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2017

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

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

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Abstract

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

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

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

Method: Data was collected based on the perceptions and experiences of ten adolescent boys, aged between 15 -19 years, who were growing up in homes where their fathers were absent. The participants were recruited from a youth centre in Hillbrow, Johannesburg. A qualitative research methodology was used which is situated in the interpretivist paradigm. Participants were purposively selected bases on a specific inclusion criteria that was provided. Data was

collected by means ten of semi-structured, one-to-one, in-depth interviews. The interviews ranged from 12 – 45 minutes. The data was analysed using inductive thematic analysis.

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

Discussion:

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

Conclusion: The study revealed that although Black adolescent boys still practised some forms of hegemonic masculinity, they were developing alternative forms of masculinity, which were neither complicit nor subordinate to the nouveau hegemonic masculinity. Mothers also had an influential role in how adolescent boys with absentee fathers constructed their identities. Mothers were often the first point of call that the participants turned to when they were confronted with a crisis. It was also revealed that mothers influenced the decision for their sons to go for VMMC for mainly health reasons rather than for the process to be a

marker of masculinity. The adolescent boys in the study did not question their mother's decision but in most instances simply followed the instructions they had been given.

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

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