalities.co.za). In acknowledging that the legacy of the migrant labour system has produced new meanings for family structures, statistics from 2011 revealed that Soweto has 1 434 856 million households, with an average household size of 2.80% and 36.20% of households are female headed household. The issue of female headed household can be linked issues of accessibility to sexual reproductive healthcare; Soweto has approximately 15 public healthcare facilities that cater for the population of 4 million.

Soweto's historical, socio-political and cultural resilience has enabled contemporary scholars to unlock the legacy of apartheid in different structures with particular reference to issues of illiteracy, language and ethnic barriers, service delivery problems and so on. In this research the importance of context is captured in the diverse imagery and formulation of being a man. However, these formations do not stand alone they contest each other and are 'fighting' to be validated as a form of manhood or masculine identity.

Kagiso

Kagiso[2] Township is located between Randfontein and Johannesburg along the historic Main Reef Road, that links the East and West rand sections of the Gold Reef. It is situated in the South of Krugersdorp. The mass movement of the African or black population to Kagiso was ignited by the closure of some gold mines which encouraged other industries to relocate to the newly created industrial area known as Chamdor, in Krugersdorp. This further led to the

[2] History of Kagiso is extracted from Khumalo, V. Kagiso Historical research report. www.mogalecity.gov.za.

decentralisation of factories and industries in areas that were considered white urban centres. Kagiso is a disadvantaged settlement with limited access to services and facilities. This township has a population of 362 422 with a population growth of 2.04% per year. The Krugersdorp area has a rich history which has been documented dating back to World War I. This has made the municipality a popular tourist destination, however unemployment remains a problem especially amongst young people, with 32.30% unemployed youth (www.municipalities.co.za). The link between unemployment and education are affirmed by statistics that reflect that 4.70% of Kagiso's population has no education and only 32.60% have completed their basic education level or matric with 14.10% obtaining higher education. This means that most of the youth in Kagiso and Soweto alike, do not have the necessary skills to compete in the labour market, more so the youth that do not have the basic educational level of qualification.

The justification of the high rates of unemployment and education can be drawn from the fact that Kagiso is physically separated from the more urban developed Krugersdorp (www.municipalities.co.za). Kagiso, much like Soweto, was engineered to the control movements, deny the educational and health needs of black people along with their psychological makings of blackness and inferiority that was cemented by the lack of resources. We see again that context and history speak to how these men's psyche are shaped along with their socio-economic contexts to survive. Swartz (2009) highlights that crime, sex, money and substance use are highly normalised in the narratives of youth in Township contexts, particularly in post-Apartheid South Africa. These narratives reflect the complex discourse of equality, freedom and democracy in post-Apartheid South Africa. For young men, the issues highlighted by Swartz (2009) influence how they construct particular notions of masculinity which are seen as essential for their survival, acceptance and a sense of belonging in a township context.

In embarking on this research, the entry point to the participants was to approach men that I had known to have denied paternity or contested a pregnancy. I knew these prospective participants' stories from their family member or friends. In the beginning of the research project three prospective participants were approached for possible participation, of the three only two agreed to participate. The two participants were given information sheets (see Appendix A) after which one of the participants withdrew from the study for what he referred to as personal reasons. However, he was instrumental in the recruiting of other participants;

therefore he was not entirely excluded from the study. At the proposal stage of this research the proposed sample size had been 20 men, a number which seemed achievable. However, the sample size was cut down to 14; the contributing factor to this decision was the time limit.

3. 3 **Data Collection**

This research used semi structured interviews to capture the multiple voices and narratives of unmarried men‘s perceptions of contraceptives and ideas of father absence and denied paternity. Semi structured interviews are perceived as a strategy that enables the researcher to engage in an in depth interview or a purposeful conversation with the research participants. Semi structured interviews are one of the qualitative design of data collection which proceeds as a confidential and secure conversation between an interviewer and the participant (de Vos et al., 2011; Padgett, 2008).

Swartz (2009) argues that qualitative methods such as interviews provide the opportunity for the researcher to have a conversation with unmarried men about issues of fatherhood, sexualities and health matters. Thus, for this study semi structured interviews were effective in producing new knowledge about the social world and how men construct meaning through human interactions between women and men, and other men. Semi structured interviews are characterised by topic guides containing major questions that are used in the same way in every interview, although the sequence of the questions might vary as well as the level of probing for information by the interviewer (Fielding, 2001).

Semi-structured interviews are suitable when the researcher already has some grasp of what is happening within the sample in relation to the research topic. Furthermore, semi structured interviews legitimise the personal accounts of these unmarried men that are captured through subjective interpretation of their experiences (Chauke, 2012; Lewis & Ritchie, 2003). Semi structured interviews are deemed as flexible and interactive in gaining the insider perspective of the participants.

Interviews that are in-depth orientated like semi-structure interviews are crucial if the researcher intends to gain insight into an individual’s subjective experiences. This data collection method was appropriate for this study because it allowed for an in-depth examination of the perception of unmarried men on contraceptives and ideas of father

absence and denied paternity. During field work semi structured interviews enabled me to explore other areas of reproductive health of men, which allowed me to look into circumcision as a rite of passage to manhood and a safety measure to sexual health. This method of data collection enabled the research participants and the researcher to engage in conversations that would reveal details that were appropriate and relevant for the study. The interviews took place in environments that were open, safe and convenient for the researcher and the participants.

3. 4 **Research instrumentation**

The instrument that was used to obtain data in this research was an interview schedule. An interview schedule is a data collection technique in which the researcher uses the same set of questions to interview participants with the aim to answer the research questions (O'Leary & Miller, 2003). Interview schedule are essential in capturing in depth perspective of participants through using open ended questions to guide the interview process. The interview schedule (see Appendix D) in qualitative research is characterised by using open ended questions to allow levels of probing for information by the researcher (O'Leary & Miller 2003, Lewis & Ritchie 2003). Therefore, in this research, using an interview schedule was vital in capturing in depth and subjective perspectives and the voices of unmarried men on contraceptives and ideas of father absence and denied paternity.

All the interviews were conducted in the participants' preferred language as they spoke languages that the researcher understood. Therefore, there was no translator needed for this study. The interviews were conducted in Xitsonga, IsiZulu, Tsotsitaal[3] and Setswana; all the interviews were audio-recorded with the participants' informed consent (See Appendix B and

[3] Tsotsitaal is commonly referred to as township slang mainly spoken in the townships in Gauteng and associated with tsotsi or thug lifestyle. Upon defining what the meaning of tsotsitaal I learnt that Tsotsitaal originally was a male-only language and only female that was identified as prostitutes and a girlfriend of a gangster were permitted to use this form of communication (Slabbert and Finlayson, 2000). However, in the Sophiatown era in the mid 1950's the slang was adopted by women as tsotsitaal became a cultural lifestyle symbol that was only acquired by men and women that were perceived as independent and self-affirmed (Hurst, 2009). This indicated that notions of gender, culture and use of language have changed given the hybridity of the South African context which is continuously shaped by the social, economic, political and cultural conditions in the country and the world.

C). Although the use of a common language did not mean that I shared the same power dynamics with my participants made the interview process seem like there was connectedness and commonality within our social location (Brubaker & Cooper, 2000). Gender relations go hand in hand with cultural symbols such as language, dress code and body communication among others. Therefore, the research instrument is only one part of obtaining the information that the researcher needs from the participants but the awareness of the context and culture dynamics helps the researcher to negotiate the external complexities to obtain relevant information.

3. *4. 1 Piloting and Pre-test participant*

Piloting or pretesting is essential in ensuring that the research instrument meets the aims and objectives of the study. Chenail (2011) stressed that piloting is a procedure for testing the quality of the interview schedule. Furthermore, piloting is a process that also allows the researcher to identify biases and thus, piloting is about trying out the research instrument to verify the appropriateness of the instrument. During the piloting stage of this study, two participants were interviewed. Both men had dependents and were based in Soweto; the first pre-test participant was 25 years old and was self-employed. The second pre-test participant was 26 years old and was unemployed. In this piloting phase of the research it was established that the questions that were asked to the participants were short. Furthermore, the rest of the interviews in this particular stage relied mostly on asking questions around their previous relationships to establish the link between sexual behaviour and father absence. However, it was also through the extensive interviews with the participants that allowed me to engage with the disconnection between manhood and sexual reproductive issues. It was then that I began to understand that intimacy, sex and relationship for some of the research participants were concepts that were not tied to their holistic selves. This meant that manhood represented conflicting ideals for the participants; on the one hand there was the notion of engaging in risky behaviour such as having multiple partners and having unprotected sex.

On the other hand, being a man was symbolised by being an honourable man that took responsibility for his action, which ranged from reporting pregnancies to elders, being a breadwinner, being a father and having protected sex to avoid contracting or spreading HIV/Aids. The pre-test phase enabled me to identify the shortcomings of the research instrument that I was using. Presser, et al. (2004) highlight that pre testing the research

instrument is essential because I was able to recognise problems and gaps with the question. Not only did the pre-test allow me to uncover problems within the interview schedule but it also redirected the research to look at the significance of male circumcision in men's reproductive health.

3. 5 **Data Analysis and dependability and reliability**

This research used thematic content analysis to understand and make sense of the perspectives of the participants on contraceptives, family planning and their ideas on father absence and denied paternity. Thematic content analysis involves dealing with the extraction of relevant information from verbal material collected from research participants that objectively reflect the topic of the study (Smith, 2000). This method of analysis was appropriate for this study as it allowed the researcher to capture the meanings, experiences and events that shaped the participant's perception of the social world in relation to their sexuality, reproductive health and other aspects that complete their masculine identities. This method embodies the subjective meaning of the participants' lives. The process that are followed when using thematic content analysis as a data analysis strategy involves data management, description, interpretation and evaluation (Smith 2000; Sobantu, 2011). Thematic content analysis is essential in transforming raw data into narratives that reflect constructions of individuals' social world. Thus, thematic content analysis requires thick-descriptive analysis of perceptions of each man's opinions and ideas on contraceptives, family planning and its implication for their masculine identity along with their ideas around father absence and denied paternity. To capture human complexities from interviews is a continuous process that requires the researcher to engage in repetition in data management, description, interpretation and evaluation of findings. In using thematic content analysis, a thematic framework was used to classify and categorise the finding of this study to develop key themes and concepts (Spencer, Ritchie, & O'Conner, 2003 as cited Ritchie and Lewis, 2003).

O' Leary & Miller (2004) and Babbie and Mouton (2001) highlight that dependability in qualitative research looks at how the study systematically followed the methodological processes. In this research dependability was ensured through documenting the verbal interactions between me and the research participants through transcribing the interviews and presenting them in a logical and consistent manner and presenting it as quotations.

Reliability is reflected through acknowledging that the participants' narratives are subjective to their lived experiences and thus, this study cannot assure objectivity in the findings. Further, reflectivity is used to recognise the influence, biasness and the power dynamics that existed between the participants and me. Alongside with the dynamics that exist in the knowledge production and the unequal ratio of power dynamics in the knowledge production process possessed by the participants compared to the power I possessed, hence, the study is reliable.

3. 6 **Ethical consideration**

This study has covered four ethical considerations namely; non- maleficence, confidentiality, informed consent and anonymity.

Non- maleficence

According to Babbie and Mouton (2001) a huge part of research is to ensure that the research process does not have any negative implication to the research participants' wellbeing. The main principle of research is called non-maleficence, in which the researcher must ensure that the research or the research method must not cause the participant to suffer negatively socially, legally, psychologically or physically. However, during fieldwork experiences I realised that ethics regarding non-maleficence do not cover or apply to the psychological and emotional damage that the researchers can suffer. One can never anticipate how a research topic such as denied paternity can affect or has affected the participant. However, the same topic and the responses from the research participants also affect the researcher and there are no immediate psychosocial services for the researchers at the university and therefore this can cause the researcher to experience emotional burnout or vicarious trauma. This will be explored later on in the report as part of the recommendations for the ethics committee at the university and also as part of reflexivity.

Confidentiality

This researcher ensured that there was no harm done to the participants, by ensuring confidentiality through stating in the information sheet that all the information shared in the interviews is for research purposes only. According Babbie and Mouton (2001)

confidentiality means the researcher can identify a given person's response but promises not to do so publicly. This principle of confidentiality is also there to protect the participant's right to privacy, as according to section 14 of the constitution everyone has the right to privacy. All the participants were assured verbally that the information disclosed during the interviews was confidential, and it was also indicated in the information sheet. During this research study, confidentiality had to be assured to both the researcher and participants.

Informed consent

All participants were given an information sheet that informed them that participation in this study was voluntary. However, in this study the meaning of voluntary participation took on a new light. As mentioned before, finances determined the pace through providing transportation fees for the participants and in cases where the interviews were conducted in a mall, I had to also provide food for the participants as the only place that the interviews could be done in private was in restaurants. All the participants were also informed that withdrawal from the study would not result in any negative consequences. This ethical consideration is referred to as non-coercion. Babbie (2008) highlights that voluntary participation gives the participant the right to self- determination on whether they would like to part-take or withdraw from the study.

Anonymity

All the participants' names are pseudonyms for the purpose of protecting their identities. Anonymity refers to the change or replacement of the participants' real names and using fictitious names (Babbie & Mouton, 2001). However, in this study to give the research participants' power over their identity all the participants' chose their own pseudonyms.

Reflexivity

Reflexivity is one of the most important parts of the research process as it looks at the researcher's identity, values, biases, knowledge and social environment. Burman & Parker and (1993) defined reflectivity as the researcher's process of shifting the focus away from

political accountably to personal confusions and emotional investment in their research, and thus essential to the research processes.

I longed to understand why men in Soweto sexually and socially expressed themselves in ways that are negative, such as not paying child support maintenance, denying or contesting pregnancies, having unprotected sex, not going for a prostate specific antigen test (PSA) or eating healthier. To me, it seemed that ideal notions of masculinity and men were transforming around the globe except in Soweto. Therefore, I had to find out why these men were not transforming into the new men that are characterised by men who take care of their children, look after their health, and take sexual responsibility. These were some of the reasons why this research was important to me. I went through the insider-outsider complex which Black feminist Patricia Hill Collins (2002) defined as "learning from the outsider within". Through my journey I realised my privilege and power as the researcher. My level of education allowed me to transgress spaces that are gendered. Issues of sex, sexualities and men's behaviour are seen as taboo in many African cultures, mine being no exception. However, my education gave me confidence to break boundaries in a community where women and men have their respective places. When considering that most of my participants had grade 11 school qualifications, the power that comes with knowledge production in relation to the subject matter of the research does not favour the participants. However, the confidence as and educated female was short-lived after I realised that my gender would hinder finding participants for the study. So I had to rethink my approach to find participants, which meant looking at my social environment and navigating my identities as an educated female to gain access. I realised that I shared several identity markers with my participants; which included race, space and language. The use of language, tsotsitaal and my ability to speak six different official languages broke barriers in this research. Tsotsitaal in particular bears dynamics of class, race and gender (see footnote 3) and my use of this unique language reflected on my power and powerlessness in this research.

Hunter's (2005, p. 20) stated that "'bodily reflexivity' neatly captures how the body sits within, and not outside of, the social world". His argument on bodily reflexivity derives from Connell's argument on 'body-reflexive practice' which argues that our bodies are both the 'objects and agents of practice'. Therefore, these practices construct, maintain, contradict and sustain the structures within which our bodies are named, appropriated and redefined. In this research, bodily reflexivity or body-reflexive practice will be defined as how my body and

my immediate gender difference, academic difference and occasionally geographical difference allowed the male research participants to engage in small purposive conversations with me about their sexual relations with women in their past and present, and how their sexualised bodies cannot be divorced from issues of intimacy in failed and successful health relationships and emotions. This is attributed to how their environments shape their relation to and meaning making with regards to sex, manhood, family, relationships, and intimacy. Most of the men that shared their sexual relations narratives looked at this type of relationship as a sexual experience that does not define them as a person but as a 'manly experience'. In the same light they expressed that lust and sex were vital things in a serious relationship to make them a 'whole' person and a man.

