

UNIVERSITY OF KWAZULU-NATAL

**RECONSTRUCTING MASCULINITIES? A SOCIAL-PSYCHOLOGICAL
APPROACH TO PARTICIPATION AND MASCULINITIES IN THE CONTEXT OF
HIV**

Andrew Gibbs

February 2015

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Andrew Gibbs

Submitted in fulfilment of the degree of

Doctor of Philosophy (Psychology)

At the University of KwaZulu-Natal

Howard College

Supervisor: Prof Inge Petersen

Declaration

I declare that this dissertation is my own work. For the individual papers that comprise the body of this thesis I have clearly articulated my role and others, in their writing. It is being submitted in fulfilment of the degree Doctor of Philosophy (Psychology) at the University of KwaZulu-Natal. This research work has not been submitted before for any degree or examination at any other University. All sources used in this work have been duly acknowledged according to the guidelines of the American Psychological Association (6th edition).

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February 2015

Abstract

Increasingly policy and programmatic responses to HIV and AIDS and intimate partner violence (IPV) are focusing on engaging and working with men and boys as a way to reduce HIV-risk and IPV through transforming gender norms and attitudes, yet there remains little in-depth understanding of the processes through which these interventions work, or do not. In the context of informal settlements in South Africa, using a mixed methods approach this thesis aimed to understand the role of context in informing masculinity and risk in young men and evaluate the Stepping Stones and Creating Futures intervention for promoting more health enhancing masculinities in young men. The study contains five discrete papers alongside an integrative discussion and conclusion that locates the five papers in one overarching narrative drawing together the conceptual components of masculinities, safe social spaces and urban informal settlements. It suggests that urban informal settlements may be particular places that engender forms of masculinity that are harmful to women and men themselves and make change particularly difficult to support. Moreover, politically, rather than seeing working on men and boys as a way to achieve radical change in men's understandings of themselves and their identities, rather a more subtle shift may be seen, where men start to embody less violent forms of masculinity, but that the forms of masculinity they begin to draw on also are oppressive to women in new, more subtle, ways. However, despite this, for some men involved in the Stepping Stones and Creating Futures intervention, there remain pockets of radical change and promise that potentially can be a springboard for more far-reaching change in gender relationships.

Acknowledgements

There are a large number of acknowledgements related to this thesis.

Three main people have helped shape my thinking in relation to this thesis and more broadly my work in this area over a number of years and supported me in a rather long journey.

Cathy Campbell, who has worked with me in various ways for the past eight years, helped develop my interest in participatory approaches to social change and supported me as I started out my career in research and continues to do so. More recently Rachel Jewkes has been critical for pushing my thinking and strengthening my understanding of masculinities and gender-based violence, moreover she has worked closely with me on the main study and enabled me to carve out space to construct a PhD from our joint work. Finally, my partner Samantha Willan who has participated in the practical, theoretical and emotional challenges of this project since; moreover we have worked closely together on many other projects more broadly related to gender equality and health and has sought to keep me engaged in a more activist tradition of the field.

I remain indebted to Inge Petersen who supervised my thesis and managed to help me navigate a bureaucratic system that I could not and ensure that I remained registered throughout the process.

The papers that form this thesis emerge from a collaborative project, which has been the product of many people's work and our collective thinking. Specifically Nwabisa Jama-Shai, Yandisa Sikweyiya, Laura Washington, Mpume Mbatha and Alison Misselhorn have all engaged with me extensively and made the project possible. In addition, HEARD has an extensive operations team that provided financial, contractual and logistical support that made the intervention and research possible. Shelly Seid has edited a large number of documents, including some of these papers throughout the process. The research was only possible through working with a super team of fieldworkers and facilitators who worked tirelessly to complete the study and intervention.

I have a number of friends and colleagues who I have met through this work and have helped me in various ways, in particular Abbey Hatcher, Erin Stern and Megan Dunbar.

Finally Zakes and Rosa who have at times helped out with fieldwork, organising the intervention and attending meetings, far exceeding what one should expect of children their age. In many ways this work emerges from a broad commitment to make South Africa a better place for them to grow up in.

Reconstructing masculinities? A social-psychological approach to participation and masculinities in the context of HIV

Introduction

Background

HIV and AIDS and intimate partner violence (IPV) are two of the major causes of morbidity and mortality, globally and specifically in Southern Africa (Lozano et al., 2012). In 2010 HIV and AIDS was one of the top five causes of the global burden of disease, while interpersonal violence was in the top 30; in Southern Africa HIV and AIDS was the leading cause of DALYs (Disability Adjusted Life Years), and IPV the fifth primary cause of DALYs (Lozano et al., 2012).

While globally and in Southern Africa the HIV and AIDS epidemic is stabilising, young people and in particular young women remain particularly vulnerable to acquiring HIV. UNICEF (2011) suggested that in 2009, 20 countries from Sub-Saharan Africa accounted for 69% of all new HIV acquisitions amongst young people globally. Furthermore, one third of all new HIV acquisitions amongst young people came from just two countries, South Africa and Nigeria. When disaggregated by sex, the majority of these new HIV acquisitions are amongst young women; young women in Sub-Saharan Africa aged 15-24 are an estimated 2.5-4 times more likely than their male counterparts to be living with HIV (Gouws, Stanecki, Lyerla, & Ghys, 2008).

In South Africa a similar pattern of HIV acquisition is seen. The latest nationally representative data released by the HSRC shows that despite a reduction in HIV prevalence amongst young women aged 20-24, HIV prevalence amongst this group was three times higher at 17.4% compared to the same aged men where HIV prevalence was 5.1% (Shisana et al., 2014).

Globally 30% of women have experienced sexual and/or physical violence from an intimate partner, although there remains significant variation between countries (WHO, 2013). In South Africa, estimates of the prevalence of IPV suggest it is widespread. A recent representative household study in one province, Gauteng, South Africa, estimated 33% of women had experienced physical violence and 25% sexual violence from an intimate partner (Gender Links & Medical Research Council, 2011). Intimate partner violence is defined as

any form of physical or sexual violence or coercion directed from one person in a relationship to the other (WHO, 2013).

The impact of IPV on women's health and wellbeing is wide-ranging, including higher levels of depression and suicidality (Devries et al., 2013), poorer birth outcomes for their children (WHO, 2013) and increased unsafe alcohol use (WHO, 2013). In South Africa, a recent cross-sectional study on women's experiences of violence showed a range of correlated health-risk behaviours including alcohol use and the use of non-medical sedatives (Gass, Stein, Williams, & Seedat, 2010).

Recent longitudinal studies from Southern and Eastern Africa, also demonstrate that women who experience violence from an intimate partner are up to 50% more likely to acquire HIV than those who don't (Jewkes, Dunkle, Nduna, & Shai, 2010; Kouyoumdjian et al., 2013). This reinforced the large body of cross-sectional research on the relationship between IPV and HIV that was suggestive of a relationship, but methodologically problematic (Dunkle et al., 2004; Fonck, Leye, Ndinya-Achula, & Temmerman, 2005).

HIV and AIDS and IPV have many common root causes, primarily related to the ways in which unequal gender relationships – that is the socially constructed nature of power between men and women – are produced and sustained at multiple, interlocking levels (Campbell & Gibbs, 2010; Jewkes, 2002). Research has identified how gender inequalities intersect with other factors such as material inequality and change, lack of political voice and claims of culture to undermine women's agency to negotiate condom use, increase violence against women perpetrated by men, and encourage men and women to engage in multiple concurrent partnerships (Campbell & Gibbs, 2010; Dworkin & Ehrhardt, 2007; Jewkes, 2010).

Urban dynamics

Recently there has been a growing emphasis on the spatial nature of violence and HIV risk and how 'place matters' (Davidson, Mitchell, & Hunt, 2008; Thomas, Vearey, & Mahlangu, 2011; Vearey, Palmary, Thomas, Nunez, & Drimie, 2010). In particular, a substantial body of evidence globally, and specifically from Southern and Eastern Africa has suggested that urban informal settlements are spaces of high levels of HIV risk and incidence, and also IPV (Thomas et al., 2011; van Renterghem & Jackson, 2009). In South Africa 29.1% of the total estimated HIV incidence was found in urban informal settlements, even though only 8.7% of South Africans older than two years live here (Rehle et al., 2007).

A range of different theories have been put forward to explain why urban informal settlements are particular spaces of risk. A substantial body of work has linked the high levels of poverty and material inequality found in urban informal settlements to HIV and IPV risk (Hunter, 2010; Kamndaya, Thomas, Vearey, Sartorius, & Kazembe, 2014). Others also emphasise the high levels of mobility and weak social relationships that exist in urban informal settlements, undermining social forms of power that have a tendency to constrain certain behaviours (Crush, Drimie, Frayne, & Caeser, 2011). Another argument suggests how weak service delivery, informal housing and a general sense of lack of structure and support, undermine people's sense of wellbeing, contributing in indirect ways to people's poorer health (Mmari et al., 2014).

Globally urban informal settlements are growing (Myers, 2011). In 2010 WHO and UN-Habitat estimated that 63% of urban dwellers in sub-Saharan Africa lived in informal settlements (WHO & UN-Habitat, 2010). In South Africa estimates vary on the scale of urban informal settlements, depending on whether household or numbers of people are the measure; however they all concur that informal settlements are increasing. For instance drawing on nationally representative data Hunter and Posel (2012, p. 290) "*the percentage of households in informal dwellings doubled from approximately 7.5 percent of all households in 1995 to nearly 15 percent in 2006*".

Behavioural interventions to reduce IPV and HIV risk

Given the overwhelming burden of HIV and IPV experienced by women in Africa many interventions to reduce HIV and IPV risk focused on working with women, often drawing on individualised approaches to promoting health (Campbell, 2003; Campbell & Cornish, 2010). This has, however, led to disappointing and weak outcomes, with little clear evidence of interventions leading to change (Padian, McCoy, Balkus, & Wasserheit, 2010).

Recently there have been two significant shifts in interventions working to reduce IPV and HIV; first, there has been an increasing focus on the contextual factors – often referred to as structural drivers – that shape HIV and IPV risk, and interventions have increasingly been developed to tackle these (G. R. Gupta, Ogden, & Warner, 2011; G. R. Gupta, Parkhurst, Ogden, Aggleton, & Mahal, 2008). Second, interventions have increasingly sought to target men, rather than women, as ways to reduce HIV and IPV risk (Dunkle & Jewkes, 2007; Phillips & Pirkle, 2011).

The movement towards tackling contextual factors of HIV risk emerged from the recognition that behavioural interventions were, at best, having limited impact on the behaviours they

were trying to modify (Campbell, 2003). Many of the behavioural HIV prevention interventions focused on providing knowledge, information and skills, without tackling the social contexts – such as gender inequality and poverty – that are the underlying drivers of HIV transmission in Southern Africa (Campbell & Gibbs, 2010; Dworkin & Ehrhardt, 2007; G. R. Gupta et al., 2011). These approaches assume a very narrow focus on individual determinants of human behaviour and tend to ignore how social contexts shape action (Campbell, 2003).

Interventions to reduce IPV perpetration and victimisation have been more successful at showing impact. Most notable is the Stepping Stones trial from the Eastern Cape of South Africa. Over a 24 month follow-up in this trial, despite no significant impacts on sexual behaviours of either women or men (such as condom use or transactional sex) the incidence of Herpes Simplex Virus-2 (HSV-2) was significantly lower amongst women and men in the Stepping Stones arm than in the control arm. Importantly, however, male perpetration of IPV was significantly lower at 24 months amongst the intervention arm as well (Jewkes et al., 2008). In understanding the effects of the intervention, qualitative research suggested that one of the main reasons for not seeing an effect on women's behaviours (such as transactional sex or IPV victimisation) was the wider social context in which women lived, in particular the high levels of poverty that placed women in dependent relationships with men (Jewkes, Wood, & Duvury, 2010).

In response the need for structural interventions to tackle these wider issues was highlighted in a series of important papers (G. R. Gupta et al., 2011; G. R. Gupta et al., 2008). While a range of structural factors shaping HIV and IPV risk have been identified, including weak policy and legislative environments (Gibbs, Crone, Willan, & Mannell, 2012; Gibbs, Mushinga, Crone, Willan, & Mannell, 2012), housing (WHO & UNAIDS, 2010) and property rights (Swaminathan et al., 2007), there has been considerable focus on two key structural drivers and their intersection – gender inequalities and poverty – focusing on the potential pathways shaping HIV and IPV risk and interventions seeking to concurrently tackle them (Campbell & Gibbs, 2010; Dworkin & Ehrhardt, 2007; G. R. Gupta et al., 2008; Kamndaya et al., 2014).

Despite a significant body of work focused on mapping potential pathways between poverty and gender inequalities, there remain relatively few interventions that have been comprehensively evaluated (although in the past few years this has increased). The most notable study is the IMAGE project in South Africa, which combined microfinance and gender empowerment training for women, showed a 55% reduction in IPV experienced by

these women (Pronyk et al., 2006). Similar interventions have sought to repeat this through linking village savings and loans associations (VSLA) to gender transformative work, whether amongst women alone, or increasingly involving men, out of recognition that men may resist women's attempts to change (J. Gupta et al., 2013; Sleggh, Barker, Kimonyo, Ndolimana, & Bannerman, 2013).

The second movement has been to shift the focus from working with women to build their 'empowerment' and support women to transform gender relations, to working with men. Since 1994 and the Cairo International Conference on Population and Development (ICPD), working with men and boys as a way to improve women's health and support gender justice has been recognised as a critical approach, though this has been relatively slow to emerge in policy and programmatic fields until recently (Barker, Ricardo, & Nascimento, 2007). A recent review by Dworkin, Treves-Kagan, and Lippman (2013) shows the potential promise of such approaches, outlining that they tend to decrease risky sexual behaviour, reduce intimate partner violence and reduce inequitable gender attitudes.