When most of these men were discussing issues of relationships words such as love, future, anxiety, lust, hurt, pain, desires were part of their narratives perhaps to be gender sensitive toward the researcher; but most importantly such words illustrated that these men could express a vulnerable side of themselves without having the need to prove their manhood or masculinity. These were especially true for these men as township masculinities has no place for weak emotional and soft heterosexual men. In revealing their desires, hurts and vulnerabilities these participants were at the risk of being 'less of man' particularly because they were opening up to a female. And when a man is from the township the assumption is to be a 'real' man at all times. However, I would like to believe that my presence as a woman allowed the male research participants to be human and not only a man. The interaction between me and the research participants raised a variety of power dynamics such as gender and class, where my position as a researcher was flirting between powerful and powerless. However, through allowing participants to share holistically about themselves in relation to the research project, the power dynamics melted because the focus was creating and sharing a platform these men could tell their side of the story without the worry of being judged but rather allowing the process of their storytelling to reflect on their actions and behaviour, that is to me, the raising of consciousness.

Given that the research project looked at the definition of sexual reproductive rights and thus led to probing on male circumcision I had anticipated resistance from the research participants. This was because cultural perspective suggests that initiations schools and male circumcision is not an issue to be discussed with women. However, my longing to investigate male sexuality, initiation schools and men's sexual reproductive health was because of a lack

of explanation for why men are not orientated about issues of fatherhood in the beginning of adolescence. My assumption was that this is when young men are most likely to encounter their first sexual experience, most likely unprotected which implies the possibility of fathering a child. So I took a stance where I probed my participants on initiation schools to understand why this historical rich and celebrated practice deprived young men from experiencing the privilege and responsibility of manhood, which should be including issues of sexuality, culture, traditions, respect, masculine identity and fatherhood. So I asked myself, if initiations schools have not been reduced to circumcision. If initiates are being taught about sex, penis hygiene, respect and being a noble man why is this separate from potential fathering as a result from sex? These questions were answered through understanding issues of how father absence, feminised notions of sexual reproduction and cultural dynamics play a part in shaping masculine identities and sexualities, which at times was linked to how circumcision play a role in processes of manhood.

Gender power relations exist when there are power relations involved that can benefit one and exclude the other. In this the research, my gender and language played a role in evoking consciousness raising and as an instrument to challenge men about their reproductive health rights and responsibilities. Furthermore, they also created blurred spaces the dynamics of power and powerlessness interchanged between myself and the participants.

CHAPTER FOUR

FINDINGS AND DISCUSSIONS

MASCULINITIES AND MEANINGS OF CONTRACEPTION

Introduction

This chapter analyses how race, ideals of masculinity and social context impact conception and responsibility over one's sexuality. Furthermore, it scrutinizes how both gender and race can be barriers for men either being able to access or not access healthcare services and how these barriers further shape meanings of contraception and responsibility. The implications of these perceptions are embedded in socio-cultural structure that create socio-psychological and economic effects for both women and men.

4 .1 SEXUAL REPRODUCTIVE HEALTH SERVICE FOR MEN: SOME EXPERIENCES.

Earlier in the literature, it is discussed that sexuality and gender intersect with other identities, whether it be race, ethnicity, sexual orientation and others (Jackson and Scott 2006; Connell & Messerschmidt, 2005; Lemon, 1991 as cited in Van der Watt, 2009). However, one does not look at how our identities and their intersections are shaped by our environment which in turn gives unique knowledge which help shape our sexual reproductive behaviour. In this section of the report, the discussion is around how most of the men acknowledge the need for sexual reproductive health services that cater for their needs. However the reality of the perceptions held by these men and their communities around who can and who cannot openly acquire sexual reproductive health services is fundamental in understanding their attitudes towards contraceptives and sexual reproduction.

Miles who was a 28 year old unemployed sound engineering graduate at the time of the interview, believed that family planning was not for black people. He reflects on the complexities that young black men may be facing in accessing reproductive health services as he voiced how being a black man in a township context impacts sexual reproductive health behaviour and decisions. He said:

> ***Miles**: "(laughs) family planning is not for bo darkie[4] nooo that's how it is, what family planning?"* (Interview, 28 September, 2013).

Miles' perspective reinforces how one's social context influences one's beliefs and practices and therefore, attending family planning as a man from Soweto or Kagiso may be seen as racially or culturally taboo. One may argue that this notion of taboo within public discourse of what is and who has the right to reproductive health is racially constructed. Davis, 1982 (as in cited Lewis & Mills, 2003) highlighted that during the segregated era in the United States of America the movement towards women's rights to access reproductive healthcare did not extend to poor or working class black women. Consequently, some dangerous assumptions by many scholars during the 1970's such as that black people had suspicious attitudes towards birth control in general remain very strong in contemporary society. Therefore, current interventions to address sexual reproductive health rights and responsibilities in black communities are approached from an angle of scepticism. Consequently, most black communities, particularly men are excluded from essential human health services.

However, it should be recognised that these assumptions were based on the lines of privilege and responsibility. This implies that proper reproductive health was seen as a privilege for white people yet black people had a duty, even a responsibility to ensure that they 'controlled' their sexuality because reproductive healthcare for this racial group was neither a right nor a privilege. In connecting Miles' point to Davis' (1982) argument, services and spaces in the South African context are highly racialised and also feminised given the history of slavery, colonialism and apartheid. Men are excluded from experiencing and experiences of reproduction because policies and society narrow male sexualities to the functionality of his penis and sperms. For example, Donald, 28 years old, employed and had one son at the

[4] 'Bo Darkies' means Black people in tsotsitaal or township lingo.

time of the interview echoes Miles' sentiments that family planning is not for black people. Though he focused particularly on how men do not bear the responsibility of falling pregnant, he stated:

> ***Donald**: "Generally family planning is not for men… I mean really as a single guy from ekasi right now it's not for me"* (interview, 11 August 2013).

Another reason that affirms the argument that family planning needs to be extended to men is illustrated in Oupa's perspective that men do not have the responsibility to prevent pregnancies because they do not fall pregnant, Oupa who was a 31 year old father of two and employed at the time of the interview; said the following:

> ***Oupa:** "It's women's responsibility, I am a guy no one can see that I am pregnant. I can go on with life… because I am not a girl"* (Interview, 14 July 2013).

This speaks to how responsibility in issues of reproductive health is based on the public discourse of what it means to men or women. This reinforces Hoch (1979) and Reynaud's (1983) argument that one's biology is the main gender identifier in human identity. Therefore, the essentialist function of identity serves the purpose to categorise and give meaning even if gender and identity are fluid and consist of multiple concepts (Burbaker & Copper, 2000). Oupa does not see his responsibility in preventing pregnancies or contraception because his biology does not give him that responsibility. Therefore, responsibility can be seen as a gendered concept in this research. Another aspect to responsibility in contraception and denying paternity is the notion of responsibility within casual and stable relationships.

Turney (2011) in an Australian study, revealed that cohabiting or casual relationships were not intended for reproduction whether accidental or planned but were rather for sexual pleasure and intimacy. Therefore should pregnancy result from such a relationship the shame, rejection and fault is found with the women as it was seen as her responsibility to prevent pregnancies from occurring. Therefore, this led to non-disclosure of paternal identity.

Therefore, family planning for some men can be seen as challenging the hegemonic notions of masculinities where conceptions of responsibility are aligned with gendered roles. Furthermore, the feminisation of particular spaces like clinics has alienated men from their embodied experiences of sexual reproductive health, and thus, some men cannot value family planning services for themselves. The dividing lines between who family planning is intended for speaks to issues of not only race and gender but also to issues of power and powerlessness over resources that are deemed as human rights services. The categories of 'bo darkie', 'not for men' and 'single guy' shows that the space that we occupy for meanings, at times strips individuals of holistic humanness and human experience to labels and groups that limit our rights to basic humanness.

4 .1 .2 Family planning for men: some positive possibilities

Most of the men that expressed the need for family planning talk along the lines of the need for the empowerment of men to know their options in terms of how to protect themselves not only from HIV/Aids. This expressed need by men has to foster a space where men can share their intimate needs in a safe environment and will not be shamed or looked at as less of a man. Shadrick, was a self-employed 24 year old, who at the time of the interview was in the process of getting a court order to get a paternity test after he was refused paternal responsibility by his ex-partner's family. He speaks about family planning as a way of getting men to know their rights as fathers and how this platform could be helpful to fathers that are not informed about what to do when they are not ready for a family or anxious about fatherhood. Shadrick's narrative talks to how unanticipated fatherhood can lead to vulnerability for men. Such vulnerabilities are usually experienced in the form of denied paternal rights and responsibilities. Shadrick shared:

> ***Shadrick****: Yea, this thing* (family planning for men) *can be very important to us amajita because you find girls who have an abortion without your knowledge and come back to tell you that you were the father, those things are painful, or they change their minds about you being the father of the child and then change their minds again, those things are wrong…. So this thing* (family planning for men) *can help with getting the proper help that*

we need because I learnt is that we have rights as amajita, so I think in can help with that and also with the stress you see Ja (Interview, 08 June 2013).

Shadrick's pleas and need for family planning takes on the issue of how men are disempowered about their rights as unmarried fathers. Studies conducted by Khunou (2006) and Chauke (2012) show that the rights of fathers in South African context are overlooked by the legal system. Although this kind of matter is not within the scope of reproductive health services it reflects that there is a lack of psycho-social services that cater to the needs of men as he also indicated that matters of unplanned fatherhood are stressful to men along with correct information to make informed decisions. When asked what they thought of family planning for men, Oupa, who was a father of two and claimed that he cannot have a paternity test conducted on his alleged third child because of financial constraints, echoed sentiments felt by Shadrick and he explained that,

***Oupa**: "Yes, you see because these things of children also stress us so yea"* (Interview, 14 July 2013).

KB and Moses shared similar sentiments, KB was an unemployed father of one, who believed that fatherhood goes beyond biological ties and that finances are essential to being a good father. He shared:

***KB**: For me, it is very important that there is family planning for men neh, because my woman wants to have unprotected sex with me but I don't because there is a baby at the moment, which means if she fall pregnant again it is going to be stressful for me because I don't have a job at the moment so I need the confidence to say to her lets have protected sex until we are stable at home* (Interview, 05 October, 2013).

Moses was a 26 year old employed Rastafarian father of a daughter he claims he had not met; he shared the following:

***Moses**: I think so, because boys lie to one another out there and false education. We tell each other incorrect information. Hence you find other*

boys running from their kids. But if there was family planning for men, so you could get knowledge you could rely on from other guys… because you get dodgy advice and stuff (Interview, 28 September 2013).

These quotes reinforce the need to advocate for gender equalised services that impact the sexual reproductive needs of men and women in order to reduce among other the HIV/Aids infection rates. Gender advocacy in sexual reproductive healthcare services in the context of this study seek to allow men to take control of their sexualities and negotiate their powerlessness within the spaces that limit their power. To transform men's attitudes towards sexual reproductive healthcare, there needs to be an acknowledgement that men are vulnerable to disempowerment and powerlessness. Thus, men also need to be empowered in order for them to construct new healthy meanings about their bodies and sexualities.

Farayi, a 26 year old BA graduate, believed that abortion was a sinful act that was mostly committed by selfish career driven women. He holds that men are stigmatised when their actions are seen as transgressing against hegemonic masculine behaviours or beliefs. He narrates:

***Farayi**: For men, you see for us bo'Darkie it is a stigma that we have amongst people in society that if you go to family planning, like when you take you girlfriend or whoever your partner, that you are being too westernised* (Interview, 11August 2013)

Farayi's perspective not only addresses issues of sexual reproductive services being an intersection between race and gender but cultural or ethnic boundaries whereby specific action or behaviours are seen as 'unAfrican' or Westernised. This speaks to issues of self-identity and the power to label or categorise our actions and behaviours as African and Western?

Constructivists have stipulated that identity is fluid and multiple, however, fluidity and multiplicity cannot be divorced from the biological analysis that assists individuals to analyse their own identity and that of others. However as stated by Brubaker and Copper (2000) essentialist analysis also play a part in excluding and discriminating against

individuals. Consequently, essentialist analysis forces individuals to assume particular identities in different contexts. Therefore, what can be seen as being a responsible action such as attending family planning in one context can be interpreted as spoiling the black masculine township identity, particularly hegemonic masculinities, in township context. Hence there is a stigmatisation and shaming of men that 'invade' these Western, non-township, feminised spaces. So, there is a need to breakthrough these spaces that are occupied by sexist, racist, ethnic-biased ideals of what sexual reproductive healthcare service mean for both women and men. There is therefore, a need to educate, empower, and advocate on issues regarding sexual reproductive healthcare services and their inadequacies, along with their implications for men, women and children.

4 .2 Contraception: it is easy to see one's responsibility

Denied paternity as defined by Nduna and Maseko (2008) speaks to issues of responsibility at two levels in this research which include whose responsibility is it to prevent unwanted pregnancies and whose responsibility is it to bear the consequence of the pregnancies? These questions are shaped by how meanings of contraception are constructed for this study, and particularly important, how the participants conceptualised and responded to the questions in this research. For example; Swartz and Bhana (2009) revealed that denied paternity amongst young men was seemingly motivated by their inability to afford damage payment along with cultural expectations of presenting or approaching the girlfriend's family with the information about the pregnancy, which might involve discussions of *isisu* or *inhlawulo* (Langa, 2012).

These cultural expectations are also linked to issues of responsibility and cannot be divorced from assumed responsibility from the matters of pregnancies. When the participants were asked whose responsibility it was to prevent unwanted pregnancies, some of the participants believed that it was both the responsibility of the men and the women.

The following indicates some of the responses; starting with Archie, who was 24 years old, unemployed and had a daughter. He answered by stating the following:

> ***Archie**: "It is both of our responsibilities"* (Interview, 14 July 2013).

Donald, Shadrick and KB shared the same sentiments as Archie. Donald highlights that both women and men should bear the responsibility in preventing pregnancies to avoid one person taking accountability in a case of unintended pregnancy. He states the following:

> ***Donald**: "We both have to carry condoms you know because we both have to tirhisa* (use) *them so no one blames to other when things go wrong"* (Interview, 11August 2013).

> ***Shadrick**: "Both partners have the responsibility to ensure that if they don't want a child then the girl does not fall pregnant"* (Interview, 08 June 2013).

> ***KB**: "Hey, it is everyone's responsibility because I do get tired of using plastic, that is why I continuously said she must get on the pill or the injection because it gets tiring for me to use that thing"* (Interview, 05 October, 2013).

These narratives show a side in which these men do acknowledge their responsibility in preventing pregnancies. This also speaks to the importance of why family planning should extend to the needs of men so that positive attitudes are reinforced and encouraged in making men as partners in the fight against HIV/Aids and gender equality.

4. 3 Cultural expectations as an institution that appoints responsibility

As mentioned previously, denied and contested paternity in this research happened in the context of casual or multiple partner relationships. However, the other prominent side to these denied or contested pregnancies could be understood in the context of denied personhood, this concept will be discussed in greater detail in the next chapter.

One of the factors that lead to this form of denied paternity is cultural expectation where ideally, the maternal side reports the pregnancy to the suspected father of the child.
At times these formalities do not happen due to the fear of disclosure from the girl with regards to the nature of the relationship with the suspected father of the baby. An example of how denied personhood may lead to denying of paternity would be found in the narrative of

Shadrick who was unable to definitely identify himself as a father. However, he wanted to acknowledge that he was part of the pregnancy. He said:

> ***Researcher****: "Do you have any dependents?*
> ***Shadrick****: No (laughs) well, I don't know just say No"* (Interview, 08 June 2013).

When asked about his reaction when he had the confirmation that the then stable partner was pregnant, he explains that the relationship became strained due to that pregnancy. He said:

> ***Researcher:*** *So what happened to the pregnancy because in the beginning of the interview you said you had no dependence, so what happened to that child?*

> ***Shadrick:*** *Basically I am not allowed to see the child, because the mom now says I am not the dad… After birth, I wanted to see the child, because she was in the Eastern Cape and I was here. So she kept saying to me like No, her family does not want to get to know me; and they like never came to report the pregnancy to my family. So she said like I should give her time and let the baby grow. Then I refused that, then I went to her sister, so the sister wanted to organise a meeting and talk about the child you know, that's when she told her sister that I am not the father, that's how I got the news (*Interview, 08 June 2013).

Shadrick's narrative speaks to how social and cultural expectations are used to allocate responsibilities. In Shadrick's situation cultural 'protocol' was not followed in reporting the pregnancy, which could have been the reason why the ex-partner's family refused him the right to acknowledgement. Preston and Zondi (1992) highlighted that in cases where reparation is not paid for impregnating a girl out of wedlock the maternal side is most likely to express feelings of resentment and anger towards the 'father' or paternal side. Reparation is acknowledged in the form of *inhluwulo* or the performance of *umgezo* which is a ritual of cleansing of bad luck and impurities believed to be caused by pre-

material pregnancy. Preston and Zondi's analysis around the importance of cultural 'protocol' and the consequences of failing to abide to socio-cultural expectation reflects how culture constructs responsibility. Shardrick's narrative reflects that his and his ex-partner's families' failure in reporting and acknowledging his responsibility in the pregnancy using cultural processes has led to Shadrick being denied access to the child and acknowledgment as the father by the maternal side. Archie's narrative also illustrates how cultural expectations can be used to allocate responsibility. Different from Shadrick's story, Archie's family's ability to use cultural procedures facilitated in him being acknowledged as a father, and therefore, he was allowed to exercise his rights and responsibility as a father. However, he also talks about the challenges that came with being a young man and accepting responsibility of a 'cultural transgression' such as impregnating a girl out of wedlock,

> ***Archie**: I was alright about it, things got ruined when they took the problem at home, like when families have to discuss that their child has impregnated the other's child. On one side my family thinks this boy does not sleep around (laughs)… as I said I now had to explain what happened that I impregnated their child. They ask too many questions, and how I need to take care of the problem. I did not how to answer them... Then you will realise how hard it is…. I was ready neh but yea, it was hard* (Interview, 14 July 2013).

Archie's narrative illustrates that accepting responsibility is a part of manhood but more importantly in the South African context, following cultural procedures as a man gives one particular privileges and thus, affirms his manhood status. However, a structure such as culture assigns responsibility, and therefore power and privilege to those who follow its requirements. Culture can also be used to refuse others power and punish those who do not ascribe to what it calls them to do. In both Shadrick and Archie's situation, we see culture as the institution of power that assigns responsibility and can take away one's rights to practice that responsibility.

CONCLUSION

This chapter has attempted to show ideals of masculinities and social context shape how men perceive contraception. Through reflecting on how sexual reproductive health services such as family planning for men could be beneficial in helping them to reshape and construct new meanings for their sexual health practices. However, overcoming gendered and socio-ethnic boundaries that alienate men from exercising their right to basic healthcare, which includes sexual reproductive health, remains a major challenge. We also see the how culture plays a role in assigning responsibility and therefore, power to men who follow 'cultural protocol' such as accepting responsibility for impregnating a girl out of wed-lock using cultural platforms, elevates their manhood status. Whilst, men that do not follow the structure of cultural procedures due to a breakdown of particular cultural practices are refused the acknowledgement of the fatherhood status and therefore, their right to practice their responsibilities and rights as fathers.

CHAPTER FIVE

FATHER ABSENCE AND DENIED PATERNITY IN THE CONTEXT OF FEMINISED CONTRACEPTION

INTRODUCTION

A few studies (Langa, 2012; Morrell, 1998, 2001; Newburn & Stanko, 1994) that have been conducted on father absence in the South African context focused on the impact father absence has on boys' behaviours and academic performance. This study offers a perspective of how father absence impact men's intimate relations, sexual reproductive health and sexual socialisation. Richter and Morrell (2006, p.8) state that, "fatherhood is essentially a human, social and cultural role". Therefore, fatherhood affects how men look at themselves as social beings and how they relate, practice and perform their rites and rituals. In this research father absence presented itself in the following ways of growing up in father absent households where biological fathers were unknown and known but absent in the contexts where culture had 'reunited' them with their fathers yet they had no relationship with them because of emotional absence.

For some research participants their resentment towards their fathers comes through strong and links to their views on intimate relationships, negatively and positively. Whilst others detach themselves from their fathers through disregarding their overall existence beyond their conception, in these cases it was most likely that the men had problematic views on sexual responsibility, showed misogynistic views about women yet experienced emotional vulnerability and longed for acceptance.

5. 1 THE CONCEPTION OF DENIED PATERNITY

Denied paternity is a complex issue that cannot be divorced from matters of reproductive sexual healthcare services, masculinities, femininities, and economic factors. Denied paternity in the South African context speaks to the history of migrant labour and its impact on families, particularly the parental paternal figure. This is coupled with the history of segregated healthcare services that not only shaped identities of the recipients of services but also their health choices and behaviours. Furthermore, the apartheid regime created an economic division through intensifying labour. Thereby creating economic inequalities that continue to shape the critical healthcare services that certain individuals can access or not.

The concept of denied paternity has rarely been researched in relation to masculine identity that is in relation to what it means to men. Denied paternity in the report can be defined as the desertion of the alleged male parent in forms of rejecting or contesting the pregnancy or not acknowledging responsibility for the pregnancy (Nduna and Maseko, 2008). However, the notion of defining or perceiving denied paternity is challenged through using new narratives of the participants. These discussions attempt to open new dialogues of denied paternity which speak to issues of responsibility, assumptions around power dynamics in sexual relationships and capturing narratives that reshape, maintain and contest dominant discourses of masculinities.

5. *1.1 Denied paternity: as contestation or rejection of paternal responsibility*

The notion of denied paternity or the contestation of impregnating a woman is linked to various factors such as the lack of post natal social and financial support from the alleged fathers (Nduna & Jewkes, 2012; Nduna & Khunou, 2014 ; Nduna & Maseko, 2008). The trend in denied paternity as not acknowledging responsibility for the pregnancy was highly associated with the relationship status between some of the participants and the women that held them responsible for the pregnancy. An example of denied paternity in a context of lack of credibility in the men's relationship with the women is found in what can be characterised as 'December fever'. December fever implies that the relationship between the woman and the men that has been identified as responsible for the pregnancy was short term and took

place in the context of sexual euphoria like what one might experience during the festivities of December.

Archie explained that the first time he was accused of impregnating a woman it was by a woman with whom he had a short lived sexual relationship during December. He denied paternal responsibility on the basis that the relationship was fuelled by lust; he explained his experience in the following way:

> ***Archie**: "It was a December thing* (laughs) *we had December fever you know… It was not exactly a relationship, it was lust you know, like I want you and shit must go down. You see it was that type of thing. It was not that I wanted to be with her, we were lustful, and we did not have to fall in love… No, remember this is lust, so there was no need according to me".* (Interview, 14 July 2013)

Archie's narrative speaks to the discussion of the issues of sexual gratification that he experienced with this particular woman however, the type of relationship that came with the gratification did not constitute a situation in which he could claim or accept parental responsibility. Archie's quote reflects that there are particular ideologies that govern accepting paternal responsibility in pregnancies out of wedlock. Therefore, when a pregnancy derives from a relationship that is unstable such as a casual relationship or like a 'December fever' fling the paternity is automatically questioned on merit of the trustworthiness. This further implies that these December flings somehow legitimise multiple partnerships characterised by sexual euphoria for both men and women. In the likeness of casual relationships constituting denial of parental relationship, it is apparent that some participants believe that parental responsibility should be accepted and acknowledged in the context of a trusting and loving relationship. However the participants did not share the sentiment that sex should be practiced in a context of love and trust.

This is exemplified by reflecting that pregnancies that result from multiple sexual relationships are treated with suspicion. Turney (2011) suggests that, given the fact that these relationships are not seen as stable or maintainable as they are solely based on sexual pleasure. Thando, 29 years old and unemployed, at the time of the interview explained the

first time he was accused of impregnating a girl he was not ready and did not want to take responsibility. He said:

> ***Thando**: "I remember then I was taking drugs so her friends told me she was pregnant, I thought if it was true I was going to overdose, not to kill myself but to convince her that was not suitable to be a father. That's when I told her she was lying and that was not my child I mean she was not a stable girlfriend even so… I did not want to take responsibility".* (Interview, 08 June 2013)

Thando's perspective is linked to how pregnancies from casual relationships are not seen as the responsibility of men as these type of relationships serve one purpose which is for pleasure and not reproduction. This argument is confirmed by Archie who expresses how he contested the pregnancy on the basis that the relationship with the alleged mother of the child was based on lust. Therefore he could not take responsibility for the pregnancy. Manyatshe (2013) illustrated narratives of maternal non-disclosure of biological identity, she argued that some of the reasons mothers do not disclose the identity of the fathers are linked to the fathers' behaviour or reaction to the pregnancy such as non-commitment to their parental responsibilities. Manyatshe referred to this as overt denial which can be contextualised in Archie and Thando's reaction to the news of the pregnancies, which was characterised by outright denial and making no efforts in proving whether or not they were responsible for the pregnancies.

Another factor that leads to the denial of paternity from the perspective of the men is the attitude of hyper sexualising feminine sexualities. This is when women are viewed as opportunists that use pregnancy or sex to trap men. This was illustrated through Donald's perception of why men who engage in multiple-partner relationships should be sceptic about pregnancies that derive through precarious relationships. Donald, a 28 year old employed father shared this perspective:

> ***Donald**: "When you sleep with women outside your family* (stable relationship) *these women know that you can take care of your family and want the same thing your woman has, so they will sleep with you and every*

> *guy but will choose to blame you for impregnating them so that they can benefit as well… That is why I also tell magents* (guys) *that when they play outside the home they must make sure they have condoms, always".* (Interview, 11 August 2013).

Donald's quote is both problematic and educational regarding reproductive health choices. He claims that women who engage in casual relationships possess a dangerous sexuality where they can use a pregnancy to trap men, particularly men that are in a long term committed relationship. Therefore, these women are perceived as not to be trusted as they are manipulative and conniving. Furthermore, this quote reflects that sex with 'these' women is to be enjoyed by the men but the men does not have to take responsibility for the consequences because the women are not to be trusted.

Again we stumble into issues of trust, love and sex contesting for a place in relationships and the consequences of sexuality. We see patriarchal attitudes demeaning women's sexuality by rending them unworthy to be trusted and therefore should be humiliated and shamed should a pregnancy result from casual relationships. Yet men are condoned to enjoy sex without the consequences of humiliation. Donald also emphasises that men must protect their health status by using condoms if they choose to engage in casual multiple partnerships. This means that men do create their own spaces in which they can discuss their sexual reproductive needs, however, these spaces still need to be penetrated with messages that reinforce positive health choices and unoppressive attitudes towards women that exercise their sexual reproductive rights.

5. 1.1.2 The fear of failure in fatherhood

KB and Basani empathise with young men that resort to refusing paternal responsibility out of the fear of not being good enough fathers Basani was a 31 year old employed father of a daughter, who spoke from a father absent perspective and believes that his own father might have feared the responsibility that comes with fatherhood. On the other hand KB, who was 27 a year old unemployed father of one, lends his voice to the topic as someone who grew up in a father present context. He believes that men all want to be fathers yet are faced with challenges. The following quote illustrates their views:

> ***Basani****: "These guy maybe they are scared or something you especially when you are young… My father was never there, I do not know him and your mother cannot give you all answers, maybe my father was scared too because no one knows what happened to him". (*Interview, 28 September, 2013)
>
> ***KB:*** *"I think these guys are scared, you see right now, I am unemployed and if my partner would tell me she is pregnant I do not know what I am going to do, because it is scary… I am not saying it is right but these guys must be scared especially when you do not have a job, how are you going to take care of the child because you must maintain the child"* (Interview, 05 October, 2013)

These narratives from a different perspective of men that did not deny paternity shows a level of vulnerability that comes with responsibility of manhood and the general silence in public discourse on the fears, shame and vulnerabilities that men experience in their individual and collective efforts to establish manhood.

5 .1. 2 Denied paternity: as the denial of personhood, access and responsibility

The dominant narratives around denied paternity in this research are about being denied acknowledgment of personhood. In this research this form of denied paternity tackles the rejection some men face when trying to acknowledge and accept paternal responsibility, which is defined as the denial of personhood. Acquiring manhood goes hand in hand with acquiring personhood as they are both earned processes that seek affirmation and acceptance from others. This form of denied personhood speaks to issues of accessibility to the children. When a man is not granted access to participate in his child's life, there is a conjecture that he is pushed to unwillingly relinquish his paternal responsibilities.

Chauke (2012) argued that the parental responsibilities for unmarried fathers are complicated to comprehend because of their limited rights and overemphasised responsibilities. Some of the men in that study were able to place the rights of a child first above the violation of their

parental rights by the mothers or the maternal family. Some men experience a level of powerlessness because legislative laws define parenthood and motherhood as synonyms, thus defining men's parenting styles (Chauke, 2012 and Khunou, 2006). Shadrick's situation of being refused access to his child amplifies denied personhood and denied access; he relates his experiences in the following way:

> ***Shadrick**: Basically I am not allowed to see the child…* (Interview, 08 June 2013)

Shadrick's narrative challenges that denied paternity results from the men's lack of interest in fatherhood, considerably his narrative talks to how the mother and her family reject him as an individual. Consequently, this prevents him from exercising his rights and responsibilities as a father. This narrative also shows how when children are born out of wedlock the fathers are afforded little rights by the maternal family. Thus, reinforcing the notions that the child solely belongs to the mother. Chauke (2012) in contrast argues that the politics of parenthood in South Africa needs to be challenged especially considering that unmarried men's reproductive rights are just as essential where the child's wellbeing is concerned. For Shadrick, denied paternity is not defined by his lack of interest but rather by the mother and her family's lack of interest in him.

Therefore, the term denied paternity should not only be seen as being 'in denial' of the paternal responsibility but also being denied the rights and the chance to perform responsibilities as a father. This form of denied paternity can be argued as denying the man his personhood. Denial of personhood through denied paternity is a painful and frustrating experience for men. Common was an employed 27 year old, and he explained that his former casual partner's mother came to his home to report the pregnancy. This was after Common and the woman that he identified as his former casual partner had decided to have an abortion but later found out that the woman had decided not to go through with it. His emotions are captured when the mother of the former casual partner got involved in denouncing him as the father of the child; moments after the former casual partner had told him that he needed to take responsibility of the child she decided not to abort. He said:

> ***Common**: Like this woman came to my house and told me how much I am not the father of that baby, the way I am lying to myself thinking this is my child. I was like Okay, what does she want from me because she does not know me? On top of that if she did this to humiliate me, how am I going to be a good father when she does not think good of me or look at me as a person?* (Interview, Chauke, 14 July 2013)

Swartz and Bhana (2009) identified that young men who have confidence in themselves play an important role in relation to the fatherhood identity along with being able to provide and being supportive fathers. The concept of self-esteem, fulfilling one's physiological and safety need and that of others are central to notions of masculine identity. This affirms that personhood is important in how people perform their gendered roles in living harmoniously in their communities. Personhood also requires the individual to continuously practice and engage in activities that are perceived as important in their communities in order to be recognised, acknowledged and to acquire a sense of belonging. Therefore, personhood in the issues of men being denied the right to claim their paternal identity is concerned with not being recognised as a father and a human being (Butler, 1993). Shadrick and Common's narratives illustrate how notions and expectations of masculinity and manhood can invalidate humanness in which men are shunned and shamed for not living up to the expectations associated with being a man.

Maslow's hierarchy of need is divided into 5 categories: personhood (or the esteem/gravitation needs), in the form of the need to be loved and to belong, the need to be accepted, physiological and safety needs and self-esteem and self-actualisation needs (Swartz et al, 2008). The need to be accepted, treated and recognised as humans is at the centre of how we perceive the self and fulfil our basic human needs. So, denied paternity is more complex and problematic than just rejecting or contesting the pregnancy or not acknowledging responsibility for the pregnancy. It is also about the rejection or being denied an essential identity of masculinity, manhood and fatherhood.