Theoretically many of the approaches towards working with men and boys on transforming masculinities are based on Connell's (2005) framework of hegemonic masculinity, and its various developments (Connell, 2012; Connell & Messerschmidt, 2005; Morrell, Jewkes, Lindegger, & Hamlall, 2013). Connell (2005) draws on the Gramscian notion of hegemony to explain men's continued, and often uncontested, power over women. She argues that in any given social setting one idealised understanding of masculinity – what it means to be a man – is held to be hegemonic. This hegemonic masculinity is not uncontested, but does at some deep level remain socially dominant (Connell & Messerschmidt, 2005). In response men construct a range of masculinities that either seek to achieve the hegemonic masculinity (although it is rarely, if ever, attainable) and are therefore broadly supportive of it, or actively contest and resist the hegemonic masculinity (Connell, 2005). These multiple masculinities are structured in relation to the hegemonic masculinity and provide men with alternative frameworks of demonstrating their masculinity and can be understood as shaping men's practices and behaviours (Connell & Messerschmidt, 2005), including health (Courtenay, 2000). Women are also embedded in the processes and power of hegemonic masculinity, as they are subordinated to it (Jewkes & Morrell, 2012). Such a theorisation enables a relational approach to gender to emerge, where women can support or challenge dominant relationships, although research has barely touched on this aspect of the framework (Jewkes & Morrell, 2012).

Men's violence against women within the literature of hegemonic masculinities is positioned in one of two ways. A dominant approach has been to suggest that the hegemonic masculinity is inherently violent and supportive of a range of risky practices, such as heavy drinking, transactional sex and multiple partnerships, and men use these as ways to achieve hegemonic masculinity (Jewkes & Morrell, 2010). Such an approach is undoubtedly troubling, given that it positions typically poor black men as aspiring towards forms of hegemonic masculinity that are inherently violent and harmful.

A second approach has been to suggest that while hegemonic masculinities are inherently patriarchal and oppressive to women (and many men), men's violence and other HIV related risk practices emerge out of men's failure to be able to achieve a hegemonic masculinity; what Morrell et al. (2013) refer to as "*men on the wrong side of history*". In response men draw on other practices, including violence in an attempt to stabilise gender relationships and perform aspects of masculinity. For instance, the work of Gores-Green (2009) in Mozambique, suggests that working class men, are unable to achieve the locally circulating form of hegemonic masculinity that is broadly based on a middle class notion of economic provision for a family or partner. Because of a lack of financial resources, they are forced to adopt a range of strategies that establish a subordinated masculinity that is dominant amongst working class men, and focuses on violence and sexual prowess. Overall however, it is subordinated to the hegemonic masculinity of middle class men. Similarly, Ratele (2013) argues that poor black young men's violence is not a demonstration of power (as the hegemonic literature risks asserting) but is rather a response to young men's chronic and structural powerlessness; in essence a weak attempt to reassert power in relationships in the context of ongoing structural violence in men's lives.

In addition, the literature on masculinities also makes the point that while the majority of men benefit from masculine dominance, men's attempts to perform or demonstrate masculinity also undermines their health and wellbeing (Connell & Messerschmidt, 2005; Courtenay, 2000). A nationally representative cross-sectional study of men's health and behaviours in South Africa showed that men who held less gender equitable attitudes were more likely to have perpetrated IPV, raped, engaged in transactional sex, and if they were under 25, were more likely to be living with HIV (Jewkes, Sikweyiya, Morrell, & Dunkle, 2011). Another study in South Africa showed men who were more violent and/or gender inequitable were less likely to use condoms than more equitable men (Shai, Jewkes, Nduna, & Dunkle, 2012). Work across Southern Africa also reinforces this link, with gender inequitable masculinity undermining men's access to HIV testing and ART uptake (DiCarlo et al., 2014; Skovdal et

al., 2011). All this points to a clustering of practices that are linked to particular forms of masculinity that undermine women's and men's health (Jewkes & Morrell, 2010).

While much writing on masculinities positions a relatively static conception of masculinities, it is clear that over time and across economic and spatial divisions, masculinities are in continual flux and contestation (Connell & Messerschmidt, 2005). However, given the limited programming around men, the vast majority of research on masculinity in the context of HIV has typically focused on exogenous processes of social change, often shaped by the forces of economic globalisation (e.g. Hunter, 2005; Jobson, 2010). There remains a lack of detailed analysis of how masculinities change through behavioural interventions (Dworkin, Dunbar, Krishnan, Hatcher, & Sawires, 2011).

Recently a number of studies have sought to provide a more detailed understanding of the processes underlying working with men and boys. Specifically in South Africa a number of papers related to the intervention One Man Can (OMC), run by Sonke Gender Justice, have been published. These argue that the intervention was successful in reshaping men's understandings of masculinities towards more gender equitable ones, dislodging men's adherence to forms of masculinity that promote violence and HIV-risk: "*OMC helped many men on the ground to wrestle with and shift their views and practices related to dominant ideals of masculinity, including changes in women's rights, relationship power, and household divisions of labor, all of which appeared to move in the direction of more gender equality.*" (Dworkin, Hatcher, Colvin, & Peacock, 2013, p. 197). In understanding the processes of change Hatcher, Colvin, Ndlovu, and Dworkin (2014) point to the clustered nature of changes – that is how changes in one area of men's lives were reflected in other areas – and outline the central role of communication in supporting change. While work by Torres, Goicolea, Edin, and Ohman (2013) in Nicaragua pointed to the flourishing of a range of masculinities amongst men who had undergone a gender transformative programme. Despite these studies, few in-depth studies exist to understand men's experiences and the processes of change around working with men.

Theorising change in interventions

Participatory approaches to changing people's behaviours have, in recent years, become the dominant approach to programming around behaviour change (Beeker, Guenther-Grey, & Raj, 1998; Campbell & Cornish, 2014). The majority of these approaches are theoretically inspired by the work of Freire (1973). Campbell and Jovchelovitch (2000), and drawing on Freire (1973), argue that through group participation, individuals can develop and renegotiate ideas about themselves; in this case what it means to be a man, in the space the

group creates. A significant focus has been placed on the role of 'safe social spaces' with liked and trusted peers and how this provides a forum, particularly when techniques of participation (Kesby, 2005) are used, to encourage reflection on behaviours and their underlying drivers.

The new identities that are 'created' within safe social spaces, that are assumed to be less harmful for both men and their partners, then have to be translated into everyday life. A body of work increasingly identifies how structural factors limit the translation of these new identities into everyday practice and how to make these small group processes work better (Campbell & Cornish, 2010). Cornish (2006) for example argues that without those involved seeing liked and trusted peers changing and material difference in their lives, change is unrealistic. In these analyses there is a growing focus on the broader social contexts which enable or disable people to act in new ways (Campbell & Cornish, 2010). Broadly the social context can be framed as three inter-locking spheres – the political-material, the symbolic, and the relational – all have the potential to enable or hinder change (Campbell & Cornish, 2010; Campbell, Foulis, Maimane, & Sibiyi, 2005). Research has explored how social contexts support or undermine gender transformation, including a focus on donor funding (Kelly & Birdsall, 2010), the media (Gibbs, 2010), networks (Aveling, 2010) and the central role of weak livelihoods in women's lives (Dworkin & Ehrhardt, 2007).

In the 1990s and early 2000s a strong critique of participatory approaches to promoting health and change emerged from a Foucauldian perspective. This suggested that participation was used not to challenge power inequalities but perpetuate them.

Participation: The New Tyranny? argued that participation was just another form of disciplinary power that subjugated those involved, rather than leading to any radical new subjectivity and form of resistance (Cooke & Kothari, 2001). A more recent criticism has been located around social-psychologists continued concern with small group processes, without consideration of how to incorporate and theorise large-scale collective action and protest into their research (Campbell & Cornish, 2014). These all raise deep philosophical questions about the potential role and claims that can be made for participatory approaches to behaviour change.

The Stepping Stones and Creating Futures intervention

The Stepping Stones and Creating Futures intervention emerged out of the growing body of evidence that HIV risk and IPV may be reduced through transforming gender relationships and building women's economic power (G. R. Gupta et al., 2008; Kim & Watts, 2005).

Interventions to develop such approaches for young women, particularly those out of school,

had been shown to be less than effective (e.g. Dunbar et al., 2010). There was also limited programmatic or evaluation work that had meaningfully included men in gender transformative and livelihoods strengthening interventions (G. R. Gupta et al., 2008).

Stepping Stones has been used globally since 1995 as a participatory methodology that seeks to achieve HIV risk reduction and IPV reduction through the pursuit of gender equity (Skevington, Sovetkina, & Gillison, 2013). A systematic review identified seven published studies assessing the impact of Stepping Stones, all of which pointed to a range of positive changes in terms of gender and HIV risk (Skevington et al., 2013). The original version (used in Uganda in 1995) comprises 20 sessions, each lasting approximately three hours. Sessions are delivered to single sex groups ideally separated by age, resulting in four groups: young men, young women, older men, older women (Welbourn, 1995). A number of sessions encourage the groups to come together to talk and discuss across gender and age.

Stepping Stones was adapted for South Africa and modified into a ten session format (Jewkes, Nduna, & Jama-Shai, 2010). Its focus is on issues such as communication between partners, sexual health, gender violence, HIV and so forth (see Table 1). In this modified form it is run in single sex groups of approximately 20 participants.

Creating Futures was developed by project team members (Misselhorn, Jama-Shai, Mushinga, & Washington, 2014) to supplement Stepping Stones, though focusing on strengthening young people's livelihoods. It is an eleven session intervention, with sessions lasting approximately three hours each; again sessions are primarily single sex. The process to develop the intervention is outlined in Misselhorn, Mushinga, Jama-Shai, and Washington (Forthcoming), and includes sessions such as: social resources, education and learning, getting and keeping jobs (see Table 1).

Theoretically both Stepping Stones and Creating Futures are informed by participatory approaches and adult learning theories, primarily shaped by Freire (1973). Both Stepping Stones and Creating Futures use a range of strategies including body mapping, group discussions, dramas and participatory diagramming as ways to encourage participants to reflect on these issues.

Table 1: Sessions for Stepping Stones and Creating Futures

Stepping Stones	Creating Futures
Session A: Let's communicate	Session 1: Introduction and story telling

Session B: How we act	Session 2: Situating self
Session C: Sex and love	Session 3: Resources needed to sustain livelihoods and reach goals
Session D: Conception and contraception	Session 4: Social resources
Session E: HIV	Session 5: Peer group meeting
Session F: Safer sex and caring in a time of AIDS	Session 6: Education and learning
Session: G: Gender violence	Session 7: Getting and keeping jobs
Session H: Let's support ourselves	Session 8: Income generating activities
Session I: Let's assert ourselves	Session 9: Saving and coping with shocks (Part A)
Session J: Let's look deeper	Session 10: Saving and coping with shocks (Part B)
	Session 11: Reflecting on learning and looking ahead

The Stepping Stones and Creating Futures pilot study

This PhD study was part of a larger study that sought to evaluate the combined Stepping Stones and Creating Futures intervention amongst young, out of school women and men, in urban informal settlements in Durban, South Africa. The main study was a collaborative study comprising a team from the Gender and Health Research Unit (Medical Research Council), the Health Economics and HIV and AIDS Research Division (HEARD), at the University of KwaZulu-Natal, and Project Empower (an NGO based in Durban). The research questions for the main study were:

1. Does a combined Stepping Stones and Livelihood Strengthening intervention lead to changes in sexual risk behaviours?
2. Does the combined intervention enable livelihood strengthening?
3. As a combined Stepping Stones and Livelihood Strengthening intervention takes place, how does this impact on gender identity and relationships?

PhD study and aim of this thesis

The PhD extended beyond the main study to focus on masculinities and the processes of change for men involved in the intervention. Specifically this included a focus on the processes, facilitators and barriers of change, as well as the development of a more relational understanding of masculinities, through including men's main female partners in the research.

In the context of informal settlements in South Africa, this thesis aimed to understand the role of context in informing masculinity and risk in young men and evaluate the Stepping Stones and Creating Futures intervention for promoting more health enhancing masculinities in young men.

To achieve this, the thesis has five objectives, which correspond to the five papers presented in the thesis:

1. Undertake a desktop narrative review of interventions that seek to reduce HIV risk and IPV through building gender equality and livelihoods simultaneously across Southern and Eastern Africa;
2. Describe young men's lives in urban informal settlements and their relationship to HIV risk and IPV perpetration;
3. Conduct a quantitative outcomes evaluation of the Stepping Stones and Creating Futures intervention amongst young women and men;
4. Undertake a process evaluation of Stepping Stones and Creating Futures to understand how and why masculinities and practices changed or did not through the intervention; and
5. Undertake a process evaluation focused on contextual factors affecting the implementation of Stepping Stones and Creating Futures.

The complete data set is described in Figure 1.

Outcome evaluation

The outcome evaluation study design was an interrupted time series design, with quantitative measures at baseline, 2 weeks, 28 weeks and 58 weeks post-baseline. In total 232 participants (122 women, 110 men) were enrolled at baseline. Follow-up was high at 58 weeks (90.2% of those enrolled) (see Figure 1).