5. 1. 3 *Denied paternity: as being denied or rejected by the biological father*

The issue of denied paternity and father absence lies deep in the roots of fatherhood in South Africa. Ramphele and Richter, 2006 (as cited in Richter & Morrell 2006, p, 78) argued that "the migrant labour system disrupted all aspects of family life". They acknowledge that the migrant labour system profoundly changed the traditional notions and functions of African families. Furthermore, this system impacted on reproduction and normalised multiple sexual partners for both women and men. Therefore, the system allowed spaces in which men could father a child and not give care to the child. Consequently, this created opportunities for men to contest pregnancies especially with children born out of wedlock. The consequences for children growing up without their fathers produces feelings of anger and shame, it also impacts how they perceive the fatherhood role in their own lives. Kwankye (2009) argued that the historical and continued effects of the migrant labour system can be used to analyse the changes in sexual behaviour in relation to reproductive health, including HIV/AIDS. Basani and Miles' narratives speak about young men whose fathers denied paternity in various ways which resulted in father absences in their lives.Basani relates:

> ***Basani****: "My father was never there… no one knows what happened to him" (*Interview, 28 September, 2013)

Miles' narrative of rejected paternity and father absence is connected to the ancestral linkage and cultural expectation that the father needs to be involved in the decisions regarding the boy's circumcision processes. Miles' anger is again reflected in the fact that although his father took no paternal responsibility, he was confronted with the situation where he had to consult his father before he went to get medically circumcised. He angrily said the following:

> ***Miles****: "We don't have a relationship … I don't give a f#@k about him That bustard did not do anything for me and he lived close to me, I am telling you that men did not do s#!t for me, so me…. He did not put a f#@ken cent on anything that was concerned with me. The next thing I had to consult him about matters of my life, when I had to go to the clinic to be circumcised I was told I needed his blessing and remember he was never*

there in my life…. We don't have a relationship". (Interview, 28 September, 2013)

Miles was forced to consult his absent father, because of the cultural belief that he has to ask his father's blessing and protection from bad spirits or misfortune that may occur during circumcision procedure. Consulting a male elderly or father is commonly practised when the young men is undertaking traditional circumcision so that a ritual can be performed to ask for ancestral protection for successful initiation process and safe return of the young men. However, this cultural belief for Miles came with the pain of facing his absent father to get approval. He bears bitter feelings towards his father due to the fact that he was never a part of his life. Miles' quote shows how having an absent father brings out negative feeling towards certain cultural expectations and makes young people like Miles feel helpless against how these practices impact them emotionally.

Common's narrative speaks more to issues of being disserted by his father who established another family. He feels like he amounts to nothing in life because of his father's absence in his life. He expresses:

Common: *"When you have a father you are someone… I would have been somebody in life".* (Interview, 14 July 2013).

Common's illustration of being a 'somebody' and a 'nobody' speaks to the pain that some men experience and associate with feelings of growing up in absent father context. These narratives are important in allowing men to express their painful experience that are rooted historical, cultural and social projects. Therefore, there is a need to acknowledge that men experience vulnerabilities as it is significant in understanding manhood as a complex and fragile process.

5. 2 FATHER ABSENCE

Ramphele (2002) highlights that the impact of apartheid on men in contemporary society is revealed in the high unemployment as a result of the lack of adequate skills and education. Father absence facilitated family instability through the migrant labour system. As a result, many men resorted to abandoning their families as they felt that they could not fulfil the provider role. This analysis reflects the reality of assuming the responsibility of being a father when there has been a lack of positive imagery of fatherhood practices in South Africa. The lack of positive father figured role models produces feelings of anxiety and fear in taking on fatherhood, more so when the men come from a female headed household.

Shadrick and Miles' experiences with father absence occurred on both levels of physical and emotional absence. Shadrick's narrative reflects the emotional dissonance of having had an absent 'then present' father with regards to his connection or bond with his father and how he may be facing the same dilemma. He shares:

> ***Shadrack****: "I currently live with my dad*
> ***Researcher****: Did you always live with him?*
> ***Shadrack***: *I grew up in both sides of the family, growing up I lived in my mother's side of the family then now with my father and his family….. Growing up, Eish, I did not have him there, and you know as a boy you need your father to like guide you and stuff. I did not have that like other guys around me then. Now I do have him but there is that thing inside me that is not alright, like JA…. Its' not alright".* (Interview, 08 June 2013).

Absent fatherhood is arguably bad, however, in the same light the normative assumption about 'good' and present fatherhood and the idea of an authoritative, provider, protector father is not a universal model of fatherhood (Ratele, Shefer & Clowes, 2012). Therefore at times, through prioritising the normative fatherhood model, men can become a 'bad' father. According to SAIRR (2012) the numbers for father absence had decreased by 1.7 % in 2010 from 1996, although, the emotional impact of father absence lingers in the lives of young women and men.

Studies suggested that boys or young men that were raised in a father absent context reject feminine or feminised emotions, values and behaviours (Drapre & Harpending, 1982; Richter &Morrell, 2006). However, there are some men in this research who express their need to be guided and accepted by their fathers and their lovers. For example, Common reflects on the fact that he wished he had grown up under his father's supervision and that it would have made him a better man, as his father and mother separated when he was young and he lived with his maternal side of the family. He further explained that he feels that his half siblings were more important and successful because they had their father present in their lives. He narrates:

> ***Common****: "I would have loved to have grown up with him you know, then I would have been somebody in life like his other children, like when you have a father you are someone"* (*Interview, 14 July 2013*).

To add to these sentiments is Nhlanhla's assertion that not having a father was hard as he feels he would have made different choices about his life. Although he acknowledged that his brother in law served as a social father, the impact of his biological father's absence lingers in his life, he explains:

> ***Nhlanhla****: Look, I regard my brother in law as a father figure to me because he raised me you know, and my sister as my mom… but I still have this thing that my life would be different if my parents were here…. He* (the brother in law) *has been there for me but when I look at some of my friends and how they speak and do things with their fathers it makes me think that my life would be better (Interview, 27 September).*

In the book, *Conversations with my sons and daughters*, Ramphele (2012) argues that we need to acknowledge that 'our sons' are also victims of a patriarchal society that does not allow men or young boys to share their intimate feelings and vulnerabilities. Therefore in issues of fatherhood and father absence the feelings of longing for acceptance from the paternal figure, preferably the biological fathers are common yet silenced. In the case of Miles who expresses his rage and anger towards his absent father, it shows that the reality of 'our sons' as captured by Ramphele is that the wound of father absence is real regardless of

their gender and can no longer be ignored (Ramphele, 2012; Ratele, Shefer & Clowes, 2012 2012; Richter & Morrell 2006).

This need for acceptance extends beyond the father-son relationship, the need and longing for an intimate relationship was also very common for participants in this study. The notion that young men from father absent households are aggressive and resent female authority and most likely have problems establishing intimate relationships as asserted by Drapre and Harpending (1982) was not necessary true for the men in this research. They embraced their need for intimacy from their partners and embraced being raised in female dominated households.

5 .2. 1 Father absence in female headed households and extended families context

As mentioned before most men in this research grew up in the context of father-absence and in extended maternal family contexts. Therefore, some of their relations and ideas to parenting are strongly linked to motherhood. Given the legacy of the migrant labour system, many men left their families to find employment mostly in cities, leaving behind many women to raise and head their families. Therefore, parenthood in the South African context signifies the role of how mothers play both the role of mother and father. Fatherhood is a social practice that has evolved over time. Given the social, economic and political/historical context of South Africa most of the challenges that are found in relation to fatherhood and masculinities, especially for black men, is rooted in the long history of the migrant labour system and apartheid. Furthermore, the notion of parenting has always been conceived through ideas of mothering. Chodrow (1978) argues that parenting is synonymous to mothering because of the biological bond shared between the mother and the child. Furthermore, historically and contemporarily the primary caregiver is usually the mother. Consequently, parenting is seen as the mother's role.

Father connections to their children have always been narrowed down to the financial provider role (Hood, 1993; Khunou, 2006; Richter & Morrell, 2006; Selebano, 2012). Chauke (2012) argued that unmarried fathers have difficulty defining their role as parents outside a proximity partnership with a woman. Consequently, the most 'stable' or consistent image of parenting that many societies encounter is the mother or mothering identity,

resulting in the minimisation of the importance of fathering or fatherhood through the feminisation of parenting (Chauke, 2012; Khunou, 2006). Policies and socio-cultural conditions reinforce the notions that fathers do not parent but provide. The reality of many young men like Basani, Common and Miles that grew up in extended family maternal households is that there is an ambiguity of what fatherhood practices mean. Common illustrates that fatherhood in the context of father absence has a sense of ambiguity for him; he explains his thoughts thus:

> ***Common****: I grew up in my mother's side of the family, with cousins and my grandmother. Then I had my two uncles who passed away, they groomed me a lot…. Like I had people and men like show me how to be a men neh, but you know that there is that gap. But for me… when I look at what my grandmothers, aunts and my mother have done for us because we were poor, they did something no man can do, even my uncles knew.* (Interview, 14 July 2013).

Common grew up in an extended maternal family setting that was dominated by women and acknowledges and embraces their authority as a man. Further he recognises the absence of his father yet also appreciates the influences of other men in his surroundings. Miles shows that as a man that was raised by a single mother, he embraces her authority and also shows that due to the absence of his father, there is an ambiguity about what fathering or fatherhood represents in his life, he relates:

> ***Miles****: "Entlek what does a father do… because I was raised by a strong beautiful woman". (*Interview, 28 September, 2013)

This is an illustration of how the concept of fatherhood is physically, socially and emotionally removed from images of parenting. The account that Ramphele (2012) gives for this lack of attachment to the father role and parenting, is that "single mothers especially African mothers who loom large emotionally and figuratively on desperately poor socio-economic setting, also underestimate the powerful figures they cast within families, communities and societies across the continent; many black women have against all odds learnt not only to survive poverty and discrimination, but to do so with an inner core of

strength that radiates dignity; it is a powerful image that provides many young girls and women with positive role models, however, poor their mothers may be" (p. 22). This implies that the image of the female parent will always be seen in a positive light due to their endurance and hardship they face financially and otherwise and manage to still raise their families.

5 .2. 2 Emotional absence in father present families

Tshepiso, Oupa, KB and Brandon grew up with both parents but still showed the same sentiments as those who grew up in father absent contexts. Their mothers were seen as the actual parent that ensured that the emotional and psychological needs of the children were met. These narratives support research primarily done through sharing that issues that involved sex, romance and intimacy were addressed by the mother; and the father was seen as the structure that provided discipline, cultural significance and financial supports. As a result, fathers were primarily seen as emotionally absent.

Emotional absence of fathers in nuclear families was shown by how some of the participants wished they had emotional connections or relationships with their fathers. These wishes are illustrated by KB, Oupa and Brandon when they talk about how traditional expectations of what it means to be a man can also be harsh and oppressive to men themselves. Brandon who was a 26 year old unemployed Rastafarian father of twin boys, grew up with both his parents. He briefly indicated that he wished to have a communicative relationship with his father. He recounted:

> ***Brandon****:"I didn't really have to talk to my father about sex. Its embarrassing* (giggles)*... Men's advice are very dodgy. I have close relations with men and their advices are very dodgy. But they are very informative if it's from your father you know"* (Interview, 11 August 2013).

Oupa who was a 31 year old employed father of two at the time of the interview expressed that the time context did not allow most men to talk to their fathers about issues of sex. He said;

> ***Oupa**: "Tjo I could not talk to my father about issues of sex* (laughs), *in those days that word was offensive* (laughs) *back in those days we did not talk about those thing with our fathers, even now… My father is alright, we can talk about things like soccer, like we will talk a bit about issues of men but not too much of it…That is how it has been".* (Interview ,14 July 2013).

Oupa's narrative speaks to how communication regarding sex between him and his father is a cultural taboo, which may imply that there are silences about issues of sexuality which young men can benefit from if it came from their fathers.

Tshepiso who was a 24 year old self-employed BA honours graduate student at the time of the interview explained that his relationship with his father is not really the kind that is characterised with much communication. He explained this experience thus:

> ***Tshepiso:** "I come from a huge family, I have 6 siblings and the other two from my father's previous marriage, so its 8 siblings. All of us do not have a very open relationship with our father. I mean he is a good father but we just do not have that type of relationship with him… well from what I see, but speaking for myself, I never had that kind of relationship with my father that I would speak about sex… Actually I don't have that kind of relationship with any of my sibling and never did."* (Interview, 04 October 2013)

These narratives go to the heart of Ramphele's (2012) argument that particularly young men are victims of a patriarchal structured society that denies them their emotional needs that are a part of their humanness; as a result many young men resort to aggression to express their silenced needs. Therefore it is important to involve men in gender transformation and redress. Ramphele's argument does not only apply to young men but the older generation of men that were deprived of their dignity and worth during colonial and apartheid times and therefore, were deprived spaces to be vulnerable to their partners and children along with negative hegemonic assumptions that vulnerability has no space or voice in men lives.

5 .2. 3 Great expectations: reactions to prospective fatherhood

When the men were asked about their reactions upon news of prospective fatherhood, this is what some of the men had to say:

> **Farayi**: *"I was delighted to a certain extent because for me it was like ahhh the next phase of my life is fatherhood" (Interview, 11August 2013).*
>
> **Oupa**: *"I was happy when she told me that she was pregnant. In my head, all I could think of was how I was going to take care of them, how I was going to support them" (Interview ,14 July 2013).*
>
> **Archie**: *"I was excited; I was like welcome to manhood (laugh)" (Interview, 14 July 2013).*

These quotes indicate that fatherhood is an extension of manhood. Therefore here it is illustrated that fatherhood cements the image of manhood and masculine identity as it shows the readiness of men's ability to perform a matured role of leading a family. The imagery of matureness in one's manhood is a symbol of status in many communities. Therefore, fatherhood status bring with it the benefits of acceptance and belonging to the highest of masculine identity and many communities.

Basani is the only participant that had attended family planning with his partner, in which he explained that the process prepared him to be a responsible partner and at that time a responsible prospective father. He narrates:

> **Basani**: "*we did everything, we went to my guidance teacher who was not my teacher that time, we spoke about sex and the relationship and trust and all those things. Then we went to the clinic and the people… what do they call them? The nurse or counsellor sat with us and told us about preventing and HIV and stuff like that you understand. So we went for our HIV tests*

and they were negative and from there we were just waiting and it happened" (Interview, 28 September, 2013).

Basani's actions speak to how women are essential agents in enforcing positive health seeking behaviour for men as clinics are more accommodating to ideals of heterosexual monogamous relationships. His actions also speaks to the positive imagery of men being responsible for their own sexual reproductive healthcare which gives them more confidences in tackling issues of fatherhood along with issues of their sexual health as a whole.

5 .3 "WE WERE BETTING THE LOTTO": ATTITUDES ABOUT SEX, MONEY AND IMPLICATIONS ON FATHERHOOD

The notion of playing the lottery is that anyone can win it but you have to bet with money to stand a chance of winning. This implies that to have sexual relations a man needs money and these relations need money to be maintained. Sex and money are significant symbols of manhood and an expression of hegemonic masculinities. So for men to express their masculine self, there is an expectation to have sex and in certain contexts this has predominately to be with multiple partners. In such contexts money serves as an incentive to pursue and strengthen sexual and social relationships with women (Mills & Sswakiryanga, 2005). Gender relations and power are an illustration of reflecting unequal economic relations between women and men (Khunou, 2012). Although power relations in gender relations go beyond economic inequalities, it is an important aspect of how power and money or economic relations influence one's social status and health. Hence, money is seen as a macrocosm that reflects social power and social relations between men and women.

Common and Miles reflect on how sex and money are tied together in masculine identity specifically during festivities of December;

Common: *"It's like we were betting the lotto… we* (the participant and his friend) *wanted to win…. So we saw these two girls walking in the streets, then we went to them. So we asked out these two girls, though my friend knew the other girl, but we went to ask them out, like this chick loved being difficult, I got fed up, I turned my back on the whole idea but my friend kept*

pushing me... We gathered money to show these girls a good time, I mean it was that time of the year so yea, we showed them a good time… then after that on the 25th of the December we decided to have sex (laughs)" (Interview, 14 July 2013*).*

Common illustrates how money and sex are vital to the construction of manhood. Sex is seen as a gateway to manhood and having money enabled some men to maintain this status. Another example of how money and manhood status are knitted together derives from Miles' reaction toward the news of the pregnancy from a causal sexual relationship. He talks about lack of affordability as different to accepting responsibility for the pregnancy. He said:

Miles: "*When she told me she was pregnant with my child I was like… I cannot afford that". (Interview,* 28 September, 2013)

Miles sees it as not being able to be a father because he cannot 'afford' certain things that the other can. Although there is a need to acknowledge his other reasons to his contestation, however he measures his possible fatherhood status on affordability of particular material things. Money through the narratives of Common and Miles is seen as an instrument of acquiring or betting on chances to become and being perceived as a man, particularly in attaining sex, which is also vital to certain ideas of being a man. Fatherhood as a symbol of fertility and manhood is acquired through sex and can be a challenge when one has no money because fatherhood involves fulfilling the provider role which wrongly is solely linked to money.

Chauke (2012) argues that fatherhood in township context predominately locates parenting status with the ability to provide money or material needs, with little emphasis on the emotional and psychological importance of fatherhood to child rearing. Although material and economic needs are essential in the upbringing of a child, psychological needs are also important to children's wellbeing especially for their self-esteem, personhood and their need to be accepted and to belong. Money then can be seen as a form of economic security in uncertain times especially for many women and children, which is predominately expected to be provided by men. Hence men like Miles place emphasis on the economic provision to the fatherhood role as he understands the financial burdens that single mothers face as he was

brought up by a single mother. Because of how money is signified in defining fatherhood, its lack takes away the privilege of fatherhood due to the inability to afford a paternity test and the inability to fulfil cultural expectation. As a result, when money is not present, paternal responsibility cannot be assumed by many men.

Khunou (2006, 2007), Richter and Morrell (2007) and Swartz and Bhana (2009) have highlighted the importance of the provider role in fatherhood for both the children, and for fathers and mothers alike. So the issue of money in the masculine identity goes beyond private property ownership but the ability to adequately provide financial, social and physical security for their partners and children. Therefore, when a man fails to provide, he is shamed and deemed unfit by himself and society. This experience is reflected by Oupa who explains that just because one has a job, it does not mean you can afford everything. He said,

> ***Researcher:*** *"Did you think it was your child?*
> ***Oupa:*** *Eish ya, sisters your question.* (laughs). *I do not know maybe.*
> ***Researcher:*** (laughs) *did you have a paternity test done?* (Interview, 14 July 2013).
> ***Oupa****: I have not sisters, I do not have the money to do so. That thing costs, it is about R2000 where am I going to get R2000?" (*Interview, 14 July 2013).

Oupa speaks about not being able to find out if he fathered a child in his previous relationship due to the high cost of paternity tests. These participants illustrate there is a financial cost to manhood, Khunou (2009) argues that traditional notions about masculinities continue to influence how men engage in intimate relationships with women. This particular notion is maintained by how they relate to the provider role identity (Chauke, 2012; Khunou, 2006, 2009; Richter & Morrell 2006, and Selebano, 2012,). Oupa's narrative speaks not only of issues of the price that he has to pay to find out if the child is his or not but also in general, about the price of manhood, which we saw in Common's 'betting' to acquire his status of manhood through sex and Miles' refusing or contesting responsibility of the pregnancy because he cannot 'afford' to be a father.

CONCLUSION

This chapter looked at how this research defined the concept of denied paternity through contestation or rejection of paternal responsibility in three different ways: the denial of personhood; access and responsibility; and being denied or rejected by the biological father. It captured how denied paternity is multiplied and constructed in different ways. This concept of denied paternity was followed by the complex dynamics that were found in father-present households in which emotional absence evoked feelings of incompleteness although the father was present. Therefore, the chapter critically evaluates this lack of emotional fulfilment of the father provider role as not being enough to fulfil a holistic fatherhood experience. Furthermore this emotional absence was reflected as some of the participants expressed their sexual reproductive behaviour and decisions. Finally this chapter discussed how attitudes about sex and money shaped particular masculine practices for these participants, and what these meant for fatherhood practices.

CHAPTER SIX

MANHOOD AND SEXUALITY: PLEASURE, RISK AND CIRCUMCISION

INTRODUCTION

Sexuality is predominantly perceived as an individual choice that is not influenced by other issues such as culture, religious beliefs, race, and class. When analysing sexuality from an individual's perspective, there tends to be negligence of the complex dynamics that are concerned with the sexualised body and the implications it has on the lived experience, personal and politicalised identities. Sexuality speaks to issues of knowledge production, attitude and behaviour and how they are constructed and negotiated through the information and socialisation received through sexualised bodies and identities. However, in feminist literature and other scholarly works (Castillo, 2003; Foreman, 1999; Hong, 2000; Jensen, 1998) male pleasure and sexuality is written with caution and danger. Male sexuality is predominately captured as dominant, violent and uninhibited. Thus male sexuality and pleasure possess a violent threat to female sexuality that is incorrectly perceived as docile (Naidu and Ngqila, 2013).

Through an analysis and discussion of transcripts with unmarried men from Soweto and Kagiso, this chapter will attempt to unpack how sexuality is shaped by ideologies of masculinities and what it means to have a sexualised masculine body. This is done through an exploration of how men spoke about sex and what it meant to them. It also explores pleasure as they spoke about what it is and how they deal with it. Finally the chapter looks at how engaging in sex and seeking pleasure limits or extend their ability to express their manhood.

6 .1 SEXUALITY AND PLEASURE: PENIS & CONDOMS AND SATISFACTION

Sexuality and sexual socialisation are linked to an assortment of social, economic and gender dynamics, which are in turn deeply rooted in family systems, peer relationships and social institution (Adomako Ampofo, 2001). Therefore, how men perform their sexualities is influenced by various institutions and so, masculine sexualities are complex and diverse. As this research explored sexual reproductive health amongst men, matters of pleasure and its implications for the penis were signified in the narratives of the men. Research has illustrated that sexuality, masculinity and pleasure cannot be divorced from how men think of and view the penis (Kokopeli, et al., 1983; Ratela 2012). This link was clearly reflected in how the men spoke about sex and sexuality.

When the research participants were asked about circumcision, many of them focused on the implications of the procedure on their penis, fertility and sexual performance. Nhlanhla, Brandon and Moses' decision not to get circumcised was based on their religious beliefs as young Rastafarian men. However, Nhlanahla revealed that he changed his mind and was considering getting clinically circumcised due to the sexual and health benefits associated with circumcision. He claimed that the information he received from the other participants that he met during the research process and from his recruiter, along with the conversation that he shared with the researcher made him rethink his stance on circumcision and thus sexual reproductive health for men. He explained:

> **Nhlanhla**: *"Tjo, sister, (laughs) you see after the first time (interview) I spoke to amajita (the guys) and they were telling me about the benefits of having that thing done…like they were telling me about how it satisfies the girls and it makes you good in that department (laughs)".*
>
> **Researcher**: *"Which department?"*
>
> **Nhlanhla**: *"Idushu (sex)… (Laughs)".*

Nhlanhla's motivation for wanting to get circumcised was also shared in Donald's narrative about his reasons for wanting to be circumcised. Donald was 28 years old and employed at the time of the interview, he also had a son and described his intimate relationship status as complicated. He explained that although he was aware of the health benefits of circumcision as a whole, his greatest motivation was the information he had received from other guys about how pleasurable sex was with a circumcised penis. Therefore, he felt the edge to get circumcised which he shared in the following way:

> ***Donald**: "When I came back from there and the healing began, I could not wait…yoooh it was beautiful disaster… Its powerful (laughs).* **(Interview, 11August 2013)**

Donald speaks about the powerful experience of having sex with a circumcised penis and his excitement in putting his penis to the test after the procedure. This was also found in Tshemese, (2009) where newly traditionally circumcised initiates were found to be excited about 'testing the Mercedes Benz®' which refers to their 'new' circumcised penis. Ratele (2008) highlights that to appreciate new narratives about experiencing or longing to experience pleasure, you need to understand the multiple meanings of sexuality. This could be said about the narratives shared by Nhlanhla and Donald above.

Firstly we see contestation, which is seen in how Nhlanhla changes his mind after the first interview, and after his friends share how circumcision will bring him pleasure, so his sexuality is not only about him it is influenced by others around him. Most importantly for him was the promise of what a procedure on his penis had for him. When exploring issues of sexuality in this research, it was also found that the men were concerned with the satisfaction or pleasuring of their partners as well as getting pleasure themselves. Though, there was conflict between condoms, contraceptives and what they mean for the men's satisfaction the fear of contracting STIs and HIV in particular, tended to represent a real threat for these men. Whilst the men acknowledged that condoms and other contraceptives are there to prevent STIs, HIV and unwanted pregnancies, there was a deep seated dislike of condom use for its reduction in their ability to get pleasure from the act of sex.

Shadrick was in the process of getting a court order to summon his ex-partner and his alleged child to get a paternity test done after he was refused paternal responsibility by the ex-partner

and her family. Shadrick asserts his knowledge on what needs to be done to maintain healthy sexual practices and to maximumise his pleasure, in the following way:

> **Shadrick***: "Yho I hate those things* (condoms), *like I don't like those things like it is not the same, when you do it flesh on flesh it is nice, it is very nice* (laughs)*. Those things just don't do it for me". (Interview, 08 June 2013).*

Flood (2003) and Macphail and Campbell (2001) argued that condom use is a learnt bodily skill in sexual encounters. However, the negative sentiment around condom use by men should not be divorced from the socio-cultural meanings of what sexual involvement and pleasure means for the image and practices of masculinities. So, here we see Shadrick expressing his dislike of condoms and what using a condom means for his sexual experience. On the other hand, his sentiments cannot be separated from hegemonic ideals of what sexual pleasure for the ultimate man means, which is in most instances high risk sexual behaviour.

Getting and maximising sexual pleasure seemed to have also played a role in Archie's decision to stop using condoms. Archie expressed his change in sexual practices after he realised unprotected sex was more pleasurable. He explained his experiences thus:

> **Archie***: "It was protected because I was on a learnership bus of life,* (laughs) *... but you got bored and wanted to try something nice… You learn about the differences between skin to skin and durex"* (Interview, 14 July 2013)

Again, Archie here seems to have learned about his sexuality from others around him. Moving from solely using condoms to wanting to experience skin to skin illustrates how ideas about one's sexuality are also externally influenced. This raises an important question around how one controls pleasure. Thando interestingly ponders this question by speaking about the appropriate age of sexual consent and further raises questions on how sexual violation can be gendered and therefore, disrupt notions of how pleasure is perceived. At the time of the interview Thando was 29 years old and unemployed, he shared that he lost his virginity between the age of 9-10 to an older girl who was about 15-16 years old. When asked if he felt that the older girl had taken advantage of him with regard to the age of consent for sex, Thando responded:

> ***Thando:*** *"She thought she took advantage of me but the thing is I was already informed so it's more like I took advantage of her… That feeling was for me, when I am satisfied things are all good no matter the age gap." (Interview, 08 June 2013).*

Thando's first sexual encounter highlights the discourse in gendered notions of sexual abuse and who is prone to it. Thando speaks of sexual pleasure from a perspective of a 9- 10 year old which raises the question of sexual violation. So one asks, is it possible for a 10 year old to know pleasure in the same way as an older person, and is inappropriate sexual conduct inappropriate for boys? Thando dismisses the issue of his vulnerability as a minor. He said:

> ***Thando****: At that age you really don't care, like* (laughs) *you just do what you need to do… like in those day we were not exposed to durax, the movies and The Bold*[5] *was not showing durax, they just showed them getting it on* (laughs)*… You wanted to feel like Ridge and Brook*[6] *so you needed to know things. (Interview, 08 June 2013)*

Thando's quotes shows a distorted notion of sexual engagement in which he removed himself from the experience of sexual violation through trying to reclaim the 'power' that he did not have as a 10 year old as he acknowledges that she might have taken advantage of him but it was for his benefit. This illustrates that masculine sexualities eliminates feelings of vulnerability to sexual abuse through validating that sex with an older women is part and parcel of the transition from boyhood to manhood. Consequently, this perspective silences the incidence of sexual abuse of young men at the hands of older women because sexual abuse is not scripted to happen to men in society (Seidler, 2006).

The notion of pleasure in these narratives speaks to the enjoyment of sex, however the enjoyment of sex without condoms. This affirms that in the shaping of masculine sexualities

[5] The bold is a short for; the Bold and the Beautiful which is an American soap opera.

[6] Ridge and Brook are characters from The Bold and the Beautiful.

the sense of risk taking and caution come hand in hand with pleasure and enjoyment. However, when critically reflecting on Thando and Archie's narratives, the things that come across so fiercely is that other factors led to their knowledge and encountering of maximised pleasure. Though, there has been rich literature that affirms that institutions such as the media, the family, and peers influence knowledge about sex (Daly & Rake, 2003; Patterson & Richard, 2002; Schroeder & Zwick, 2004; Weld & Gould, 1992). Thando and Archie illustrate that social institutions further construct our ideologies of what is masculinised pleasure, whom it belongs to, and how to claim and maximise it.

Given the intimacy with which sexual practices, norms, struggles and revolutions are interwoven into the material realities of life; along with the promptly changing political, economic and increasing exposure to mass media systems, the individual meanings of sexuality and pleasure are also constantly shifting. To further understand what sexualised bodies' means from the man's perspective there is also a need to understand how sexual intercourse has been constructed and shaped in regards to the masculine sexualities.

6 .1. 1 Sexual socialisation: The Bold and Beautiful, Emmanuel and learning sex

This section of the chapter explores how sexual socialisation for heterosexual men is a gateway to manhood where young men engage in sexual intercourse to 'transition' to manhood. Ratele et al. (2007) expresses that there is a disturbing pattern amongst adolescent boys in which the transition from boyhood to manhood is characterised by craziness, abstinence and having a girlfriend. Therefore, there was a connection between women and sex holding the key to this transitioning to 'normality' and to ideas of becoming men. However the question remains: where do these young men learn what it means to be a man? Through Thando's narrative earlier we learnt that soap operas like The Bold and the Beautiful among others play a significant role in shaping ideologies of sex amongst young people. However, Thando was not the only one that identified soap operas as a source of information to knowing about issues of sex. Common watched The Bold and Beautiful and rated porn programmes like Emmanuel[7] to understand issues of sex. Although he acknowledged that his

[7] Emmanuel was an x-rated adult porn series that was screened on the South African e.tv channel on Saturday late evenings

friends continue to be his confidants, along with his male neighbour Malume[8]. Common maintains that when it came to speaking about issues of sex, the influence of the media cannot be overlooked, he narrates:

> ***Common****: Like I use to watch the bold and the beautiful and see Ridge and Brook kissing then I was like okay that's how it is done… Then your friends talk about Emmanuel* (laughs) *then I watched it and saw everything* (laughs). *(Interview, , 14 July 2013)*

Common speaks to how many young people are exposed to sexual content through media platforms and how it shapes their sexual practices and how they view pleasure. Delius and Glaser (2002) argued that many African cultures in pre-colonial South Africa provided structures that allowed young people to explore their sexuality in ways and strategies that could be monitored by the older yet age appropriate people. The easy access and exposure to sexual content that Common alluded to are an illustration of the degeneration of the structures that Delius and Glaser (2002) pointed to. As a result, young men and women adopt sexual practices that make them vulnerable to many diseases and infections, along with unwanted pregnancies.

> ***Oupa:*** *"ahhh… I remember we use to wait up until late on Saturdays to watch Emmanual (laughs)… that's how I learnt about what happens when and girl and a boy comes together"* (laughs). (Interview, 14 July 2013).

Oupa remembers sneaking around to watch Emmanuel, despite having grown up with his father, he relied on other sources regarding issues of sex. Much like Common, who grew up in a father absent context and identified his friends as his main sources of information regarding issues of sex. This reaffirms the argument that with more exposure to institutions like the media, discussions and debates regarding sexualities and sex itself become inescapable.

[8] Malume means Uncle in the many African culture, this term in many masculinities and fatherhood studies in South Africa has been identified as social fathers (see Richter and Morrell, 2006).

Argued earlier in the literature review was the idea that sex is the expression of the self, and one may argue that for men, sex is the expression of masculinity. Therefore, sex can be perceived as a rite of passage to manhood. However, literature (Adomako Ampofo & Boateng, 2004) suggests that there are multiple ways in which young men acquire manhood and therefore, creating multiple meanings of manhood. Adomako Ampofo and Boateng's (2004) argument looks at contextual formation of masculinities particularly in Africa, where roles are divided within gendered lines but also share a blurred line of what exactly is feminine and masculine in particular spaces.