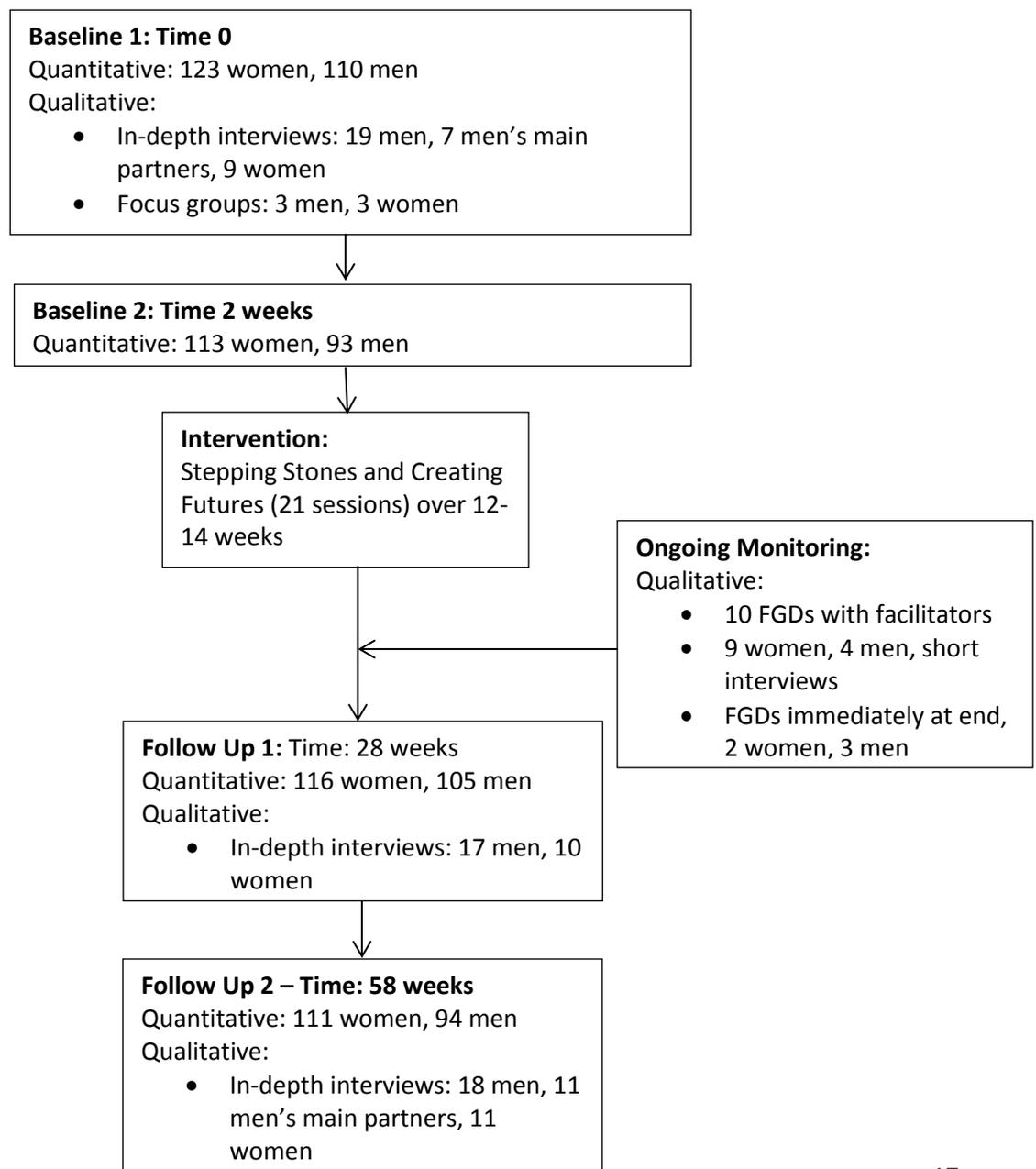
Questionnaires were self-completed by participants (with research assistants on hand to provide additional support if necessary). Scales were taken from previously validated South African studies. Measures included socio-demographics, livelihoods, including food insecurity and savings, work-related behaviours and gender measures including attitudes, relationship control, and perpetration/victimisation of sexual and/or physical intimate partner violence. We also asked men about non-partner sexual violence perpetration. Greater detail of the measures used, study design and analysis are provided in Paper 3.

Process evaluation

A range of qualitative data was collected with participants at each time point (see Figure 1). At baseline we randomly selected 10 women and 20 men for inclusion in in-depth qualitative interviews. We sought to follow these same people up at 28 weeks and 58 weeks post-baseline to assess the impact of the intervention and how they experienced it. We also sought to interview these men's main female partners (at baseline and 58 weeks).

Six focus groups with participants were conducted at baseline and five immediately following the intervention to assess how they had experienced the sessions and any immediate changes they felt were needed. An additional small number of interviews were conducted with participants during the intervention to understand barriers to attendance. Baseline data is reported in Paper 2 and process evaluation data is reported in Papers 4 and 5.

Figure 1: Data collected for the main study and PhD



Structure of the thesis

The papers that form the thesis are combined together to provide an overview of the argument set out in the thesis.

Paper 1: Gibbs, A., Willan, S., Misselhorn, A. & Mangoma, J. (2012) Structural Interventions for Gender Equality and Livelihood Security: A critical review of the evidence from southern and eastern Africa. JIAS – Journal of the International AIDS Society, 15(S2): 17362

This paper is a narrative review undertaken at the start of the project to identify critical gaps amongst interventions seeking to reduce HIV risk and IPV in Southern and Eastern Africa through building gender equality and strengthening livelihoods. Specifically it highlights:

1. The narrow conceptualisations of livelihoods in many interventions as being financial or human capital;
2. The lack of studies exploring the meaningful engagement of men and boys in gender equality and livelihood strengthening interventions;
3. The limited evidence base of interventions conducted in complex environments, specifically urban informal settlements, where HIV risk and IPV is highest.

In the author contributions section we outlined roles in developing and writing the paper: AG conceptualised the review, collected the articles, wrote the first draft of the paper and revised it for submission. SW conceptualised the study and critically reviewed the paper. AM helped draft a portion of the manuscript and critically reviewed the paper. JM provided analysis and interpretation of the data and critically reviewed the paper. All authors approved the final manuscript.

Paper 2: Gibbs, A., Jewkes, R. & Sikweyiya, Y. (2014) “Men value their dignity”: securing respect and identity construction in urban informal settlements in South Africa. Global Health Action. 7: 23676

This paper provides a conceptualisation of how weak and insecure livelihoods intersect with masculinities in urban informal settlements to shape HIV risk behaviours and IPV. While adding to the limited body of evidence on this issue, in particular through linking a number of risk behaviours into a conceptual framework of masculinities, it also provides a clear theoretical rationale for why working with men on strengthening their livelihoods may be beneficial to supporting gender equality and reducing IPV perpetration.

In terms of contribution: AG conceptualised the study, oversaw data collection, undertook the data analysis and wrote the first draft of the paper and revised it for submission. RJ and YS conceptualised the study, supported interpretation of the analysis and critically reviewed the paper. All authors approved the final manuscript.

Paper 3: Jewkes, R., Gibbs, A., Jama-Shai, N., Willan, S., Misselhorn, A., Mushinga, M., Washington, L., Mbatha, N. & Sikweyiya, Y. (submitted) Stepping Stones and Creating Futures Intervention: Outcomes of a formative evaluation of behavioural and structural pilot intervention for young people in informal settlements in Durban, South Africa. BMC Public Health

This paper provides the quantitative outcome results for women and men who enrolled in the pilot study. Using an intention to treat analysis, it outlines the main findings of the intervention. Specifically the paper found that the intervention improved women's and men's livelihoods, reduced women's experiences of sexual IPV and sexual and/or physical IPV at the final follow up. There was no impact seen on men's perpetration of IPV or non-partner rape. Furthermore, women's and men's reported gender attitudes became more equitable and men's controlling behaviours decreased over the 12 month follow up. Men's symptomatic depression (as measured by the CES-D) and suicidality reduced; there was no change in these measures for women. The paper compares the findings of this pilot study to the larger Stepping Stones trial data.

The study over all study was jointly designed by all authors with different authors contributing more to particular areas. The quantitative evaluation was designed by RJ, AG, YS and SW. AG and MM managed the data collection. RJ analysed the data and drafted the paper with YS and AG. All other authors have read and commented on the draft. Creating Futures was conceptualised and developed by AM, NJ-S, LW, and MM, with SW, AG and RJ commenting on drafts. The intervention facilitators were trained and monitored by AM, NJS, LW, and MM. The Stepping Stones adaptation was done by RJ and NJ-S.

Paper 4: Gibbs, A., Jewkes, R., Sikweyiya, Y. & Willan, S. (Accepted for Publication) Reconstructing Masculinities? A qualitative evaluation of Stepping Stones and Creating Futures. Culture, Health and Sexuality.

This paper reports on the qualitative process evaluation of the Stepping Stones and Creating Futures intervention which explored the impact of a gender-transformative and livelihoods strengthening intervention on men and their masculinities and reflects on how interventions

working with masculinities theorise their impact and the processes of change. It draws on a relatively unique data set of a randomly selected group of 20 men, interviewed at three time points, baseline, three months and nine months after the intervention and also includes dyadic interviews at baseline and nine months after the intervention with men's main female partners, allowing some form of triangulation of reported changes.

It argues that despite claims that such interventions 'reconstruct' masculinities and introduce radically new forms of gender equitable masculinity, this is not the case. Rather what is seen is a subtle shift to less violent and harmful forms of masculinities, drawing on forms of masculinity already circulating in the social milieu. It also argues that adding a livelihoods strengthening intervention may have positive outcomes for working around gender equality and IPV reduction, specifically through encouraging participation in interventions and through enabling men to start to act in new ways, enabled by the economic strengthening of the intervention.

In terms of contributions: AG conceptualised the study, oversaw data collection, undertook the data analysis and wrote the first draft of the paper and revised it for submission. RJ and YS conceptualised the study, supported interpretation of the analysis and critically reviewed the paper. SW supported interpretation of the analysis and critically reviewed the paper. All authors approved the final manuscript.

Paper 5: Gibbs, A., Jewkes, R., Willan, S., Washington, L., Mbatha, N. (2014) Jobs, food, taxis and journals: complexities of implementing a structural and behavioural intervention in urban South Africa. African Journal of AIDS Research. 13:2, 161-167.

This second process evaluation paper reports on the contextual factors compromising the fidelity of implementing a combined structural and behavioural intervention in urban informal settlements in South Africa. While Paper 4 explored men's reported experiences of the intervention and whether or not they reported change and the processes of men changing, this paper focuses on factors that shaped the implementation of the intervention and fidelity to the intervention. It seeks to outline how these undermined the 'theory of change' underpinning the intervention. Specifically four main barriers to people's participation and implementation were identified; 1) participants' continual need to balance job seeking with participation, 2) struggles over the division of food, 3) challenges of accessing taxi fares, and 4) issues around the provision of journals for participants. These factors, in different ways, all impinged on the emergence of a safe social space in the intervention, which framed our underlying theory of change. Specifically the paper highlights how high levels of poverty in

these communities, the ongoing social obligations which participants drew on to survive and were expected to reciprocate, and the lack of safe social spaces outside of the intervention all hindered the implementation of the intervention. We suggest a range of practical ways of overcoming a number of these challenges for intervention scale-up.

AG conceptualised the study, oversaw data collection, undertook the data analysis and wrote the first draft of the paper and revised it for submission. RJ conceptualised the study and critically reviewed the paper. SW, LW and NM supported interpretation of the analysis and critically reviewed the paper. All authors approved the final manuscript.

Ethics considerations

Ethical approval was given by the South African Medical Research Council (EC003-175 2/2012) and the University of KwaZulu-Natal's (HSS/0789/011 and HSS/1273/011D). Written informed consent was obtained from participants. No payment was given for participating in the intervention. However, at each IDI a small meal was bought by the research assistant and shared to build rapport. Transport costs were reimbursed. Participant and community names have been change. Specific ethical issues raised in the study are detailed in each of the relevant papers.

Review article

Combined structural interventions for gender equality and livelihood security: a critical review of the evidence from southern and eastern Africa and the implications for young people

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Abstract

Background: Young people in southern and eastern Africa remain disproportionately vulnerable to HIV with gender inequalities and livelihood insecurities being key drivers of this. Behavioural HIV prevention interventions have had weak outcomes and a new generation of structural interventions have emerged seeking to challenge the wider drivers of the HIV epidemic, including gender inequalities and livelihood insecurities.

Methods: We searched key academic data bases to identify interventions that simultaneously sought to strengthen people's livelihoods and transform gender relationships that had been evaluated in southern and eastern Africa. Our initial search identified 468 articles. We manually reviewed these and identified nine interventions that met our criteria for inclusion.

Results: We clustered the nine interventions into three groups: microfinance and gender empowerment interventions; supporting greater participation of women and girls in primary and secondary education; and gender empowerment and financial literacy interventions. We summarise the strengths and limitations of these interventions, with a particular focus on what lessons may be learnt for young people (18–24).

Conclusions: Our review identified three major lessons for structural interventions that sought to transform gender relationships and strengthen livelihoods: 1) interventions have a narrow conceptualisation of livelihoods, 2) there is limited involvement of men and boys in such interventions, 3) studies have typically been done in stable populations. We discuss what this means for future interventions that target young people through these methods.

Keywords: gender; livelihoods; HIV; prevention; intervention; southern Africa; eastern Africa.

Received 21 December 2011; **Revised** 21 March 2012; **Accepted** 29 April 2012; **Published** 14 June 2012

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Introduction

Young people remain at risk of HIV infection. Globally it is estimated that young people (15 to 24) account for 41% of all new HIV infections in people over 15 [1]. Of this 52% of infections among young people occur in southern and eastern Africa [1]. Since the 1990s gender inequalities have been identified as a fundamental driver of HIV, yet in 2008 in sub-Saharan Africa women comprised 61% of all those living with HIV and 60% of new infections, and young women (15 to 24) were 2.5 to 4.5 times more likely to be infected with HIV than young men [2,3]. Men in turn become infected with HIV approximately 10 years later [3]. The epidemic is also increasingly recognized as an urban phenomenon, with a range of factors including high youth mobility, economic instability, gender inequalities and poor services combining to shape this [4–6]. Recent work suggests that in southern and eastern Africa 28% of people living with HIV/AIDS live in 14 cities, approximately 15% of the global epidemic [5].

Despite significant investment in behavioural HIV prevention interventions, the outcomes of these have at best been limited [7–9]. Padian and colleagues' review of HIV

prevention randomized control trials (RCTs) in 2010 identified six RCTs that had shown an impact on HIV outcomes. All of these were biomedical interventions [10]. Similar reviews of interventions targeting young people suggest that although these have impacts on HIV-related outcomes such as condom use, they have little long-term impact [11–13].