However, Adomako Ampofo and Boateng's (2004) argument cannot deny the importance of sex in the formation and the transitioning to adulthood. Further, sex contests and reproduces the blurry lines of what constitutes masculinities and femininities. Particularly when bearing in mind that masculinities and femininities are interdependent on each other to make sense and to achieve and maintain adult status along with fulfilling desires, intimacy and pleasure for young men. However, when looking at masculinities through the gaze of hegemonic masculinity, to reach pleasure, desire and manhood cannot be achieved without risky behaviour. Khunou (2013) and Morrell et al. (2012) highlighted that hegemonic masculinity has negative connotations linked to it, with specific reference to men's risky behaviour.

Risky sexual behaviour for most of the research participants' is illustrated in how their first sexual encounter was unprotected within relationships that they considered unstable. An example would be the narratives shared by Miles, Moses and Oupa who discussed how their first sexual encounter was with older women who they considered to have been causal partners and due to their curiosity of having a skin to skin sexual experience. Miles expressed,

> ***Researcher****: "At what age did you have your first sexual encounter?*
>
> ***Miles****: "I was 15 years… It was unprotected, protected what is that…" (Interview, 28 September, 2013).*

Miles' attitude towards having unprotected sex when reflecting on his first sexual encounter illustrates that adolescent boys use sex for diverse needs. However, engaging in unprotected

sex reaffirms negative connotations of manhood that are endorsed by the notion of hegemonic masculinity (Seidler, 1992, 2006).

Oupa expressed a more disinterested experience about his sexual encounter indicating that his interest was on the sex without tapping much into how he engaged in the act itself. He shared,

> **Oupa:** "*At that time it was unprotected, because at that point you just go (laughs)".(Interview ,14 July 2013)*

Again we see the trend of young men engaging in unprotected sex with women. The sexual culture of these young men of getting sex from older women shows a troubling construction of heterosexual masculinity in which emotional inexpressiveness and incompetence in sexual engagement are dominant. In simple terms, young men like Miles and Oupa both show little emotional engagement with their sexual desires and disinterest in using protection.

Moses explained that he started having sex at the age of 12 and his first sexual encounter was unprotected. Moses' responses to this question was interesting because he acknowledged that he is against having sex at an age as young as 12 and later confirms that sex is a huge part of manhood that is not always a proud moment when one is being careless; he shared the following:

> **Moses**: "*Ah, obviously unprotected… thing is like, when you're 12, other 12 year olds are not interested in protected sex. It only happens when you are silly… like you look back at certain things in life and you realise you were being forward, you do not always know better when you are young". (Interview, 28 September 2013)*

Much like Thando, Moses' engagement in sexual activity at a young age further illustrates that sex is used as a tool to gain manhood. Another trend that seems to be coming up is that the younger the age of exposure to sexual content, the higher the risk of younger men engaging in early sexual practices, as in Moses and Thando's case at the hands of older women or girls. Therefore, sexual socialisation of young men in the context of no

guidance from the older generation has made them prone to sexual vulnerabilities which are silenced and overlooked because vulnerability is not scripted as part of masculinity.

Weld and Gould (1992) argued that contraceptives like condoms limits sexual expression or experience of heterosexual sex. However at the same time, unprotected sex and the risk it bears are aligned with notions of dangerous hegemonic masculinities and sexualities. Therefore, it can be argued that sex is governed by politics of sexuality, the body and power dynamics that are concerned with sexual reproductive health behaviour of women and men.

6. 1. 2 Fertility, God and manhood

In research conducted by Mokoena (2008) about reproductive masculinity, she found that contraceptive utility affects notions of masculinity as it challenges their fertility, their security and unity in the relationship; this was prevalent amongst men that were in long term relationships. One of the factors that were contributed to the lack of condom use in committed relationships was that it symbolised a future with the partner and the use of a condom in a casual sexual relationship symbolised the lack of a future with the causal partner. This phenomenon is linked to multiple sexual partnerships that contribute to the HIV/Aids epidemic along with denied paternity (Hunter, 2006; Richter & Ramphele, 2006).

Basani was a 31 year old employed father of a daughter who believed that, as a man, multiple partnerships are okay to have; just as long as one uses protection to prevent bringing diseases at home. He shows the dynamics of condoms use in a casual relationship and a committed relationship as he confessed to having more than one partner. He explained a known yet very complex and disturbing factor about men and condom use in different relationships, he recounts:

> ***Basani**: "You see after doing that thing* (circumcision) *I got more information about the condom and stuff, so I did it to ensure that I avoid contracting illness and bring them at home so grand grand, it was helpful because it means when I go outside the home I am still safe".*

***Researcher**: "Please explain the inside the home outside the home thing? (Laughs)".*

***Basani**: "It's like this neh sister, sometimes I get home and she does not feel like giving it. So for me, I must have that girl that gives it to me when this one does not. Because things change you understand, there is a baby, so sometimes I will be like I am horny I want it and she will be like no, today I don't want it,. So I go outside to get fulfilled. But she knows and she will give me condoms to protect myself and not bring an illness or a baby home you understand, yae".* (Interview, 28 September, 2013)

Basani's quote explains that sex speaks to issues around a man being able to exercise his sexual prowess, as a sign of his manhood by which he can obtain sex whenever he wants it whether at home or outside the home. At the same time he is given the responsibility to ensure he does not bring another child or an illness home as that denounces him as an irresponsible man. This affirms Moele's (2009) argument that responsible men are seen as those who can have multiple sexual partners but avoid bringing HIV or a baby into the established household. Basani's narratives illustrates that whilst exercising one's sexual prowess is a symbol of manhood, the burden of having to ensure that his home is illness free also bears very heavy on maintaining the manhood status.

Lemelle (2010) highlights that in the efforts to socialise problems such as father absence and high HIV/Aids infection rates amongst black communities, one cannot escape the temptation of using dominant gendered racial analyses that tend to hyper sexualise men. This comes as a challenge to the notion of attempting to understand men's behaviour because on one hand, masculinities are about explicitly and implicitly expressing and performing particular behavioural characteristics that affirm masculine models prescribed to society (Lindsay and Miescher, 2003). On the other hand, men are being moved into another direction that is not affirming to what represents manliness.

Common, Farayi and Archie illustrate a huge dislike of using a condom due to the meaning it held or implied on their fertility. However, Archie was the only research participant that had started his sexual life using condoms frequently then later used it less. Like Farayi and

Basani, Archie saw contraceptives, which included condoms, as a challenge to his manhood. This is reflected in their responses to the question of whether men can control their fertility or the number of children they bring into the world. These were some of the responses:

> **Archie**: "*Yea they can by telling themselves that they are no longer producing, we do not want to use our sperms" (Interview, 14 July 2013).*
>
> **Researcher***: "*(laughs) *but you said men can control their fertility* (laughs)"
>
> **Archie***: "Men were made to have many children… Men were made to have many children. Even God said we must multiply; we just need people who can carry the seeds* (laughs), *not that I do not believe that men and women should not be together but really we are all here to simply multiply".*(Interview, 14 July 2013)

Archie's perspective talks to the one of purposes of sex being procreation. Therefore, his justification for unprotected sex is that men were made to multiply which gives men power over the fertility and the influence on their partner's reproductive choices. The religious meanings of reproductive health behaviour such as "*God said we must multiply"* reflects that individuals construct various meanings of what sex means to them to affirm their masculine and feminine sexualities.

Brandon did not believe in contraceptives due to his religious beliefs along with Moses and Common brought other dynamic of contraception for men leaves them the agency of positive sexual reproductive healthcare. Particularly in the context of high rates of HIV/Aids, yet it also there is a fear of betraying the patriarchal 'obligation' in the quest to achieving manhood status, they said:

> **Common:** *Men are meant to have many children, that's what sperms are for to mix with the egg, its God's plan to have such things. (Interview, 14 July 2013).*

> ***Brandon****: Using condoms sucks and besides for chicks (girls) to prevent (use contraceptives) and what not I think it messes up with their bodies (Interview, 11 August 2013)*

> ***Moses****: Honestly, I don't believe in contraceptives and pills and all that at all, even on women. I think if it's time to fall pregnant, its time. Everything happens through Jah. So I don't believe in contraceptives…. in a serious relationship I want a kid I don't want a lie. You know I would love to be a father… the only reason why I even believe in condoms is because of HIV and stuff basically. I'm afraid to get sick (Interview, 28 September 2013).*

Farayi speaks about how abortion as a religious and cultural taboo, also challenges men's virility, but his narrative also shows discourse in laws and their implications for both women and men. Farayi retains that abortion was mostly committed by selfish career driven women; he experienced an abortion from his girlfriend when he instead wanted to keep the baby. He shared his experiences thus:

> **Farayi**: *giving birth is the will of God, reproduction is a gift that human possess. If you want to intervene with reproduction you are going against God. I am against contraceptives. I think it is against the will of God, like sterilisation I am against it. Even this whole ABC thing is a waste of time and money.*

Farayi's narrative speaks to the contradiction in issues of reproductive health policies and their implications for men's holistic reproductive health which extends to issues of fatherhood. When looking at the right of termination of pregnancy in South Africa, the law gives women all the rights to decision making regarding their fertile bodies. On the other hand the International Conference on Population and Development (ICPD) in Cairo (1994) and the International Conference on Women (ICW) in Beijing (1995) stipulated that in case where the unmarried father has knowledge of the pregnancy; the women could uncontestably have an abortion if the father relinquishes his paternal rights. In South Africa, the choice to termination of pregnancy Act of 1996 stipulates that women can have an abortion without the consent of their sexual partner. It is worth acknowledging that all these policies have contesting contexts, where one policy may be found more practical and effective on a specific context than the another. However, we are shown through policies that fertility may hold

strong social meanings to masculine sexualities but fertility is fundamentally a woman's privilege and constitutional right.

6. 1. 3 Sexual reproductive health: men as an addition to gender(ed) health or a concern?

One of the important aspects of this research was to find out how men defined sexual reproductive health and explore if the current definition of sexual reproductive health as defined at the ICPD (1994), extends or captures the experiences of men. It is acknowledged that the research sample of this research is rather limited in capturing the suitability of the current stance of men's experiences in issues of reproductive health. Though, it is important to also discover the extent in which sexual reproductive health rights of men are known by men themselves. When participants were asked about the meaning of sexual reproductive rights it became apparent that the men in this research study did not know what sexual reproductive health was or what it involved. Examples are as follows:

> ***Miles**: "huh? what are they called…hehhhhhhe, this country has too much rights and freedom" (Interview, 28 September, 2013).*
>
> ***Oupa**: "I have the right to be sexually active. That is the only one that I know. Please tell me more about them since you are educated" (Interview, 14 July 2013).*
>
> ***Shadrick**: "what are those now? (laughs) (Interview, 08 June 2013").*
>
> ***Thando**: "what? (laughs)… we have what?" (Interview, 08 June 2013)*

One of the contributing factors to the fact of these men not being able to define sexual reproductive health may lie in the fact that South Africa has no policy that adequately defines reproductive health. Therefore, the notion of sexual reproductive health as a concept in South Africa needs to still develop beyond the essential sexual reproductive healthcare services for women and mothers. There must also be considerations of what sexual reproductive health means for men and its implication on their sexual reproductive health behaviour and lifestyle.

Men's reproductive health is defined mostly by 'sex' and the penis as was illustrated when the men in study were confronted with possible innovations for male contraceptives in a form of a pill or an injection. Their reflection on other forms of male contraceptives revealed a contradiction in how men want to be perceived as partners in sexual reproductive responsibilities yet refuse innovations that threaten their manhood.

Mokoena (2008) in her study uncovered the notion of 'reproductive masculinity' which is defined as the illustration of masculinity through proving potency and fertility by having many children predominately with multiple women. Although in this research the men hardly talked about having children with multiple women, the notion of having many children was held very strongly by this group of men. The following narratives are an illustration of how fertility is important to masculine sexuality and how other forms of contraception that are male focused, challenges their fertility:

> ***Archie**: "Noooo, there should never be such a thing; no we do not need that. Men were made to have many children"* (Interview, 14 July 2013).

As argued earlier contraception is a learnt bodily skill, and therefore, the cultural and social meanings of contraception are embedded in our learned values of what contraception means and who it is meant for. Therefore, Archie looks at contraception as a challenge to his generation which is essential in masculine ideals. At the same time, new innovations that target men place the responsibility with them to prevent unwanted pregnancy. This could be seen as posing a challenge to hegemonic masculine ideals that contraception is a shared responsibility.

Another aspect of surveying whether the men in this research thought that men in general could control their fertility, was through asking them if they thought an injection or a pill as an alternative contraceptive for men could work. The responses that they gave were shaped along the lines of possible side effects that would impact their fertility or their penises. Nhlanhla's response captures the fear of how oral contraceptives or injections may end his fantasies of being a father, his response:

> ***Nhlanhla**: "No that thing will damage me, like what if this thing damages my penis and I will not be able to have children? Like I am worried about the side effects of it"* (Interview, 27 September).

Tshepiso who was practicing celibacy at the time of the interview, touches on how oral and injective contraceptives for women have been notorious with having bad side effects on women's hormones and bodies. Therefore, innovations that target men as recipients of contraceptives may have harmful effects on them, particularly on the penis, he states the following:

> ***Tshepiso**: "Honestly I don't think it will work, like you guys or women (laughs) complain about how these pill and injections make your bodies snaaks (undesirable)… So it will be no different to men, it could hurt your sperm count or your penis which obviously will mean that those men that use it will have problems conceiving children… so I don't think it will work, abstinence is the only solution to avoid any incidents of pregnancies before as I said it's easy to have sex and therefore it is easy to fall pregnant" (Interview, 04 October 2013).*

Nhlanhla and Tshepiso's perspective reaffirms the earlier argument which emphasises that reproductive health needs of men are predominantly looked at from the perspective of the penis. At the same time Tshepiso bring forth the notion of how important fertility, sperms and the penis are to male sexuality and how it represents successful manhood. Therefore, innovation might be perceived as producing a 'generation' of failed or unsuccessful men that cannot penetrate or reproduce new life. Nhlanhla and Tshepiso's narratives begin to uncover the similarity between the virility assumptions and successful manhood.

Oupa and Thando have a counter argument on the important role that oral or injectable contraceptives can play in men's lives. Their responses cater to issues of paternity, fatherhood and other reproductive healthcare matters. Starting with Tshepiso who indicated that an injection would be more effective because unlike a pill you cannot forget to take it at a particular point; he is quoted:

> ***Oupa**: "Yea, especially an injection, you see an injection will work, there are no mistakes there. You see with a pill, a person can forget to take it not an injection." (Interview, 14 July 2013).*

Thando talks about a pill or an injection for men as being important for young men that are not ready for fatherhood, like he was not as a young man. He claims that although abortion is an option he looks at his responsibility and states that using the withdrawal method during sex is not always effective, he advocates:

> ***Thando*****:** *You see with an injection even a pill will work, because as guys we know withdrawing is not always effective, it would be nice that you can take an injection that makes sure that mistakes happen… An abortion is an option but I don't get as affected like you women do. If I am not ready to have a child then I should have options you know (Interview, 08 June 2013).*

Thando's narrative speaks directly to how men are impacted by the lack of programmes that should be catering for young men that are sexually active and the challenges they face when confronted with issues of their sexuality. His acknowledgment of the ineffectiveness of the withdrawal method during sex shows that there is still a need for raising awareness about sexuality and reproductive healthcare through masculine or critical gender sensitive lenses.

Greene et al. (2006) argued that men's involvement is central to improving reproductive health and to the process of achieving gender equity. However when looking at the narrative from these participants, one wonders if men's involvement in sexual and reproductive healthcare is about their sexual health concerns or just an addition of men as an antonym to women?

A Literature Review for the Symposium on Male Participation in Sexual and Reproductive Health by AVSC International and IPPF/Western Hemisphere Region's (1998) indicates that research on men's attitudes and practices about reproductive health and their decisions and responsibilities concerning conception, contraception, and contraceptive methods have been analysed at different levels, whilst others focus on the negotiation that occurs between partners and the power and influence males exert on decision-making about reproduction and contraception.