One of the strongest critiques emerging of behavioural HIV prevention interventions is that they fail because they focus on changing individual people's behaviours without recognizing and tackling the structural contexts which shape and limit people's agency and therefore ability to act in new ways [8,9,14–17]. This critique is not new, Tawil et al. [14] and Waldo and Coates [15] recognized this in the 1990s. However, only recently has this critique emerged in policy circles as an influential argument. Specifically, the WHO's Commission on the Social Determinants of Health [18] emphasized the role of "up-stream" factors in shaping poor health. Similarly, the "social drivers group" of AIDS 2031, a global "think tank," explicitly sought to understand the role of structural factors in HIV and how best to address them [17,19].

In southern Africa two critical structural drivers of HIV for young people are gender inequalities [16,20] and livelihood insecurity [11,21,22], and specifically how these two factors intersect [8,19,23]. Interventions are increasingly seeking to modify these structural factors as a pathway towards HIV prevention [17,19,24]. In this paper we review evaluated interventions that have combined livelihood strengthening and gender transformative interventions for HIV prevention. We reflect on their strengths and limitations with a specific focus in relation to young people, primarily those 18 to 24 given their movement from lower HIV vulnerability to higher HIV vulnerability [1]. This work was an early step towards developing a new intervention for HIV prevention in urban informal settlements in South Africa with people aged 18 to 24. This work is in collaboration with the Medical Research Council (South Africa) and Project Empower (a small gender and HIV NGO, with 10 years of experience in this field). We reflect on the lessons of the review for our work at the end of the paper.

Gender inequality, livelihood insecurity and young people

Gender can be understood as a social structure that men and women are highly invested in and reproduce in their everyday interactions [25]. Gender proscribes certain behaviours for men and women and also structures access to resources; typically men benefit compared to women, but not all men benefit to the same degree and some women may also gain from these relationships [25,26]. Heterosexuality is closely intertwined with gender, and gender hierarchies are often informed by and inform heterosexual behaviours [25]. In this way forms of gender inequalities such as violence against women, gender norms and expectations also create forms of inequality around how men and women experience sex and in turn create contexts that increase women's and men's vulnerability to HIV [8,27].

Livelihoods for young people in southern and eastern Africa are in flux. Increasing livelihood insecurity is driven by factors including climate change, urbanization and migration, HIV/AIDS, and a changing economy that is moving towards less labour-intensive processes [6,28–32]. Across Africa young people are disproportionately unemployed and not receiving any financial income from work [33]. We draw on a livelihoods framework to emphasize the multiple components that shape how young people secure a living [34]. The livelihoods framework recognizes that people construct a living through drawing on various forms of capital, often identified as: financial capital, human capital, social capital, natural capital and physical capital [35–38]. The livelihoods framework also recognizes how institutions, political relationships and contexts shape access to forms of capital and how forms of capital shape livelihood strategies [39]. Criticisms of livelihood approaches have included their limited engagement with power and politics [34], their household level of analysis – in particularly assuming a harmonious rather than conflictual household relationships [40] – and their failure to engage with broader questions of globalization and economic change [34].

In southern and eastern Africa there is a significant body of work that maps out how livelihood insecurity and gender inequalities intersect to create vulnerability to HIV. For women, their lack of economic resources intersects with the social relationship of gender inequality, undermining women's ability to negotiate condom use with male partners [4,41] and keeping women, among other reasons, in abusive relationships [42]. More widely, research in southern and eastern Africa on "poverty-driven" and "transactional" sex also suggests how gender inequalities intersect with livelihood insecurity creating contexts in which women secure social and economic resources through sexual exchange [4,8,43]. Such literature recognizes the spaces women have to assert agency, but also recognizes how this increases women's vulnerability to HIV [8,27]. Broadly, women's vulnerability to HIV is linked closely to women's lack of livelihood strategies and inability to secure their own income.

Research on the intersection between livelihood insecurity, masculinities and HIV is less developed [9]. Nonetheless, studies from southern and eastern Africa suggest that as men's livelihood strategies collapse, particularly wage labour, men struggle to achieve social demonstrations of their masculinity (often termed "hegemonic" masculinities) [4,8]. It is suggested that men respond to this inability to achieve hegemonic masculinities by trying to assert further control over women, through violence [44] or seeking to control women's sexuality, or through seeking additional sexual partners as a way of "securing" their masculinity [4] all factors linked to high levels of HIV transmission.

The inter-linkages between gender inequalities and livelihood insecurity that create HIV risk and vulnerability may differ for men and women. However, the argument is that lack of economic resources undermines men's and women's ability to transform or exit harmful gender relationships that increase HIV vulnerability. We now turn to look at interventions that have sought to intervene in these relationships.

Combined structural interventions for livelihood security and gender equality

Structural interventions attempt to intervene in the wider factors that shape people's behaviour, but that cannot be controlled easily by individuals be these economic, political or social factors [17,19]. This approach builds on sociological theory that argues human behaviour is not simply rational volition, which can be reshaped by providing knowledge and information, but rather is shaped by structures that constrain what appropriate and achievable behaviours are [17,41]. Interventions that recognize this and seek to reshape these structures are broadly termed structural interventions. Auerbach et al. [17] provide a framework to categorize structural interventions into six types: (1) policy-legal changes, (2) environmental enablers, (3) shifting harmful social norms, (4) catalysing social and political change, (5) empowerment of communities and groups, and (6) economic empowerment interventions.

In this paper, given the evidence that links gender inequalities and livelihood insecurities to HIV in southern and eastern Africa, we focus exclusively on HIV prevention interventions

that combined economic empowerment interventions with gender transformative interventions [7,17,19,23]. As noted above, the assumption underpinning these interventions is that men and women require a certain level of economic autonomy to enable them to act in more gender equitable ways [8,17]. We review interventions in the light of our focus on young people given their vulnerability to HIV.

Methods

A review of published articles and reports was conducted using Web of Knowledge/Science, PubMed, International Bibliography of Social Science (IBSS) and Google Scholar to identify interventions that had been conducted and evaluated. We did an initial search for interventions using the combination of terms: HIV AND gender AND (structural OR intervention). We did an initial sorting based on article titles excluding on the basis of region of interest (whether outside of Africa) and whether or not it evaluated an intervention. This initial search identified 468 separate articles. We then manually reviewed the abstracts of these articles using the following criteria; if abstracts were unclear we reviewed the full text. To be included in the review interventions had to:

1. Have been evaluated using experimental or quasi-experimental models, with at least one outcome measure linked to HIV: gender-based violence, HIV or HSV-2, condom use and gender equality measures;
2. Have been conducted in eastern or southern Africa as defined by UNAIDS Regional Support Team for Eastern and Southern Africa, namely: Angola, Botswana, Comoros, Eritrea, Ethiopia, Kenya, Lesotho, Madagascar, Malawi, Mauritius, Mozambique, Namibia, Rwanda, Seychelles, South Africa, Swaziland, Tanzania, Uganda, Zambia and Zimbabwe;
3. Combine a gender transformative intervention and a livelihood strengthening intervention. As such, well-known interventions such as Stepping Stones [45] were excluded as they only included a gender transformative intervention;

This sorting led to us to identify nine discrete interventions that met our criteria for inclusion in this review. While interventions varied we split them into three categories:

1. Microfinance and gender empowerment interventions
2. Supporting greater participation of women and girls in primary and secondary education
3. Gender empowerment and financial literacy interventions

We manually extracted the data on intervention design, sample size, length of follow-up and HIV-related outcomes for all nine interventions. This data is presented in Table 1. We did not conduct a meta-analysis of outcomes for two reasons. The first was the limited number of interventions. The second reason was we were more concerned about how interventions were framed, who they targeted and the approaches they took.

Results

Microfinance and gender empowerment interventions

Microfinance and gender empowerment interventions target women by combining microloans (sometimes microgrants) with business skills training and gender transformative training. They are premised on the assumption that lack of financial capital is a critical barrier to transforming gender relationships [46]. The format and structure can vary significantly. The IMAGE (Intervention with Micro Finance for AIDS and Gender Equity) Project in South Africa for instance had more than 1-year of training and community mobilization [47], while in Kenya a programme working with sex workers added microfinance onto an on-going peer education programme [48]. In contrast the Shaping the Health of Adolescent Girls in Zimbabwe (SHAZ!) programme Phase II trial used vocational training, supplemented by microgrants, which do not have to be repaid, instead of microfinance [49].

The microfinance programmes outlined show mixed results in relation to HIV outcomes. The IMAGE project saw an impressive 55% reduction in violence against women amongst participants [47] and was also highly cost-effective [50], and the microfinance for sex workers programme saw a significant proportion exiting sex work [51]. In SHAZ! Phase I the impacts were limited [49], while in Phase II a greater impact was seen but not significant compared to the control group. In IMAGE there were a number of flat outcomes, in particular HIV incidence at a community level [47].

We highlight two weaknesses around combined microfinance and gender empowerment interventions as structural interventions for young people. First, young women do quite poorly in these programmes as wider literature also shows [46]. Both the IMAGE Project and the Microenterprise services for sex worker intervention had participants with an average age of 42 and 41 years, respectively [47,51]. In a sub-analysis of the IMAGE Project, participants under 35 showed only limited positive changes around sexual behaviour [52]. In the two programmes reviewed, SHAZ! and TRY, that did target younger women, outcomes were less successful [49,53]. In general, microfinance programmes are most successful in supporting people with already existing small-scale businesses, rather than in enabling new businesses to emerge, hence older women typically benefit more [46]. Although combined micro-finance and gender transformative interventions have considerable success, it is amongst those least vulnerable to HIV and the applicability of this approach as a way to reduce HIV risk and vulnerability among young people may be limited.

Second, these programmes often failed to consider how they may reshape gender relations in the context of the wider community, because they are focused on small groups. Research suggests that young people are particularly affected by community norms [54]. Dworkin and Blakenship [46] in their global review of microfinance programmes suggest that some programmes have increased HIV risk and vulnerability for women, rather than decreasing it. SHAZ!'s Phase I study led to women engaging in new livelihood strategies that placed them at increased risk of sexual harassment and violence as they moved in new spaces [49]. Engaging

Table 1. Combined structural interventions for gender equality and livelihood security in southern and eastern Africa.

Intervention name (country)	Study type, duration, sample size	Target group	Livelihood component	Gender component	HIV-related outcomes
Microfinance programmes					
Microfinance for AIDS and Gender Equity (IMAGE) Project (South Africa) [47]	Cluster randomized trial, 3 years, 430 women	Poorest women in communities, identified via participatory wealth ranking, (average age 41)	Microfinance (individual borrowing and repayment of loans over 10 or 20 week cycles)	Participatory learning and action curriculum integrated into loan meetings (10 training sessions done within centre meetings every 2 weeks (approx. 6 months)) Community mobilization for 6 to 9 months following initial training	<p>Programme participants (all ages):</p> <ul style="list-style-type: none"> ● Experience of IPV reduced by 55%, greater levels of communication and more progressive views on gender [47] ● Greater involvement in collective action and social groups [47] <p>Programme participants (14 to 35):</p> <ul style="list-style-type: none"> ● Increase in access to VCT by 64% [52] ● 24% decrease in unprotected last sex with non-spousal partner [52] <p>14 to 35 year-old household co-residents:</p> <ul style="list-style-type: none"> ● 32% increase in communication with household members about sexual matters [47]. ● No difference in unprotected sex at last occurrence with non-spousal partner in past 12 months [47] <p>Randomly selected community members:</p> <ul style="list-style-type: none"> ● 11% increase in condom use at last sex [47]. ● No impact on HIV incidence [47]
Shaping the Health of Adolescent Girls in Zimbabwe (SHAZ!)	Pilot study (uncontrolled study, 50 women, 6 months) [49]	Adolescent girls, orphans (16 to 19)	Microcredit loans Business skills training Mentorship	Adaptation of Stepping Stones	Increase in HIV-related knowledge and relationship power, no significant change in current sexual activity or condom use at last sex [49] Increased relationship power [49] Increased HIV risk through new mobility and economic strategies [49]
	Phase II Study: Randomized control study, 24 months, 315 women [60]	Adolescent girls, orphans, average age 18	Financial literacy and vocational training Microgrants (did not have to be repaid) to support start up or further training	Adaptation of Stepping Stones, including expanded training including negotiation skills Integrated social support Access to HIV and reproductive health services	Decrease in food insecurity [60] Increase in equitable gender norms [60] Physical and sexual violence reduce by 58% over a 2-year period [60]

Table 1 (Continued)

Intervention name (country)	Study type, duration, sample size	Target group	Livelihood component	Gender component	HIV-related outcomes
Micro-enterprise services for sex workers (Kenya) [48]	1 year, pre-test, post-test with no control, 2 years (227)	Sex workers, all over 18	Modified microfinance scheme Business skills training and mentorship	On-going peer education	45% reported leaving sex work [48] Decline in mean number of sexual partners in past week (from 3.26 to 1.84) [48] No statistically significant change in self-reported weekly mean number of casual partners [48] Increase in condom use with regular partners [48] These results were highly age dependent – with older women reporting better outcomes [48]
Tap and Reposition Youth (TRY) (Kenya) [53]	Pre-test, post-test design, with matched comparison (222 pairs), length of participation ranged from <1 year ($n = 71$), 1 to 2 years ($n = 81$) and 2 to 3 years ($n = 70$)	Out of school adolescent girls and young women (16 to 22)	Modified microfinance scheme Business training and mentoring	Mentors given 5 days of training and then support group discussions, educational sessions on these topics	Marginal improvement in gender attitudes, but no improvement on reproductive health knowledge [53] Increased ability to insist on condom use (49.3% c.f. 61.7% $p < 0.01$) [53] 66% drop out rate from programme [53]
Increasing girls' school attendance					
Zomba Cash Transfer Program (Malawi) [56]	Randomized control trial, 18 months, 1289 young women	School-age young women (13 to 22)	Cash transfers, mix of conditional and non-conditional to school attendance (average amount US \$10)	Schooling	One-year follow-up: ● Reduced onset of sexual activity by 31.1% [73] 18-month follow-up: ● Intervention group had 64% reduction in HIV prevalence and 76% reduction in HSV-2 prevalence [56] ● Reduced age of partners in those in intervention [56] ● No significant differences between conditional and unconditional intervention group, although the study was not powered to show this [56]
Western Kenya Schooling Intervention [74]	Randomized control trial, 4 years, 70,000 school children	Primary school-age young men and women	Providing school uniforms	Schooling	15% decline in girls dropping out of school [74] 10% decline in girls having started child bearing [74] Boys 40% less likely to have married [74]

Table 1 (Continued)

Intervention name (country)	Study type, duration, sample size	Target group	Livelihood component	Gender component	HIV-related outcomes
Eastern Zimbabwe Schooling Intervention [75]	Randomized control trial, 2 years, 329 girls	Adolescent orphan girls, (10 to 16)	School support including fees, exercise books, uniforms. Helpers trained to provide support around absenteeism	Schooling	Control group has six times higher school dropout rate [75] Higher gender equity levels in intervention group [75]
SUUBI Research Programme (Uganda) [55]	Randomized control trial, 10 months, 277 participants	Adolescent orphans, male and female (average age 13.7)	Training on asset building and financial planning Mentorship Access to child savings account	Schooling	Attitudes towards sexual risk taking improved in male intervention group and remained constant in female intervention group [55]
Gender training plus financial literacy					
Siyakha Nentsha Programme (South Africa) [63]	4 years, quasi-experimental, control arm, 18 month follow-up	School-age boys and girls (14 to 16)	Financial training	Life skills and reproductive health training	Increased autonomy around financial decision making [63] Increased HIV/AIDS related knowledge [63] Young men had reduced onset of sexual activity and fewer partners [63]

with communities through interventions as the IMAGE project did, or developing wider community gender transformative and economic empowerment interventions, may be an appropriate way to overcome this.

Increasing women's and girls' school attendance

Supporting women's and girls' school attendance can be conceptualized as a gender equality and livelihood strengthening intervention; school attendance delays women getting married, improves their access to income through building human capital, increases young women's economic aspirations and success and, as recent reviews have shown, is an effective HIV prevention intervention [22].

Four interventions sought to encourage greater enrolment and retention of girls (and in two interventions boys as well) in schools, although the ways of achieving this vary from conditional and non-conditional cash transfers (Zomba Cash Transfer Programme), to reducing barriers to accessing education by providing free school uniforms (Western Kenya) and the provision of wider support such as counselling, uniforms and support to learners [55].

Two interventions have shown very promising results in terms of HIV-related outcomes. The Zomba Cash Transfer Program showed the intervention group at 18 months had a 64% reduction in HIV prevalence and 76% reduction in HSV-2 prevalence compared to the control group [56]. A similar study in Western Kenya showed intervention students were less likely to have had a child within 2 years and 14% less likely to at 4 years. There was also a 15% reduction in girls dropping out of schools [57]. All four evaluations reported positive trends including higher school attendance and stronger gender equality norms. These are impressive results with further studies looking at modified models of this approach.

Two concerns remain about structural interventions to support young women's school enrolment and attendance as a pathway to HIV prevention. First, these interventions are narrowly focused on school attendance and enrolment and do nothing to challenge the ways in which schools produce and reinforce gender inequalities [58]. Interventions therefore need to be linked to high-quality in-school life skills and gender transformative interventions such as Stepping Stones [45] and potentially wider whole school gender transformative interventions [58]. However, there remains scepticism as to whether schools are effective spaces for gender transformative interventions more widely [41,59].

Second, though these interventions are effective to retain young women in school and sometimes encourage re-enrolment, they have no impact on women who remain out of school or drop out during the intervention. As such they may be missing a significant proportion of young women who exit the education system whether through pregnancy or providing care for relatives. The difficulty of working with young people around HIV who are out of school has been highlighted in both the SHAZI and TRY interventions [49,60, 53], as well as a considerable body of work [61,62]. School retention interventions appear incredibly promising as a strategy, but cannot exclude interventions that target those young people who are not in school.

Gender empowerment training plus livelihood training or financial literacy

The final category of intervention links gender empowerment training with financial literacy training. These interventions are aimed primarily at developing young people's capacity and sense of agency to engage in productive livelihoods as well as providing participatory training on gender and HIV/AIDS [63]. Such interventions can be thought of as economic empowerment interventions as the aim to strengthen young people's control of their finances.

The Siyakha Nentsha Programme in KwaZulu-Natal, South Africa, links HIV and reproductive health training, with life skills training and financial education for girls and boys aged 14 to 16 [63]. The results of the full evaluation of the programme are not yet available, but preliminary results suggest a number of positive changes. This included young women reporting increased autonomy in how they spend their money and a wider sense of ability to take control of their own lives [63].

These types of approaches are not as resource intensive as microfinance programmes, to which they are very similar. Unlike microfinance programmes they do not require large initial financial inputs, rather they require experienced facilitation skills and approaches that support critical thinking and active learning [64,65] and work to support safe social spaces to enable young people to think and act in new ways. As such they may offer a productive approach towards working with young people, yet until results of Siyakha Nentsha and future studies come in, their applicability remains unknown.

Discussion

Despite variations in the reviewed combined livelihood strengthening and gender transformative interventions, we identify three "learning's" that cut across the nine interventions in relation to young people: [1] their narrow conceptualization of livelihoods, [2] their limited involvement of men and boys, [3] their focus on interventions in secure contexts. We discuss each of these in turn.

Narrow conceptualizations of livelihoods

The majority of interventions when explored from a livelihoods framework have a narrow focus on building participants' human capital and financial capital. In reality young people's livelihood strategies are constructed by drawing on multiple forms of capital [34]. Interventions targeting young people cannot narrowly focus on financial and human capital alone but need to expand to consider different forms of capital and how to build these as pathways to constructing securer livelihoods.

Furthermore, the livelihoods framework also makes explicit recognition of the variety of institutions that shape the potential for livelihood strategies to work. Institutions range from the state, through to global commodity chains that in various ways open and close particular livelihood strategies [34]. Few interventions reviewed expanded their work to include thinking about these institutions, nor seeking to transform these institutions, despite these being important in shaping livelihood strategies. Reframing current

interventions within this livelihoods framework shows some of the limits of their approaches and is critical for future interventions that seek to build more secure livelihoods for young people.

Apart from those directly targeting school enrolment interventions, interventions for young people may well need to include a significant focus on this, even if this is not their prime aim. If further studies continue to show the impact of schooling on young women for HIV this will need to be a critical component. Schooling as a combined livelihoods and gender transformative intervention may have a number of weaknesses, but offers a clear approach for younger people.

Involving men and boys

The majority of interventions reviewed targeted women exclusively or only include men partially (6/9 interventions). As outlined earlier there is a body of theoretical and empirical evidence of the intersection between livelihoods and masculinities around HIV and the importance of involving men in HIV prevention interventions [4,44,66,67]. Yet this has not translated into involving men in combined structural interventions. The reasons for this lack of involvement lie in the history of work on HIV interventions, which correctly recognized women's vulnerability and prioritized working with women [9,19]. Now, however, involving men at a theoretical level enables gender to be seen more holistically as a relational concept in which women and men are invested and which to change requires that women and men change [25,66]. Such an approach, as adopted by interventions such as Stepping Stones, which works with women and men [45,67] may be productive for structural interventions more widely.

Including men and boys in combined interventions for economic empowerment and gender transformation raises a number of important questions. First, although there is evidence about the impact for HIV prevention of strengthening women's livelihoods [19,47], the pathways for masculinities, livelihoods and HIV are not as clearly mapped, nor are there studies of such interventions. A critical concern is whether building men's economic power would reinforce hegemonic forms of masculinity, reproducing rather than challenging HIV-related behaviours and vulnerabilities. As interventions are linked to a gender transformative intervention this should not be a significant concern, but this needs to be confirmed. A second question is whether young men and women will respond differently to interventions due to the social and economic contexts they occupy, and if so, what this means for combined interventions.

There is significant potential in involving men in combined structural interventions for gender equality and livelihood security. Further research needs to be undertaken to understand how men respond to these and ensure that involving men and boys supports, rather than hinders the work of gender equality.

Working in secure/insecure contexts

The majority (6/9) of interventions reviewed in this study were conducted in relatively "secure" contexts, defined as rural areas or school populations. These populations are

relatively stable and accessible. While there is a significant burden of disease in these contexts, urban settings, especially for young people, are increasingly recognized as spaces where HIV incidence is high linked to high levels of mobility, poverty and poor access to health services [4,5]. With the different social, economic and political contexts of young people between rural and urban informal settlements, there may need to be modification of successful interventions to suit these areas.

This variation in context is partially seen in the less than successful outcomes of SHAZ! and TRY. Both interventions were in urban informal settlements with high levels of mobility and economic precariousness that undermined intervention success. In the case of SHAZ! this meant radically modifying the intervention design from a "traditional" microfinance approach in Phase I to a microgrants and vocational training approach in Phase II [49,60]. While TRY found it difficult to retain the highly mobile and vulnerable participants it was targeting [53].

It is understandable that interventions tend to be tested and researched in more stable populations, yet given the high levels of HIV burden in urban settings and the variation in contexts, adapting successful interventions to these settings is a critical next step. This will require working closely with organizations that have significant experience in operating in urban settings, in particular recruiting and retaining participants who are often highly mobile. All of these shape the nature of what successful structural interventions with young people are.

Conclusions

Young people in southern and eastern Africa remain vulnerable to HIV despite significant investment in behavioural HIV prevention interventions. A new generation of HIV prevention interventions has purposefully moved away from narrowly targeting individual's knowledge and attitudes to recognizing how social contexts shape poor health and wellbeing, and attempting to modify these to enable behaviour change that leads to HIV prevention [17]. In southern and eastern Africa, where two key drivers of HIV are gender inequality and livelihood insecurity, a number of well-designed and rigorously evaluated interventions have been, or are being, conducted that have sought to modify these factors. We reviewed these interventions in order to understand them and their applicability to young people better.

This paper reviewed the current evidence on combined interventions for gender equality and livelihood strengthening it did not however review where current practice is at. NGOs continue to implement multiple approaches to this work, models such as CAMFED's business training and microfinance and includes peer support that may offer approaches to build on [68]. While further evaluations of interventions are underway of similar interventions including a regional study on "choice-disabled" men and women who are most at risk of HIV and combines a range of interventions, including a focus on increasing the skills and employability of women [69]. Another intervention currently underway uses conditional cash transfers to increase school attendance

amongst women and links it to community mobilization around men and masculinities [70].

More broadly it may be that current approaches to livelihood strengthening in conjunction with gender transformative interventions are not “up-stream” enough. By this it is meant that the broad economic constraints on men and women are linked into wider processes of global change, capitalism and state policies [71]. The interventions reviewed do nothing to challenge these wider issues, which underlie economic inequality. Yet, while challenging these broader processes is critical, such work will take a long time to achieve and at the same time, smaller structural interventions are required to ameliorate the worst impacts of these.

Our own work builds on the learning’s from this review. Specifically we are working with young men and women in urban informal settlements in South Africa, spaces with high HIV incidence [5,6]. Our intervention combines Stepping Stones (version 3), which has been successfully tested [45,67], with a newly created manual, Creating Futures [72]. Building on a livelihoods framework, Creating Futures seeks to get young people to critically think about how forms of capital and institutions shape livelihood strategies and to map out pathways towards progress.

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Competing interests

All the authors are involved in an intervention that links Stepping Stones (version 3) with Creating Futures a livelihoods strengthening intervention.

Authors’ contributions

AG conceptualized the study, collected the data, wrote the first draft of the paper and revised it for submission. SW conceptualized the study and critically reviewed the paper. AM helped draft a portion of the manuscript and critically reviewed the paper. JM provided analysis and interpretation of the data and critically reviewed the paper. All authors approved the final manuscript.

Acknowledgements

Until 1 January 2011 this work was funded through a Joint Funding Agreement (JFA) for the Health Economics and HIV/AIDS Research Division (HEARD) of the University of KwaZulu-Natal, South Africa. The JFA is comprised of SIDA, Irish Aid, RNE and UNAIDS. From 1 January 2011 the work was funded through a grant to HEARD from SIDA alone. The funders had no role in the study design, data collection and analysis, decision to publish, or preparation of the manuscript.

We thank Lauren McNicol and Jenevieve Mannell who provided initial help in the study design and accessing data.

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GENDER AND HEALTH

‘Men value their dignity’: securing respect and identity construction in urban informal settlements in South Africa

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Background: Urban informal settlements remain sites of high HIV incidence and prevalence, as well as violence. Increasing attention is paid on how configurations of young men’s masculinities shape these practices through exploring how men build respect and identity. In this paper, we explore how young Black South Africans in two urban informal settlements construct respect and a masculine identity.

Methods: Data are drawn from three focus groups and 19 in-depth interviews.

Results: We suggest that while young men aspire to a ‘traditional’ masculinity, prioritising economic power and control over the household, we suggest that a youth masculinity emerges which, in lieu of alternative ways to display power, prioritises violence and control over men’s sexual partners, men seeking multiple sexual partners and men’s violence to other men. This functions as a way of demonstrating masculinity and their position within a public gender order.

Discussion: We suggest there are three implications of the findings for working with men on violence and HIV-risk reduction. First, there exist a number of contradictions in men’s discourses about masculinity that may provide spaces and opportunities for change. Second, it is important to work on multiple issues at once given the way violence, alcohol use, and sexual risk are interlinked in youth masculinity. Finally, engaging with men’s exclusion from the capitalist system may provide an important way to reduce violence.