Others shift their attention to the stage of men's life cycles, economic situation, type of relationship, contraceptive use, and method chosen. In both paradigms of these kinds of research schools, they show a pattern of men using their power to influence the women's

reproductive decisions and sexual health practices. However, these studies have lacked the capacity to talk about the sexual reproductive practices of men in the absence of women's subordination to male authority. This takes the argument back to where the understanding of sexualities through critical lenses requires one to question what is power, powerlessness and pleasure. Therefore, there is a need to revisit what sexuality and gender means through lenses that look at power and powerlessness as a shifting and contesting dynamic in gender, sexual reproductive and sexuality issues.

6. 2 CIRCUMCISION: "THE REMOVAL OF THE FORSKIN IS THE REMOVAL OF A PART OF YOURSELF".

Tshemese (2012) argued that circumcision literally cuts to the core of masculinity by the physical removal of the foreskin and its direct engagement with the penis as the marker of manhood. Circumcision is performed for religious, cultural and health reasons and it is professed to be an important aspect of manhood as those who are 'successfully' circumcised are considered 'real' men, more so in traditional customs. However, it is worth noting that circumcision in traditional practices is part of process of the initiation process. Mgqolozana (2009) argued that circumcision is a process where young men are challenged emotionally, psychologically and physically for the purpose of grooming them for manhood. Mgqolozana's presentation of circumcision during the initiation process talks lengthily to ideals of manhood. Along with the rituals and idioms that young men have to comprehend and endure to successfully achieve their manhood status. This process of circumcision within the initiation has had its fair share of controversies with young boys dying each year in initiations schools in South Africa, particularly in the Eastern Cape. Tshemese (2012) highlights that violence and sexual practices that are described as rape and violence against women and some of the initiation sites being found to be gangster cults. Hence, there was an advocacy for young men and grown men to rather go to medical circumcision at government or private clinics that provide this service.

The men that were circumcised traditionally and medically, described their fondness of the foreskin and what it meant for them. Donald who was medically circumcised indicated that

the removal of the foreskin for him was a transformational point of his life because he felt that it allowed him to declare himself as a man, he recounts:

> ***Donald**: "When they were done I could feel the changes within me, the changes were there, and I felt that now I can actually say I am a man".* (Interview, 11 August 2013)

Miles and Basani who were also medically circumcised speaks to the issues of how no one will know if a man is traditional or medically circumcised, along with how the removal of the foreskin means ridding a part of oneself, he tells:

> ***Miles**: "Who will know? At the end of the day you are a man when the foreskin is off"* (Interview, 28 September, 2013).
>
> ***Basani**: "the removal of the foreskin is the removal of a part yourself"* (Interview, 28 September, 2013).

Shadrick who was traditionally circumcised reflected on the idiom regarding the foreskin and the old self and how the disposal of both is significant to the actual transitioning from boyhood to manhood. He replicates:

> ***Shadrack**: "We are told that when you get back from the mountains that all your old clothes must be disposed because that is the old you, its' like you are throwing away your childish self, like the foreskin it belongs to small boys and when it is cut off and the new you is born" (Interview, 08 June 2013).*

Shadrack's account of what the removal of the foreskin means is so profound as he told about the disposal of childhood behaviours, practices and so on and allowing the new grown-up to live within society. This is also echoed by Mgqolozana (2009) when he highlights that most elderly traditional people, particularly men, believe that circumcision curbs boys' 'childish' behaviours like violence and crime. Vincent (2008) highlighted that male circumcision rites

are symbolically saturated, and looks at the enhancement of masculine virility, the performative enactment of the separation between men and women for marriage and adult sexuality.

Circumcision whether traditionally or medically has philosophical meaning in these men's lives, which gives the sense that practices such as circumcision breaks cultural boundaries. The break of cultural boundaries that I am leaning towards is that this practice for the men in this research was not governed by politics of culture or medical intervening with cultural practices. Rather it gave them a common sense of feeling that was positive and celebrated by the men who have been circumcised. Therefore there is also a need to heed to scholars to stop focusing on the 'genitalisation' of masculine sexualities but rather build on practices and sentiment that restore the positive image of manhood and masculinities in South Africa and elsewhere in the world.

CONCLUSION

This chapter attempted to unpack sexual socialisation and how pleasure and masculine sexuality are shaped by one's exposure to sexual content and therefore influences one's behaviours and actions. Furthermore, this chapter shows how social institutions such as religion and culture are used to affirm the importance of fertility to affirm dominant ideologies of masculinities. It also showed how contradictions in the legislation and treaties that seek to address the reproductive health needs of both women and men, still place fertility as women's rights and privileges. Although this could be seen as unequal emphasis on reproduction being perceived as a woman's issue, it is important to also understand that women's sexual reproductive health choices are still seen as dominated by men.

The questions of whether men's sexual reproductive needs are central to sexual reproductive health rights issues was unpacked through looking at their knowledge of what sexual reproductive health rights are. Their narratives showed how the lack of socio-cultural specific interventions for men makes men prone to sexual malpractices and sexual violation of younger men. Finally the chapter looked at how circumcision as a religious, cultural and medical practice is essential to the masculine identity and sexuality as it symbolises transitioning and transformation of the men.

CHAPTER SEVEN

CONCLUSIONS AND RECOMMENDATIONS

This study aimed to highlight that there is a reproductive health discourse in South Africa that is reflected in issues of sexual reproductive health through the men's perspectives. Further, it used father absence and denied paternity as the background to emphasise that sexual reproductive health matters are gendered. Through in-depth interviews with 14 unmarried men from the Townships of Soweto and Kagiso, this qualitative research used thematic content analysis to explore their perceptions of contraceptives and their ideas on father absence and denied paternity.

To facilitate this investigation, a detailed review of literature on gender and sexual reproductive health was undertaken. This was useful as the snowball sampling method was used to target unmarried men from Township settings. Through the use of snowball sampling this study derived 7 unmarried men from each Township, bringing the total of the participants to 14. Using semi-structured interviews to collect the narratives of these men's perceptions of contraceptives and their ideas on father absence and denied paternity, this study looked at the reflective journey of the researcher by tackling issues of being the insider and outsider and complexes with regards to the class and gender dynamics found in chapter three.

In chapter four, this study found that the notions of contraception and sexual reproductive healthcare services are gendered and thus, shape how men see their responsibility in preventing pregnancies. Furthermore this chapter explored how culture as a social institution conceptualises responsibility as a strategy to enforce gendered roles and responsibilities.

Chapter five focused on how feminised notions of contraception are linked to issues of denied paternity and father absence. This finding explored three concepts of denied paternity and how it was experienced differently by the men in this study and its links to how father absences was experienced differently in the context of present fathers and female headed households. Further, this finding looked at how fatherhood is a great expectation for these men and what it means to their manhood, along with how money and sex are a part of fatherhood experiences.

Finally chapter 6 unpacked issues around how masculine sexualities are shaped by processes of sexual socialisation; these include how men perceived issues of fertility and pleasure. The chapter went on to reveal the contradictions in the policies that govern sexual reproductive health, which led to the questioning of whether policies are addressing men's sexual reproductive health. Circumcision as a cultural, religious and health practice was seen as fundamental to the masculine identity of these men and therefore, was important in the transition from boy to manhood.

Sexual reproductive health for men is dynamic and complex given South Africa's history and how it shapes contemporary sexual behaviours and attitudes. Further, it has changed family dynamics, gendered roles and sexualities. In the context of men, sexual reproductive health are shaped by changes in social institutions which thus and gives men varied experiences of how they perceived sexual reproductive health services. Therefore, it shapes how men construct their notions of responsibility for contraception and sexual reproductive healthcare as a whole. However, the influences of social structures in men's lives also reproduce negative connotations to the importance of healthy sexual practices, attitudes and behaviour. Such is seen in how socialisation shapes how men construct pleasure and issues of fertility which produce notions of dangerous hegemonic masculinities that may be harmful to both men and women.

Gendered spaces are seen as problematic as they hinder breakthroughs in addressing sexual reproductive health issues holistically. The link between fatherhood and father absence can be rooted in feminised notions of spaces, services and ideals such as contraception being a feminised concept. Although father absences and denied paternity is rooted in South Africa's history and unmet cultural expectations, the contemporary practices and perceptions regarding services such as family planning and contraception are also contributing factors to issues of fatherhood. Therefore, sexual reproductive health must speak to issues of sexuality, healthcare, sexual socialisation and reproduction in a holistic way. Further, sexual reproductive health rights need to address the complex needs of both men and women in order to promote healthy sexual practices.

Recommendations:

For Policy

There is a need for policy dialogues to look at the meaning of sexual reproductive health for men, in relation to their multiple masculine identities, which include their rights and responsibilities in reproduction. Current policies that are aimed at gender mainstreaming in health related matters need to be reviewed using critical lenses of 'gender' that includes men. Furthermore, there is a need to create bigger platforms in which information about what sexual reproductive health rights and responsibilities means for women and men with the purpose of engaging men in dialogues of sexual health practices, family planning and other healthcare services.

For research

Given the fact that there is disconnection in sexual reproductive healthcare for men and issues of fatherhood, there is a need for more research that will look at context specific interventions that tackle sexual reproductive lifestyle and its implications on fatherhood practices. Furthermore, in relation to race and class, more research is needed on understanding how race, gender and context impact identity and perceptions on accessibility of basic services particularly in relation to sexual healthcare.

For social work practice

Social work practice needs to priorities and have specialised services that tackle men, sexual healthcare and gender significance in gender interventions. This will inform interventions that will help men engage in dialogues that speak to their sexual health needs in a manner that will contribute to efforts of achieving gender equality without excluding their role in gender relations.

References

Addis, M. E., & Mahalik, J. R. (2003). Men, masculinity, and the contexts of help seeking. *American Psychology. 58*(1):5-14

Adomako Ampofo, A, Beoku-Betts, J Osirim. M (2008). "Researching African Women and Gender Studies: New Social Science Perspectives." In Akosua Adomako Ampofo, Josephine Beoku-Betts and Mary Osirim (Eds.) Researching African Women and Gender Studies*; New Social Science Perspectives; Special Issue African and Asian Studies. 7(4)*: 327 –341

Adomako Ampofo, A. & Boateng, J. (2011). Multiple meaning of manhood among boys in Ghana. In S. Tamale (Ed.), *African sexualities: A reader*. Cape Town: Pambazuka Press

AVSC International & IPPF/Western Hemisphere Region (1998). Literature Review for the Symposium on Male Participation in Sexual and Reproductive Health. Oaxaca, Mexico.

Babbie, E. and Mouton, J. (2001). The ethics and politics of social research in Babbie, E and Mouton. J. *The Practice of Social Research* (South African ed.). Cape Town: Oxford University Press.

Brown, J., Sorrell, J., & Raffaelli, M. (2005). An exploratory study of constructions of masculinity, sexuality and HIV/AIDS in Namibia, Southern Africa. *Culture, Health & Sexuality*, *7*(6), p.586.

Brubaker, R.; Cooper, F. (2000). Beyond 'Identity. *Theory and Society 29*: 1–47

Burman, E. & Parker, I. (eds.) (1993). *Discourse Analytic Research: Repertoires and Readings of Texts in Action*. London: Routledge

Buthelezi, T. (2001) The One Who Has Eaten It, Has Only Eaten a Part': Exploring Traditional Zulu Premarital Sexual Practices. *Sexuality in Africa,Vol 31* (2).

Butler, J. (1993). *Bodies that matter: On the discursive limits of sex*. New York: Routledge.

Castillo, W. (2003). Machismo: A sexual and reproductive health risk. *Women's Health Journal,(2),* 61–66.

Chauke, P. (2012). Fatherhood and the Maintenance system: *The fatherhood views of unmarried fathers who had been charged or threatened with Maintenance Court ordered child support*. (Degree in Bachelor of Social Work). University of the Witwatersrand

Chenail, R. (2011). Interviewing the Investigator: Strategies for Addressing Instrumentation and Researcher Bias Concerns in Qualitative Research. *The Qualitative Report : Volume 16* (1). http://www.nova.edu/ssss/QR/QR16-1/interviewing.pdf.

Chodorow, N. (1978). *The Reproduction of Mothering*. Berkeley: University of California Press.

Collins, P. (2002) Learning from the outsider within: the sociological significance of Black feminist thought. In Jackson, S & Scott, S., (eds.) 2000. Gender: a sociological reader. London and New York: Routledge.

Connell, R. (1995). *Masculinities*. Cambridge: Polity Press.

Connell, R. & Messerschmidt, J. (2005). Hegemonic Masculinity: Rethinking the Concept. *Gender & Society*. 19, 829

Cornwall, A. (2005). *Readings in Gender in Africa*. (ed.), Oxford: James Currey.

Courteney, W. H. (2000). Construction of masculinity and their influence on health well-being: A theory of gender and health. *Social science and medicine, 50*(10), 1385-1401.

Daly, M. & Rake, K. (2003) Gender and the welfare State. Oxford: Polity Marketing,.

Delius, P & Glaser, C. (2002): Sexual Socialisation in South Africa: A Historical Perspective. *African Studies, 61*(1) 27-54

Denzin, N.K., & Lincoln, Y.S. (1994). Handbook of qualitative research. Thousand Oaks:Sage.

De Vos, AS ;Delport, CSL ; Fouche, CB ; Strydom, H (2011). Research at grass roots: *for the social sciences and human services professions.*Pretoria: Van Schaik Publishers.

Eberhardt, J., van Wersch, A., Meikle, N. (2009). Attitudes towards the male contraceptive pill in men and women in casual and stable sexual relationships. *Health Care. 35*: 161-5.Fielding N. (2001) On the compatibility between qualitative and quantitative research methods. Forum Qualitative Sozialforschung

Flood, M. (2003). Lust, Trust and latex: why young heterosexual men do not use condoms. *Culture, health and sexuality, vol.5*(4) 353- 369

Foreman, M. (1999). AIDS and Men: Taking Risks or Taking Responsibility? London: The Panos Institute; London: Zed Books Ltd.

Gergen, M & Gergen, K. (2004). Social Constructionism: Entering the Dialogue. Chagrin Falls, OH: Taos Institute Publications.

Glasier, A. (2010). Acceptability of contraception for men: a review. *Contraception, 82:453-6.*

Glover-Walton, C. (2007). *Factors influencing the patterns of dominance in decision-making for the use of fertility control: evidence from the 1998 SADHS*. Unpublished PHD thesis. University of the Witwatersrand. South Africa.

Grady, W., Tanfer, K., Billy, J. & Lincoln-Hanson, J. (1996). Men's Perceptions of Their Roles and Responsibilities Regarding Sex, Contraception and Childrearing. *Population Studies. Vol: 28*, 221-226.

Gramsci, A. (1971). *Selections from the Prison Notebooks.* New York: International Publishers

Greene, M., Mehta, M., Pulerwitz, J., Wulf, D., Bankole, A., & Singh, S. (2006). *Involving Men in Reproductive Health: Contributions to Development*. UN Millennium Project.

Gqola (2009) " The difficult task of normalizing freedom": spectacular masculinities, Ndebele's literary/cultural commentary and post-apartheid life. *English in Africa 36* (1), 61-76

Gwata, F. (2009). *Traditional male circumcision: What is its socio-cultural significance among young Xhosa men?* CSSR Working Paper No. 264.

Harcourt, W. (2009). *Body politics in development. Critical debates in gender and development*. USA: Palgrave Macmillan..

Harrison, A., Cleland, J., Gouws, E., Frohlich, J. (2005). Early sexual debut among young men in rural South Africa: heightened vulnerability to sexual risk? *Sex Transm Infect ;81*:259–261.

Hassim, A., Heywood, M., & Berger, J. (2007). *Health and democracy.* Siber Ink.

Hunter, M. (2006). The changing political economy of sex in South Africa: The significance of unemployment and inequalities to the scale of the AIDS pandemic. *Social Science & Medicine (64),* 689–700

Hooks, B. (2000). *Feminism is for Everybody*: Passionate Politics Pluto Press

Hook, D. (2004) (Ed.) Critical Psychology. University of Cape Town Press: Cape Town.

Hong, L. (2000). Towards a transformed approach to prevention: Breaking the link between masculinity and violence. *Journal of American College Health (48)* 269– 279.

Horwitz, S, (2009). *Health and Health Care under Apartheid*. Faculty of Health Sciences, University of the Witwatersrand, Johannesburg.