Keywords: *masculinity; HIV; violence; gender; multiple sexual partners; livelihoods; IPV; unemployment*

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Received: 29 December 2013; Revised: 4 March 2014; Accepted: 5 March 2014; Published: 8 April 2014

Rapid urbanisation has led to burgeoning informal settlements, as cities and states have been unable to effectively create permanent infrastructure for growing populations (1, 2). WHO and UN-HABITAT estimated in 2010 that 63% of urban dwellers in sub-Saharan Africa lived in informal settlements (3). In South Africa, the 1980s saw a rapid growth of urban informal settlements, when the apartheid government stopped controlling the mobility of the Black majority with repeal of the influx control legislation, but failed to meet permanent housing needs (4). Current estimates for South Africa suggest that 4.4 million people live in informal settlements, approximately 23% of all households (5). In eThekweni district, KwaZulu-Natal – the location of this study and the third largest city in South Africa – an estimated 25% of the population live in informal housing (5).

Urban informal settlements are often settings with high levels of violence, poverty, poor health, and HIV (4, 6–8). UNAIDS estimates that 28% of people living with HIV/

AIDS in southern and eastern Africa live in 14 cities in the region (approximately 15% of the global epidemic) and in South Africa the HIV prevalence in informal settlements is twice that of people in formal housing (9, 10). While there remains little comparable data on rates of gender-based violence in urban and rural areas (11), one study from Cape Town, South Africa, explored rates of homicide within the city, comparing different settlement ‘types’ and showed informal urban settlements had rates over four times that of wealthier, formal settlements (3).

There has been considerable debate about why urban informal settlements have particularly high levels of violence and ill-health and the role of place in health outcomes more generally (12). One strand of this argument emphasises the experience of living in high-density communities, leading to stress and an inability to control aspects of life, as a key factor shaping violence (11). Another argument is that in informal settlements there is less social cohesion, caused by poverty and mobility,

creating less stable forms of power, in which violence becomes a necessary resource to wield as previously stable configurations of power – particularly gender power – get challenged (3, 11).

Masculinities and violence

Globally, researchers are increasingly studying constructions of masculinity, including men's perpetration of violence, which place them and their partners at increased risk of acquiring HIV (13, 14). Firmly located within a critique of gender inequalities, studies have observed and sought to explain the clustering of men's violence and HIV-risk practices (15). In South Africa, a representative population-based study of South African men found those who had been violent to a partner to have less gender equitable masculinities, more likely to have raped and more likely to have engaged in transactional sex (16). Specifically in the study, among those under 25 years, those who had been violent to a partner had a higher prevalence of HIV (16). Similar links between violence, rape, and gender inequitable masculinities have also been shown in the Asia–Pacific region (17) and Latin America (18, 19).

Theorising this clustering of risk, violence and gender inequitable masculinities researchers have largely drawn on Connell's (20) notion of hegemonic masculinity, building a relational construction of gender inequalities (21). Within a context of patriarchal privilege, Connell argues that in any social setting there is a collectively held understanding of ideal male practices. The majority of men view the ideal as an aspiration, something that influences their practices and structures men's understandings of themselves and their behaviours, without necessarily being achievable or desired in its entirety for all men (20). In response, men construct a range of masculinities allowing them to establish viable alternatives to the hegemonic masculinity, while at the same time often supporting its overall logic (20). These hegemonic ideals also influence the behaviour of women as although they are subordinated by men, they shape their views of a desirable ideal and thus men who do not aspire to adopt the hegemonic masculinity may be penalised in their attractiveness to women.

Men's behaviours, including violence and HIV-risk-related practices, can be understood as men attempting to position themselves both individually and publically in relation to hegemonic masculinity, which forms a gender hierarchy (19, 22, 23). Critical men's studies also point towards how such health behaviours actively constitute forms of masculinity (24). From a social–psychological perspective, some researchers are concerned with how these broad macro-processes become embedded in individual's psyches and how these are internalised and resisted (25). In the context of high levels of poverty, a strong argument has been made that young men con-

struct a subordinated masculinity, focused on heterosexual performance and violence as a way of building their sense of self-worth and positioning themselves within the gender and broader social order of these socially subordinated spaces (20, 26, 27). Less often commented on is how gender hierarchies intersect with age hierarchies and violence can often be seen as situated at the intersection of these axes as well (27).

While much work accentuates men's power, dominance, and use of violence against women and other men, another set of work emphasises the emotional lives and vulnerability many of these men living in poverty feel (28, 29). This has led some to suggest that men's violence emerges from a profound sense of powerlessness (30) with men seeking power in ways that are accessible to them and socially condoned. Some researchers have sought to trace men's 'long histories of violence', through exploring men's childhoods that are harsh and leading to 'attachment disorders', which tend to reduce men's empathy and guilt. In so doing, they suggest that the patterns of violence and other risk behaviours are setup in childhood psychological development processes but then enabled through social process and contexts – such as patriarchy – to support men's violence against women and other men (31).

Masculinities in South Africa

Within South Africa a number of ethnographies have sought to understand how men construct and sustain masculine identities and respect in a variety of contexts. Hunter's (4) work suggests that in the 1970s and 1980s a new 'traditional masculinity' emerged for Black South African men employed in working class jobs as industrialisation occurred. This masculinity centred on a benign heterosexual patriarchy in which masculine respect was underpinned by male economic provision (4). This reworked older notions of masculinity locating them in urban settings. Central to this was men's ability to provide for a household with homes becoming a measure of masculinity (4, 32). Male power was also articulated through asserting social control over women and children. According to Hunter (4) this masculinity continues to dominate the gender hierarchy for many working class Black South Africans, potentially forming a hegemonic masculinity (20).

As much research on masculinities has emphasised, for the majority of men (if not all), the 'hegemonic masculinity' cannot be achieved and a multiplicity of masculinities flourish (21). Studies in South Africa have explored alternative ways of building masculine identity and respect. Reihling (33) looks at how men living with HIV construct new forms of what he calls 'relational dignity' through health activism, creating a new form of masculinity in so doing. A small number of studies have sought to explore youth masculinities and health in contemporary South Africa. Wood and Jewkes (34), for

instance, in the Eastern Cape Province of South Africa argue that economic marginalisation of young men has led to a distinctive youth masculinity emerging, where masculinity became centred on controlling main female sexual partners, with violence used if necessary. Similarly, Ragnarsson et al.'s (8) work in peri-urban communities emphasises how small male groups are the central locus for this production of a patriarchal youth masculinity, in which men in lieu of alternative sources of power and dignity turn to seeking multiple sexual partnerships as a way of securing their masculinity among other men. While Hunter's work (4, 35) also exploring younger men, emphasises how young men negotiate the tensions between their expected roles as providers in romantic relationships and their lack of economic power through subtle negotiations and an emphasised heterosexuality.

In this study, we build on this body of work to explore how young Black South African men, living in contexts of poverty in urban informal settlements, seek to construct, and sustain a viable sense of respect and masculine identity through their relationships with others focused on the intersections of sexuality and violence. We are concerned throughout with how men evaluate themselves and position themselves within gender and age hierarchies.

Methods

Setting

The young men in the study lived in two urban informal settlements in eThekweni District, KwaZulu-Natal, South Africa. Broadly informal settlements in South Africa have poor services; 2001 data suggested that only 26% of dwellings in informal settlements had piped water in their dwelling or yard and 32% had electricity (5) and the two settlements reflected this. The majority of young men came from a slightly older and more established settlement, Little Japan. Little Japan had a number of government provided single room houses (called RDP-houses) sitting alongside smaller shacks and single room dwellings. It was located alongside a main highway, which ran past a shopping mall and large township, approximately 10 min away by taxi. There was a regular public taxi to the centre of Durban taking about 25 min. Despite this Little Japan's roads were primarily untarred and there was little formal electricity and no inside toilets. The second community was Mbazwana and significantly poorer than Little Japan. This was a new settlement, only settled in the previous 10 years, located on a steep hillside. Transport links into Durban and to industrial areas were weak. Residents of Mbazwana had to catch two public taxis to central Durban, taking about 45 min. There was also no formal electricity, pathways, or toilets in Mbazwana.

Participants

Men were aged between 18 and 27 years, with the majority under 25. A few had formally finished education with a high school qualification, but most had exited education early, and few had further skills training. None of the men in the study had permanent work; rather the majority relied on temporary formal work (primarily shop work or construction), informal work (such as selling small items at the side of the road or working on public taxis), or a variety of illegal activities (selling drugs or petty crime). This work was poorly paid and highly precarious. Nationally representative household data from 2006 highlight the casualised nature of work in informal settlements (36). These data also suggest that average wages in informal settlements were R1,703 per month compared to R2,945 in formal housing (36). Many of the men also relied on their family to support them financially. All of the men reported that they had a main female partner at the time of the interviews and a number had a child with this partner or a previous partner.

Data collection

Data for this paper come from three focus group discussions (FGDs) conducted with 44 men and 19 in-depth interviews (IDIs) conducted over 2 months in 2012. FGDs enable collectively held views and understandings of salient issues to emerge – what we may call public transcripts – while IDIs enable the complexities and ambivalences of real lives to emerge, without men feeling compelled to construct public identities (37).

Data were collected at baseline for a formative evaluation of a behavioural and structural intervention – Stepping Stones and Creating Futures (38). Participants were recruited by Project Empower, an NGO based in eThekweni, which ran the intervention. Open community meetings were held at which the intervention was explained and flyers circulated. As such, participants self-selected to participate in the study. A convenience sample was used for the FGDs; we approached all of the men who enrolled in the study in the first three days and requested their participation in FGDs, 44 men agreed. While FGDs were large (ranging from 12 to 20 participants), it enabled an exchange of views and ideas to emerge. As Tang and Davis (39) suggest there is no optimal size for FGDs as long as sufficient time and facilitation is in place to enable a meaningful exchange of ideas to occur. From the 110 men who enrolled in the intervention, we randomly selected 20 men to participate in IDIs – 19 men agreed. We randomly chose men for IDIs as we then followed men up over the course of 1 year to understand their overall experience of the intervention and did not wish to introduce bias into our selection.

The IDIs and FGDs covered similar topics. They focused on the intersection between masculinities and livelihoods and how this shaped men's lives and relationships.

Specifically they included discussions on how men made money and survived on a daily basis and what they aspired to do in the future. Questions probed what men felt it meant to be a man in their community and whether they achieved this or not. The topic guide then moved onto relationships with women, especially sexual partners before asking about violence in the community and in their relationships. IDIs typically lasted about 45 min, ranging from 20 min to 1.5 hours. FGDs lasted between 1 and 1.5 hours. All FGDs and IDIs were conducted in isiZulu, the dominant language in the study locations, and were digitally recorded and translated and transcribed by the male fieldworker who undertook them.

Data analysis

Thematic content analysis was conducted drawing on Attride-Stirling's approach of thematic network analysis (40). Broadly, transcripts were read repeatedly before initial codes were developed (based on words or short ideas) (41). Codes were then clustered into groups focused on how men understood respect and sought to achieve it. Triangulation was achieved by comparing and contrasting FGDs and IDIs to examine both public and private understandings and expressions of masculinity. These were then centred on two networks identified as 'traditional masculinity' and 'youth masculinity'. Such an approach allows the researcher to make connections between different ideas and link to theory rather than simply describe data (40).

Ethics

Ethical approval was given by the South African Medical Research Council (EC003-2/2012) and the University of KwaZulu-Natal's Human and Social Science Ethics Committees (HSS/0789/011 and HSS/1273/011D). Written informed consent was obtained from all participants. The names of study participants and locations have been replaced by pseudonyms to protect the identity of the participants. No payment was given to participants for participating in the intervention or FGDs. However, for IDIs a small meal was bought by the research assistant and shared as a way of building rapport.

Findings

The men identified with a 'traditional' masculinity premised on economically providing in relationships, in which men were positioned as benevolent patriarchs. Yet young men's inability to secure work, left them socially positioned as children. As a reaction to this, the men were drawn to a particular youth masculinity that emphasised respect through violence against partners, control of partners, seeking multiple sexual partners, and violence against other men.

'Traditional' masculinity

Young men aspired to a 'traditional' masculinity, closely linking masculinity to provision for a family and partner and control over them. Gwedi, for instance, saw manliness as embodied by having a home and control over the family:

Interviewer: What characteristics does a person need to have in order to be described as a man in your community?

Gwedi: You know there is no other way my brother, you must have a wife, a house, and money, and again to see how well behaved you are when you are a man you must be straight [strict]. (IDI, 24, petty drug seller)¹

Economic independence was prized by men as it enabled them to set up a household. Borrowing money, rather than working for it, as many of the young men did, was seen as a sign of failure as Thokozani commented:

Interviewer: What does it mean to be a man?

Thokozani: I have to be responsible and be independent, respectable in the community.

Interviewer: What do you mean by independence?

Thokozani: Like having my own house. Not being a person that is always borrowing money. (IDI, 19, supported by parents)

Among informants, the use of violence to settle disputes among men was discussed. For some violence, owning guns and knives and a willingness to wield violence remained important. However, for most the 'traditional' masculinity was gentler and prioritised aspects of love, kindness, and engagement with children, as well as limiting violence as Bongani emphasised:

Interviewer: What makes a successful man in your community?

Bongani: It is the way he carries himself [the way he behaves], having respect. . .

Interviewer: How is he to his family?

Bongani: He is a disciplined man. He has a wife and it does not mean just because you have a wife you cannot wash dishes, a man is able to talk well with his wife, not violently, and his kids love him as a father. (IDI, 25, informal shop)

Broadly, men in the study still aspired to a 'traditional' masculinity in which power was conferred to them through economic independence and social dominance, essentially creating a hegemonic masculinity.

¹Information provided: IDI (in-depth interview), age, primary source of income.

Men without respect

Young men, however, were aware that the ‘traditional’ masculinity was aspirational and something they struggled to achieve. Men described how they were often highly dependent on their families for financial support – primarily mothers or grandmothers. As Thabo described, this dependency undermined his sense of confidence and masculinity:

Thabo: The thing is my grandmother, she buys me food, she dresses me and she supports my child. Now to think of asking her for money, let’s say me and my friends want to buy booze and party, to me that is a problem.

Interviewer: Has asking money from your granny caused you any problems?

Thabo: I’m too dependent on her, whilst I should be independent. (IDI, 23, piece work)

Without formal work, young men spent much time ‘hanging around on streets’. This enabled public ‘devaluation’ of the men by others in the community, who did not take them seriously as they did not work. As Mboniswa suggested, men without work were viewed as useless, as less than men, as they could not support a family:

Interviewer: How do they view a man who does not work?

Mboniswa: They view him as a useless man. Like someone you cannot depend on or look up to. They would ignore him, not take him seriously and look down upon him, or as someone that does not exist in the community. (IDI, 23, informal work)

Within the public gender and age hierarchy that existed within the communities, a lack of access to work placed young men low down. Indeed many, including Wiseman, stressed how they were seen as children as they did not conform to the ideals of masculinity:

Interviewer: How does the community treat you if you don’t meet the characteristics of being that man?

Wiseman: Okay, yes, you are undermined. Like you are just a man because you wear pants [trousers] nothing more. You are looked down upon, even little boys undermine you, they treat you like you are at their age, because you are useless. (IDI, 18, temporary work)

Of particular concern for young men was their inability to provide in sexual relationships, as they felt was expected of them. Sandile described both the frustration and embarrassment that was caused when he could not provide basic items and how women looked down upon young men like himself:

Interviewer: What problems are there for a man when he does not have money?

Sandile: Most of the time women depend on men, so if you are a man and you don’t have money, even when a woman is asking for something to wear or a perfume and you are not able to provide with that, it becomes a problem. It is an embarrassment.

Interviewer: What happens to you as a man when that happens?

Sandile: Your dignity is crushed and women bad-mouth you, like saying: ‘that man is just using me, he does not give me money, he doesn’t do anything for me, he is just using me [for sex].’ (IDI, 24, temporary jobs)

Within urban informal settlements, young men were acutely aware of how others positioned them within the gender hierarchy and how they were positioned as children for failing to achieve what was expected of men.

Building respect in informal settlements

In their communities, men struggled to establish themselves both as men in public settings and build their own sense of self-confidence and respect. In turn, men sought to construct an alternative identity predicated on the sources of power that they could access, primarily located around heterosexuality and violence. We identify four main aspects informing a dominant youth masculinity: 1) men’s main sexual relationships, 2) violence and control over female partners, 3) having multiple partners and thus demonstrating desirability to women, 4) public violence. Each of these, in their own ways, enabled men to achieve a sense of respect in public and private contexts.

Men’s main long-term sexual relationships

The majority of men said they had a long-term female sexual partner. As men spoke about these relationships, they sought to frame them in similar terms to how they had spoken about relationships within the ‘traditional’ masculinity they aspired towards, even if they could not achieve this. Almost all interviewees identified a woman they saw as a main partner, often someone they had a child with, and specifically someone they saw as having a future together with. They were able to distinguish these women and the relationships they had with them, from other relationships they had with other women, which were often shorter and more focused on sexual exchange.

Men were emotionally invested in these long-term relationships. Many reflected on how they would feel if these relationships ended, emphasising the emotional pain they would feel. Gwedi had two girlfriends; the first was his main partner with whom he had a child. The second was a younger woman who he saw occasionally. He described the different responses he would feel when asked to imagine what would happen if these relationships ended:

Interviewer: If one of your girlfriends wanted to leave you, what would happen? Let’s say your baby

mama [main partner and mother of his first child]?

Gwedi: Without a reason?

Interviewer: Whether or not without a reason. I want to know what would happen if one of them wanted to leave you?

Gwedi: I would be sad if it is my baby mama because you know I have invested my future with her since I want to go far with her. My heart would be broken but I would try and ask her not to leave me, but everything would be up to her because the person with the last decision would be her.

Interviewer: And the second one?

Gwedi: The second one if she wanted to leave me?

Interviewer: Yes.

Gwedi: The second one if she wanted to leave me it's not like I would be too heartbroken. Though I would be sad because she is the one close by for booty call [sex], I must say that would be sad in that sense, but she is not like that important to me. (IDI, 24, petty drug seller)

Men placed significant emphasis on trust and love in main relationships, symbolised by women and men typically not wanting to use condoms: 'I will make an example with the guys I hang out with, they say they don't use condoms with their main partners because they trust them, then the other girlfriends they don't care about, they use condoms with them' (Participant, focus group 1). Introducing condoms into these relationships signalled a breakdown in trust and love, tantamount to admitting these relationships were not the monogamous idealised relationships men sought to portray and sustain.

Violence and control over female partners

In the FGDs and interviews, men spoke openly about how they used a range of techniques to control their female partners, including violence. Men's use of violence against their partners was closely linked to a range of controlling behaviours and almost always positioned as an active strategy by men to achieve respect and social position that they felt they had been denied.

Men's controlling behaviours towards their main partners attempted to limit women's autonomy. Often this was done, according to men, because they feared women would 'cheat' on them with other men; an inability of men to control their partners, devalued men's sense of themselves. Controlling behaviours included checking cell phone messages, screening calls, and making calls throughout the day and night and expecting immediate answers. Sandile explained he trusted his main girlfriend because no matter what time he called she would answer her phone and talk to him:

Sandile: Since my girlfriend stays very far from my community, so like every time I call her she will always pick up my calls, and we talk for a very long time. It does not matter what time I call, she

does not have a problem, like making excuses if she has a man around her you know and all that. I have never caught her doing anything wrong, like with a man [cheating], and all the silly things. (IDI, 24, temporary jobs)

When men's controlling behaviours failed to achieve what was wanted, young men readily described using violence as a way of re-establishing both the gender order – women's subordination to men – as well as re-establishing men's respectability within a social hierarchy, as Sandile emphasised when asked why men were violent to their partners:

Sandile: I may not explain exactly why but, from what I have observed, it is because of the girlfriends that misbehave, then that leads to them getting a beating, like a man would say: 'You are misbehaving, you don't respect me'. (IDI, 24, temporary jobs)

Participants identified a wide-range of ways in which they felt women disrespected them and where violence could legitimately be used to reassert men's respect and dignity. Many focused around men's concerns that women would cheat on them. Other 'reasons' included women's growing economic autonomy and a concern that this would lead to women disrespecting men, with violence used to reassert male power:

Mthobisi: When a woman, like she is working, and I am not working, and she starts disrespecting and being rude to me, we then fight then like I end up hitting her because I try to defend my dignity as a man. (IDI, 22, rents a room, sister supports)

Women refusing to have sex with a male partner also was potentially a source of violence, reflecting ideas of sexual entitlement, although many men said this was something they accepted. One participant, Gwedi, described how one evening his second female partner (not his main partner) came over, but did not want to have sex with him. Gwedi felt that the only way of dealing with this affront (which also implied that she had another partner) was to beat her as he had been humiliated:

Gwedi: I had to lay a hand on her [hit her] because of what she did. She came to my house at night drunk, and I wanted to have sex with her, and she denied me sex because she was drunk ... then I waited until the morning, and at that point it had been days since I had had sex with her, so like now in the morning like I wanted some, because I had been longing to have sex with her, so she pretended she was going outside to pee [there are only outside toilets] ... I realised she was not coming back, she was going home. So I chased after her I then grabbed her, I slapped her for the fact that she was

running away, but I ended up not sleeping with her, because she was then talking about police and all that [laughing]. So I beat her up for making me a fool, because she should have said she does not want to have sex with me straight up, you see what I mean? (IDI, 24, petty drug seller)

Violence and controlling behaviours enacted by men against their female partners were widely described by men as an attempt to reassert their dignity and respect in relation to women.

Multiple sexual partners

The central role for young men living in urban informal settlements in seeking multiple sexual partners to establish their identity was evident. Having multiple partners was normalised. For Thokozani, it was something that men just needed:

Thokozani: But you know a woman can have one or two partners. But men cannot live without having more than one partner and there are very few of them that can live with only one. (IDI, 19, supported by parents)

While a few participants suggested a 'cultural' basis for multiple sexual partnerships, the major emphasis was that multiple sexual partners were a way of earning respect from their peer-group. One focus group participant commented on why men had many partners: 'they can be complimented for being a real man' (focus group 3). Another, China, similarly suggested that having multiple girlfriends earned you respect, affirmation, and dignity from your peers:

China: If you have one girlfriend you are a coward; most of them do it for pride and they do it so that they can get respect and for the dignity and when you have many girlfriends it means you get respect. (Focus group 3)

The performative nature of seeking and securing multiple sexual partners was particularly evident in the way short-term, one-off sexual encounters were described by these men. Mthobisi described how these were linked to parties and drinking alcohol and proving to your friends that you were able to be successful sexually:

Mthobisi: You know at the parties, condoms are the last thing people think of when they are drunk and then you go and have sex with the girls and end up contracting HIV because of the fact that you were trying to please friends. (IDI, 22, rents a room, sister supports)

Having multiple sexual partners was a public performance of heterosexuality, proof of desirability, and thus

masculinity. As such, they provided a pathway open to these young men for building up a sense of respect.

Defence of honour: men's violence to other men

A final way men talked about achieving public respect and proving masculinity was demonstrating a readiness to defend their honour through violence towards other men. Typically alcohol was also involved; however, violence occurred when men felt they had been slighted by another man and needed to defend their dignity. Mthobisi described how fighting emerged because men felt the need to not lose face or back down if they had been disrespected:

Interviewer: Who do men get violent towards?

Mthobisi: Towards other men, if like you have lowered his dignity as a man. . .

Interviewer: Can you give me an example?

Mthobisi: If you come and look down upon me and be rude, swear or talk nuisance to me, obviously I will have to defend my dignity I will then stand up and confront you and if we fight, we fight.

Interviewer: Why do men get violent?

Mthobisi: Most of the time it's because they are drunk or it is because they are just short tempered, there are those that are like that who when you speak to them they just answer you for the sake of just answering you, they are not open.

Interviewer: Why do they fight with each other?

Mthobisi: It's pride my brother you know men value their dignity, I will also return the favour hurt and injure you just so I can get my dignity back as a man. (IDI, 22, rents a room, sister supports)

Similarly Goodman described how an argument could easily escalate into a fight, particularly if alcohol was involved:

Interviewer: So who are men violent towards?

Goodman: Each other.

Interviewer: Why?

Goodman: You know you will find that one person steps on the other and the one being stepped on would say 'can't you see you stood on my toe' and the second guy would say: 'I'm sorry', then the first one would try and provoke the other one since he is drunk and because maybe he has a grudge with the second guy or something like that. And maybe the second one would end up saying: 'I said I'm sorry, what do you want me to say' and if the first one keeps pushing, then the second one would say, 'what are you going to do' then the fight starts over that little incident. (IDI, 25, supported by mother)

Men's violence to one another was very public and linked closely to men's overarching concern to position themselves within a dominant gendered hierarchy. While alcohol often fuelled this violence, men felt they could not 'back down' without losing respect.

Discussion

In this study, we have sought to understand how young men in two urban informal settlements in eThekweni, South Africa, construct and maintain one particular set of social and sexual identities in the face of high levels of unemployment and poverty, recognising the relational nature of masculinities and their multiplicity in any given setting. Broadly we have suggested that while these young men aspired to a 'traditional' worker masculinity forged in the 1970s industrialisation in South Africa, with its emphasis on economic power to setup and sustain a household, including assertion of power over women and children (4), their ability to do so was severely compromised because they lacked the material power to do so.

In turn, young men sought out other ways of building their sense of power and respect in response to the life challenges they faced and their inability to obtain other sources of respect. Principally young men 'on the wrong side of history' (42) established a subordinated masculinity, much the same as outlined by Wood and Jewkes (34) in the Eastern Cape of South Africa. This youth masculinity prioritised, in lieu of power through setting up and sustaining a home, education, or wealth, power in spaces that young men could achieve, most evidently through asserting power and control over women, particularly main sexual partners and seeking multiple sexual partnerships and violence towards other men. These practices, similarity to those described by Wood and Jewkes (34), suggest a commonality of how marginalised youth in South Africa attempt to position themselves within a gender hierarchy in contexts of poverty and unemployment.

That these sources of power are the only ones available to young men in these contexts, emerges from a long history of economic, political, and social exclusion of, and violence directed towards, young Black South Africans (43), and the continued dominance of conservative patriarchies in South Africa, as well as the inter-generational production of trauma and violence, experienced by many young men (31).

Of note, however, is that young men expressed significant emotional investment in their long-term relationships with main female sexual partners. This contrasts sharply to much writing on young men, which emphasises the extractive nature and lack of emotional engagement in men's relationships (8, 28). It also points to how men draw on a range of discourses of masculinity in different relationships (19) suggesting that there may be discourses and opportunities for change already embedded in men's everyday practices. However, as Wood and Jewkes (34) suggest, men's investment in these relationships is also a way of demonstrating masculinity, with men's ability to retain and control women being critical to them.

The youth masculinity described in the data also contrasts with that described by Hunter (4, 35). Hunter suggests that in the face of HIV, young men in KwaZulu-Natal are starting to modify their sexual behaviours as organic responses to risk. However, our data suggest that for many men, this is not happening, with the pressure to achieve respect and social positioning in the gender order outweighing other priorities.

For young men in urban informal settlements, their sense of masculinity and positioning within the gender hierarchy was very publicly achieved and evaluated; something men 'wore on their sleeve' and performed. In very different contexts Vandello and Bosson (44) suggest that masculinity is, in the most part, extremely precarious, something that is 'Hard Won and Easily Lost'. While not directly emphasising masculinities performative nature, such an argument resonates with Butler's (45) notion of gender being a performative category (albeit one performed within material and political constraints). Indeed, the young men in this study certainly continued to perform their masculinity on a daily basis, recognising how they were publicly evaluated. This may have been compounded by the very public nature of everyday life in the two informal settlements. As young men lived in small, one room shacks, often shared with others, they had few private spaces into which they could retreat and enact alternative forms of masculinity, outside the gaze of dominant social and gender norms. While much writing has explored how place shapes health (6, 11, 12, 29), little has considered how the public nature of life in urban informal settlements and the lack of private spaces may contribute to certain configurations of gender practices emerging.