Hunter, M. (2002). Masculinities and multiple-sexual-partners in KwaZulu-Natal: *The Making and Unmaking of Isoka.* Berkeley: University of California

Hunter, M. (2005). Cultural politics and masculinities: Multiple partners in historical perspective in KwaZulu-Natal. *Culture, Health & Sexuality,7*: 209-223.

International Defence and Aid Funds for Southern Africa. (1980). Children under Aparthied: In photographs and text.

Jackson, S. & Scott, S. (2006). *Femininity and Sexuality*. Mishawaka. USA: SAGE publications.

Jensen, R. (1998). Getting it up for politics. In Eric Rofes (Ed.), Opposite sex (pp. 146–170). New York7 New York University Press.

Khunou, G. (2006). Fathers Don't Stand a Chance: Experiences of Custody, Access and Maintenance. In L. Richter and R. Morrell (eds.). *Baba*: *Men and Fatherhood in South Africa*. Cape Town: HSRC Press.

Khunou, G. (2007). *Maintenance and Changing Masculinities as Sources of Gender Conflict in Contemporary Johannesburg*. PhD thesis, University of the Witwatersrand.

Khunou, G. (2013). Men's health: An analysis of representations of men's health in the Sowetan newspaper, Communicatio. *South African Journal for Communication Theory and Research, 39*(2):182-193.

Khunou, G. (2014) Are men's health care needs important? A critical analysis of the South Africa Health Policy. In Vasu, R., Meyer, S & Meyiwa, T. Transnational gender perspective. Cape Town: HSRC Press.

Kok, P., Gelderblom, D., Oucho, J., & van Zyl, J. (2006). *Migration in South and Southern Africa: dynamics and determinants*. Cape Town. HRSC press,

Kokopeli, Lakey, Blood and Moyer (1983) More Power Than We Want: Masculine Sexuality and Violence. (http://www.trainingforchange.org).

Kwankye, S. (2009). *Migration and, sexual and reproductive behaviour among young women in Ghana.* uaps2007.princeton.edu/papers/70104.

Langa, M. (2012). Becoming a man: Exploring multiple voices of masculinity amongst a group of young adolescent boys in Alexandra Township, South Africa. (Doctoral thesis). University of the Witwatersrand.

Leclere-Madladla, S. (2001). virginity testing: Managing Sexuality in a Maturing HIV/Aids Epidemic' *Medical Anthropology quarterly 15*(4): 533-552.

Lemelle, A. (2010). *Black Masculinity and Sexual Politics*. New York: Taylor & Francis.

Lewis, J. & Ritchie, J. (2003). Qualitative research practice: *A guide for social science students and researchers.* SEGA publications.

Lewis, D, Shewarega Hussen, T & van Vuuren, M. (2013) Exploring new media technologies among young South African women. E-spaces : E-politics: *Feminist Africa* (18).

Lindsay, L. & Miescher, S., F. (2003). *Men and masculinities in modern Africa.* Portsmouth, NH: Heinemann

MacPhail, C. & Campbell, C. (2001). I think condoms are good, but, aai, I hate those things: Condom use amongst adolescents and young people in the Southern African Township. *Social Science & Medicine, 52*(11), 1613-1627

Manyatshe, L. (2013). Why Mothers Do Not Tell*: Narratives of Maternal Non-disclosure of Biological Paternal Identity.* Unpublished Master thesis. University of the Witwatersrand.

Mathewson, S.L. (2009). Man as remedy for man: Constructions of masculinity and health-related behaviours among young men in Dakar, Senegal. *Working Paper Series 9* (91): 1–31.

Mason, M. (1993). *Male infertility—men talking*. London: Routledge.

Menkiti, I.A. 1984. "Person and Community in African Traditional Thought." In R.A. Wright (ed.), African Philosophy: An Introduction (Lanham: University Press of America): 171-81

Meyer, M. & Struthers. H. (2012). *(Un) covering men: Rewriting masculinity and health in South Africa.* Anova Health Institution and Wits journalism programme, Johannesburg: Fanele.

Mgqolozana, T. (2009). *A man who is not a man*. Kwa-Zulu Natal: UKZN Press.

Morrell, R. (1998). Of boys and men: masculinity and gender in Southern Africa studies. *Journal of Southern African Studies, 24*(5), 605-630.

Morrell, R. (ed.) (2001) *Changing Men in Southern Africa*. Pietermartzburg: Natal University Press.

Morrell, R. & Richter, L. (2006) Introduction. In *Baba: Men and Fatherhood in South Africa,* edited by L. Richter and R. Morrell. Cape Town: HSRC Press.

Morrell, R., Jewkes, R., & Lindegger, G. (2012). Hegemonic Masculinity/Masculinities in South Africa: culture, power and gender politics. *Men and* Masculinities, 15(1): 11-30

.

Mills, D., & Ssewakiryanga, E. (2005). "No romance without finance". In A. Cornwall (ed) *Readings in Gender in Africa*. Oxford: James Currey.

Mokoena, D. (2008). *Contraceptive Utility as emasculation*. Unpublished research report. University of the Witwatersrand, Johannesburg.

Moele. K. (2009). *The book of the dead.* Kwela publication

Murphy, J. (1989). Separate and unequal: Women in the public address events. *The National Forensic Journal, 1*:115-125.

Myburgh, H. (2011). The clinic as a gendered space: Masculinities, health seeking behaviour and HIV & AIDS. *Public Health*. www.consultancyafrica.com.

Nicholson, L. (1997). The Second Wave: *A Reader in Feminist Theory* (ed). New York and London: Routledge.

Naidu, M. & Ngqila, K. (2013). Enacting masculinities: Pleasure to men and violence to women. Empowering women for gender equity. *Agenda, 27*(1): 61-70

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: A journal of African studies, 38*(2): 314-330

Nduna, M., Kasese-Hara, M., Ndebele, M., & Pillay, M. (2011). Prevalence and characteristics of unresolved paternal identity in families of a South African Community. *Journal of Psychology in Africa, 21*(4): 589-594.

Nduna, M., & Khunou, G. (Forthcoming). *Prevalence and characteristics of men reporting a contested pregnancy from Limpopo and Gauteng, South Africa.*

Nduna, M. and Maseko, V., (2008). Discontinued intimacy, denied paternity. *Sexuality in Africa Magazine, 4*: 11–14.

Patterson, M., & Richard, E. (2002). Negotiating masculinities: Advertising and the inversion of the male gaze. *Consumption Markets & Culture. 5*: 231–46.

Padgett, D. (2008) Qualitative Methods in Social Work Research. New York University, Italy. SAGE Publications, Inc

Presser, S., Mick P. Couper, J.T. Lessler, E. Martin, J. Martin, J.M. Rothgeb, and Eleanor Singer. 2004. Methods for Testing and Evaluating Survey Questions. *Public Opinion Quarterly, 68*(1): 109-130.

Ouzgane, L. & Morrell, R. (eds.). (2005). *African Masculinities: Men in Africa from the Late Nineteenth Century to the Present*. Scottsville: University of KwaZulu-Natal Press.

Oyewumi, Oyeronke. (2002). *Conceptualizing Gender: The Eurocentric Foundations of Feminist Concepts and the Challenge of African Epistemologies*. http://www.jendajournal.com/jenda/vol2.1/tov2.1.htm

Oloruntoba-Oju, T. (2011). *Sexuality, language and communication. Sexuality in magazine and monographs.* Africa Regional Sexuality Resource Centre. Vol: 7 (2)

Oudshoorn, N. (2004) "Astronauts in the Sperm World": The renegotiation of masculine identities in discourses on male contraceptives. *Men and Masculinities, 6*: 349

Ramphele, M. (2002). *Steering by the stars: Being young in South Africa*. Cape Town: Tafelberg publishers.

Ramphele and Richter (2006) Migracy, family dissolution and fatherhood. In Baba: Men and Fatherhood in South Africa, edited by L. Richter and R. Morrell. Cape Town: HSRC Press.

Ramphele, M. (2012). *Conversations with my sons and daughters*. Penguin pusblisher

Rakgoasi, S. (2010). *Men, Masculinities and Sexual and Reproductive Health in Botswana.* Thesis, Degree of Doctor of Philosophy. University of Witwatersrand.

Ratele, K. (2005). Proper sex, bodies, culture and objectification. Sexuality and body image. *African feminism, vol,2*(2), Agenda. NO 63.

Ratele, K. (2006). Ruling masculinity and sexualities. *Feminist Africa 6 (Subaltern sexualities), 48-64.*

Ratele, K., Fouten, E., Shefer, T., Strebel, A., Shabalala, N., & Buikema, R. (2007). Moffies, jock and cool guys': boys' accounts of masculinity and their resistance in context, in Shefer, T., Ratele, K., Strebel, A., Shabalala, N., & Buikema, R. (eds.) *From boys to men: social constructions of masculinity in contemporary society* (pp.112-127).Cape Town: UCT press.

Ratele, K. (2008). *Masculinities, Maleness and (Illusive) Pleasure*. African Regional Sexuality resources centre. Working Paper.

Ratele, K., Shefer, T & Clowes, L. (2012) Talking South African fathers: a critical examination of men's construction and experiences of fatherhood and fatherlessness. *South African journal of psychology, 42* (4), pp; 533-563

Ritchie, J & Lewis, J. (2003) Qualitative research practice: A Guide for Social Science Students and Researchers. London, Thousand Oaks. SAGE Publications

Richter, L. and Morrell, R. (eds.) (2006) Baba? Men and Fatherhood in South Africa.

Cape Town: HSRC Press.

RSA (2012) National contraception and fertility planning policy and service delivery guidelines. *A companion to the National Contraception Clinical Guidelines.*

Schroeder, J & Zwick, D. (2004). Mirrors of Masculinity: Representation and Identity in Advertising Images. *Consumption, Markets and Culture. Vol. 7*(1): 21–52

Seidler, V. (1992). *Men, Sex and Relationships: Writings From Achilles Heel. Male orders*. Routledge: London and New York.

Seidler, V. (2006). *Young Men and Masculinities: Global Cultures and Intimate Lives*. Global masculinities series. New York.

Smith, C.P. (2000). Content Analysis and Narrative Analysis. In Reis, H. T., & Judd, C. (Eds.). (2000). Handbook of research methods in social and personality psychology. New York: Cambridge University Press.

South African Institute for Race Relations (SAIRR). (2011). Is this your child? *fast facts.* http://www.sairr.org.za

Swartz, S. (2009). Ikasi*: The Moral Ecology of South Africa's Township Youth:* Wits University Press. Palgrave Macmillan

Swartz, L., De la Ray, C., Duncan, N., & Townsend, L. (2008) *Introduction to psychology*. (2nd ed.). Southern Africa: Oxford Southern African.

Swartz, S., & Bhana, A. (2009). Teenage Tata: *Voices of young fathers in South Africa.* Pretoria*:* HSRC Press.

Tshemese, M. C. (2009). *Bringing back the dignity into being a man, beyond public conversations*. Unpublished Paper presented at Mandela Children's Fund: Johannesburg.

Turney, L. (2011). The denied of paternity: pregnancy as a risk to the 'pure relationship'. Sociology. SAGE publication.

Vincent, L. (2008). Boys will be boys: traditional Xhosa male circumcision, HIV and sexual socialisation in contemporary South Africa. *Culture, Health & Sexuality,10*(5):431 — 446

Van der Watt, J. (2009). *Images of Men and Masculinities within cultural contexts: A pastoral assessment*. (Doctoral dissertation) University of Stellenbosch: Cape Town. South Africa.

Wentzell, M & Inhorn, E (2011). Embodying Emergent Masculinities: Reproductive and Sexual health Technologies in the Middle East and Mexico." *American Ethnologist 38*(4):801-815.

Weld, T., & Gould, S. (1992). Men's health: body and mind. Sex with contraception. In *men, sex and relationships* by Seidler, V. Achilles heel. Routledge.

Xaba, T. (2001). Masculinity and its malcontents: the confrontation between struggle masculinity' and post-struggle masculinity' (1990-1997). In R. Morrell (Ed.), *Changing men in Southern Africa* (pp. 105-124) Pietermaritzburg: University of Natal.

http://www.gwsafrica.org (2009) Gender & Sexuality: Review essay on teaching gender and sexualities

Appendix A

Participant Information Sheet

Dear: Participant

Topic of the research: Reproductive health and denied paternity: the politics of men's fertility.

My name is Polite Khanyisa Chauke and I am a Masters Social Work student at the University of the Witwatersrand. As part of the requirements for the degree, I am conducting research seeking to explore the perceptions of unmarried men on contraceptives and ideas of father absence and denied paternity. Therefore I would like you to participate in my study. Your participation is entirely voluntary and refusal to participate will not be held against you in anyway. If you agree to part take, the time and the place will be negotiated. The interview will last approximately 30 minutes- 60 minutes. You may withdraw from the study at any given time if you feel uncomfortable or unable to continue with the interview.

With your permission, the interview will be tape recorded. No other person than my supervisor will have access to the tapes. The tapes and interview schedules will be kept for two years following any publications or for six years if no publications emanate from the study. Please be assured that your personal name and personal details will be kept confidential and no identifying information will be included in the final research report. As the interview will include sensitive issues, there is the possibility that you may experience some feelings of emotional distress. Should you feel the need for supportive counselling after the interview please contact Lifeline Clinix Soweto at (011) 988-0155/6 to schedule an appointment. Please note that their services are free of charge. For further enquires about the research study, feel free to contact me at 071 511 7174 or Polite.Chauke.students@wits.ac.za. Alternatively you can contact my supervisor Dr Grace Khunou at 011 717 4518 or alternatively via email at Grace.Khunou@wits.ac.za. Should you wish to receive a summary of the results of the study; an abstract will be made available on request.

Thank you for your participation.

Polite Khanyisa Chauke.

Appendix B

Consent Form for participation in the study

I hereby consent to participate in the research study. The purpose and procedure of the study have been explained to me. I understand that my participation is voluntary and that I may withdraw from the study at any time without any negative consequences. I understand that my responses will be kept confidential.

Name of Participant: _____

Date: _____

Signature: _____

Appendix C

Consent form for audio- taping of the interview

I hereby consent to tape- recording of the interview. I understand that my confidentiality will be maintained at all times and that the tapes will be destroyed two years after any publication arising from the study or for six years after completion of the study if there are no publications.

Name of Participant: _____

Date: _____

Signature:_____

Appendix D

Interview questions

Identifying Information

Employed ☐ Unemployed ☐

Highest education level: _____

Cell phone number: _____ Age: _____

Dependent/s Yes: ____ No: _____

Number of dependent/s:_____

Gender of dependent/s: Male ☐

: Female ☐

Relationship Status: Single ☐

: Partnership ☐

: Casual ☐

Circumcised : Yes ☐

: No ☐

Traditional ☐

Clinical ☐

Questions

1. Did you have a conversation with anyone about sex (sexual education)?

2. How Old were you when you had your first sexual encounter?
3. Was your first sexual encounter protected sex or unprotected sex?
4. What sort of relationship were you in when impregnated a woman?
5. prior to your first sexual encounter did you discuss use of contraceptive to prevent the pregnancy
6. What were some of the methods you used to prevent pregnancy?
7. What was your reaction when you were told you had impregnated someone?

PROBE QUESTION

- Age at time
- Feelings on hearing the news
- Actions taken after hearing the news

8. Did you ever question the paternity of the child?
9. At what point did you question the paternity of the child?
10. What lead you to think the child was not yours?
11. What are men's role in preventing unwanted pregnancies?
12. How can family planning involve men?
13. Can a pill or an injection as contraceptive work for men?
14. What would you have done differently to make sure you did not impregnate someone?

Circumcision

15. Did at any point of the process learn or discuss issues of manhood?
16. Did going through the process change how you view relationships?
17. How did you see yourself after the process?

Appendix E: Approval letter from the University of the Witwatersrand Human Research Ethics Committee

Research Office

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

CLEARANCE CERTIFICATE	**PROTOCOL NUMBER H13/04/13**
PROJECT TITLE	Reproductive health and denied paternity
INVESTIGATOR(S)	Ms P Chauke
SCHOOL/DEPARTMENT	Human & Community Development/Social Work
DATE CONSIDERED	19/04/13
DECISION OF THE COMMITTEE	Approved unconditionally
EXPIRY DATE	20/05/2015

DATE 21/05/2013 **CHAIRPERSON** (Professor T Milani)

cc: Supervisor : Dr G Khunou

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