The argument set out in this paper has three implications for working to reduce violence and HIV risk more broadly with men. First, even within the youth masculinity that we describe, there existed a number of contradictions and opportunities to support more gender equitable – or at least less harmful – masculinities, ones emphasising trust, love, and long-term commitment. As has been pointed out (19), these provide discourses for interventions to draw on and build from and point to the fluid and multiple nature of masculinities in any given setting.

Second, given the way a youth masculinity coalesces around a number of particular practices, interventions need to work around multiple issues if they are seeking to reduce violence and HIV risk. It is unlikely that changing men's violent behaviour will occur outside of working with them around alcohol use, drug use, multiple sexual partnerships, because these all coalesce around a particular form of youth masculinity.

Finally, as other studies have suggested, violence and other HIV-related risk practices partially emerge from young men's exclusion from the global capitalist economy

(46). With a dominant approach to achieving respect cut off for these young men, they cast around for alternative pathways; one of which included what we describe as a youth masculinity. Work from the global peripheries of the capitalist system, including Mozambique (26) and Brazil (18), all point towards how men's violence is implicated in these processes of exclusion (often overlapping with racism). Yet similar dynamics are also seen within the heart of global capitalism. As Bourgois (27) outlines in his ethnography of drug dealers in New York, young Porto Rican men excluded from the capitalist economy secure respect through the only available pathways, dealing drugs and public and private uses of violence. Given these global processes are inflected with local dynamics, there remains much to be learnt about what building young men's livelihoods would look like and whether this would have any bearing on violence and HIV-risk behaviours. More work is also required on how best to work with young men, invested in a contemporary form of youth masculinity which prioritises violence, control, and multiple sexual partnerships to support these young men to change and develop less harmful forms of masculinity in the contexts of poverty and significant life challenges.

Acknowledgements

Thanks are due to the other team members on the larger study of which this forms part of, namely: Samantha Willan, Nwabisa Jama-Shai, Nompumelelo Mbatha, Laura Washington, Alison Misselhorn, and Milly Mushinga. Thanks also to the interviewer and participants and to the reviewers for their perceptive comments.

Conflict of interest and funding

This study was funded by SIDA and Norad through an institutional grant to HEARD, UKZN, the Joint Gender Fund (South Africa), and the Medical Research Council, South Africa. We have no conflict of interest.

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Stepping Stones and Creating Futures Intervention: Outcomes of a formative evaluation of behavioural and structural pilot intervention for young people in informal settlements in Durban, South Africa

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ABSTRACT

Background: Gender-based violence and HIV are highly prevalent in the harsh environment of informal settlements and reducing violence here is very challenging. The group intervention Stepping Stones has been shown to reduce men's perpetration of violence in more rural areas, but violence experienced by women in the study was not affected. Economic empowerment interventions with gender training can protect older women from violence, but microloan interventions have proved challenging with young women. We investigated whether combining a broad economic empowerment intervention and Stepping Stones could impact on violence among young men and women. The intervention, Creating Futures, was developed as a new generation of economic empowerment intervention, which enabled livelihood strengthening through helping participants find work or set up a business, and did not give cash or make loans.

Methods: We piloted Stepping Stones with Creating Futures in two informal settlements of Durban with 232 out of school youth, mostly aged 18-30 and evaluated with a shortened interrupted time series of two baseline surveys and at 28 and 58 weeks post-baseline. 94/110 men and 111/122 women completed the last assessment, 85.5% and 90.2% respectively of those enrolled. To determine trend, we built random effects regression models with each individual as the cluster for each variable, and measured the slope of the line across the time points.

Results: Men's mean earnings in the past month increased by 247% from R411 (~\$40) to R1015 (~\$102, and women's by 278% R 174 (~\$17) to R 484 (about \$48) (trend test, $p < 0.0001$). There was a significant reduction in women's experience of the combined measure of physical and/or sexual IPV in the prior three months from 30.3% to 18.9% ($p = 0.037$). This was not seen for men. However both men and women scored significantly better on gender attitudes and men significantly reduced their controlling practices in their relationship. The prevalence of moderate or severe depression symptomatology among men and suicidal thoughts decreased significantly ($p < 0.0001$ and $p = 0.01$)

Conclusions: These findings are very positive for an exploratory study and indicate that the Creating Futures/Stepping Stones intervention has potential for impact in these difficult areas with young men and women. Further evaluation is needed.

Introduction

Urban informal settlements are increasingly recognised as a growing problem as governments struggle to manage rapid urbanisation^{1 2}. The WHO estimated that in sub-Saharan Africa approximately 72% of people reside in informal settlements³. In South Africa, 4.4 million people live in informal settlements but the actual figure may be higher⁴.

Informal settlements are settings of high health inequalities^{5, 6}, extreme poverty¹, high prevalence of HIV and AIDS and STDs⁷, and gender-based violence (GBV)^{1, 8, 9}. In South Africa, a survey by the Human Sciences Research Council showed people living in urban informal settlements have an exceedingly high HIV incidence (5.1%) compared to those residing in rural formal areas (1.6%), rural informal areas (1.4%) and urban formal areas (0.8%)¹⁰. The harsh structural realities of life in urban informal settlements have resulted in a growing realisation that only interventions which combine an alleviation of everyday hardship with other aspects of intervention are likely to be successful in improving health and reducing violence¹¹.

Theory-based intervention research that rigorously evaluates HIV risk reduction and gender-based violence prevention strategies in informal settlements in South Africa have been sparse, even though a number of gender-transformative interventions have been implemented in various settings. A notable exception is the Stepping Stones trial conducted over a two year period in the rural Eastern Cape province¹². In this trial the incidence of HSV-2 was significantly lower in the Stepping Stones arm than the control arm¹². However, it did not reduce the experience of violence by women and did not measurably change sexual behaviour. The limited impact Stepping Stones had on women (compared to men) may have resulted from a lack of social and economic resources¹³.

Livelihood insecurity is a critical factor shaping HIV risk and vulnerability¹⁴⁻¹⁶. Poor women are more likely to engage in transactional sex^{15, 17}, have diminished agency in sexual relationships with profound health effects¹⁸, are less able to leave abusive relationships and all of this reduces their opportunities to craft stronger livelihoods¹⁴. To tackle these intersections, structural interventions, linking economic strengthening to gender-transformation are increasingly recognised as important¹⁹. The IMAGE study in rural South Africa combined a microfinance intervention with a gender-transformative intervention for women. After two years women in the intervention reported a 55% reduction in IPV experienced.²⁰ Similarly, a Village Savings and Loans Association (VSLA) intervention in the Ivory Coast for women added a couples intervention to reduce violence, and while not

showing such strong results as IMAGE, did show women who attended more than 75% of sessions with their male partner, experienced a 55% reduction in physical IPV²¹.

Yet similar interventions for young people have struggled to have such strong outcomes; microfinance interventions tend not to work for young people as they have high levels of mobility²² and other approaches have sought to increase savings²³. However, one study with younger women in rural Uganda reported a reduction in coerced sex amongst female participants using a combination of economic strengthening interventions, including livelihoods training and microfinance²⁴.

To see whether we could improve on the impact of Stepping Stones for women, and improve outcomes for men in very harsh circumstances, we developed a structural intervention that aimed to strengthen the livelihoods of young women and men in informal settlements. We implemented it in conjunction with the South African version of Stepping Stones.

Aim and objectives

The aim of this study was to determine whether there is evidence that the combination of Creating Futures and Stepping Stones is a promising intervention to reduce gender-based violence and HIV risk among young men and women in two urban informal settlements in eThekweni, Durban South Africa.

METHODS

Setting

This study was conducted in two urban informal settlements, Little-Japan and Mbazwana, located in eThekweni District, KwaZulu-Natal, South Africa. Urban informal settlements are sites characterized by overcrowding, lack of decent housing, electricity, water and sanitation, and poor or no health care facilities and roads^{6, 25}. Little Japan had a mix of government provided single room houses, alongside shacks and single room dwellings; it was located alongside a main highway and near a large township. Taxis to the centre of Durban in took 25 minutes. Roads were untarred, formal electricity lacking and there were no inside toilets. Mbazwana, located on a steep hillside was relatively new and significantly poorer than Little Japan. Central Durban was two taxis and at least 45 minutes away, and electricity, pathways and toilets were lacking.

Participants

We recruited 232 out-of-school young people (aged 18 to 34, with most under 30), of these, 110 were men and 122 were women. Recruitment was done by a Durban based non-governmental organization (NGO), Project Empower. Upon accessing these communities, Project Empower handed out flyers with information about the study and a contact number for those interested in participating to call or send text messages. Those who made telephonic contact were invited for a face-to-face meeting where they were provided more information about the study. Snowball sampling technique was also used to recruit other participants.

Intervention and implementation

The livelihoods intervention (Creating Futures) that was combined with Stepping Stones for evaluation was developed by members of the study team²⁶. Creating Futures is a peer facilitated intervention covering eleven, three-hour sessions in single-sex groups of approximately twenty people. It was developed by drawing on 'sustainable livelihoods' theory and practice^{27, 28}. This work finds that people build and maintain their means of making a living and surviving by drawing on a range of resources which have been distinguished broadly into five capitals: financial capital, natural capital (emanating from that the natural environment), human capital (such as knowledge, health, work experience), physical capital (such as built environment assets), and social capital (emanating from our interactions between and within individuals and groups). These capitals not only offer the raw material for fashioning livelihoods, but can also encompass elements that constrain livelihood choices and explain many of the inequities between individuals as well as communities.²⁸ The ability to draw on – as well as build- a combination of resources to make a living is fundamental to finding pathways out of poverty and vulnerability that might decrease exposure to HIV related risk²².

The South African adaptation of Stepping Stones²⁹ uses participatory learning approaches, including critical reflection, role play, and drama and draws on the everyday reality of participants' lives during sessions. It is an HIV prevention strategy that "aims to improve sexual health through building more gender-equitable relationships with better communication between partners. Stepping Stones builds knowledge of sexual health and provide spaces for facilitated self-reflection on behavioural motivations."³⁰ It is delivered to single sex groups, which are run in parallel, and has 13 three hour long sessions. The sessions cover a variety of topics, including: how we act and what shapes our actions; sex and love; conception and contraception; taking risks and sexual problems; unwanted pregnancy; STIs and HIV; safer sex and condoms; GBV; motivations for sexual behaviour; dealing with grief and loss; and communication skills.

The implementation of the combined intervention was undertaken by Project Empower. They employed facilitators who had completed secondary school, and some had experience in the health sector and in facilitation, but also trained them on gender attitudes, norms and inequalities, HIV and AIDS, sexual and reproductive health, and facilitation skills.

Study design:

We employed an interrupted time-series design with data collection points at baseline, then at two weeks and had follow-ups at 28 weeks and lastly at 58 weeks post-baseline.

Questionnaire

Data were collected using self-completed paper questionnaires. The questionnaires for men and women were somewhat similar and had standard scales that had been validated and used in other studies in South Africa^{30, 31}. We assessed the demographic and socio-economic background of the participants, sexual behaviour, and crime participation. Men were asked about the circumstances under which they had had sex with any woman, relationship control practices³², about ever perpetrating physical and sexual violence on any intimate partner and sexual violence on any woman³³. Women were asked about the circumstances under which they had had sex with any man, relationship control practices, ever being physically and sexually violated by an intimate partner³⁴.

The mental health of participants was explored using CES-D scale to assess depressive symptomatology³⁵. Engagement in transactional sex was explored for both men and women³¹. We adapted the AUDIT scale³⁶ and assessed participants' alcohol and drug use.

Ethical considerations

Ethical approval was given by the research ethics committees of the South African Medical Research Council and the University of KwaZulu-Natal. The permission to recruit participants within the communities was granted by the community gatekeepers. Written informed consent was obtained from all participants. At each data collection point, participants who completed a questionnaire were given R50 (~\$5).

Data analysis

Analysis was done on the basis of intention to treat using a Mixed Anova Design (2x2). As such, we did not include an exposure measure to assess participants' attendance, rather sought to include in the follow-up all participants who were initially enrolled into the intervention. We then did trend tests on the measures comparing the average baseline, six months and 12 months measures using STATA.

RESULTS

In total 110 men completed the baseline, 93 completed round 2, 105 completed round 3, and 94 completed the assessment (85.5% of those enrolled). Among women, 123 completed the baseline, 113 completed round 2, 116 round 3, and 111 were re-interviewed at the 4th data point (90.2% of those enrolled). Data on loss to follow up shows three participants died and one male participant was in jail; others were untraceable, many of whom, given high levels of migration, were assumed to have moved out of the study community and were not contactable.

Participants were mostly aged 18-30 years. One man was 17 and two women were over 30 (33 and 34). Nearly half of men (45.4%) and a quarter of women (23.6%) had completed high school (grade 12). Most participants had a partner but were not married or cohabiting. Two-thirds of women and a third of men had a biological child. Among those with children, a third had more than one and one in ten had more than two children (10% of men and 13.4% of women). At baseline, two-thirds of men and a third of women had worked or earned in the previous 12 months.

The socio-economic indicators measured in the study are presented in Table 2. At baseline mean earnings in the past month of men were R 411 (~\$40) and of women was R 174 (~\$17). By the fourth round mean earnings of men had increased by 247% to R1015 (~\$102) and of women by 278% to R 484 (about \$48). The test for trend across the time points showed that this increase was highly significant for both ($p < 0.0001$). At baseline 10.9% of men and 11.4% of women were currently studying. These proportions were higher at round 4, with 17.9% and 15.3% of men and women studying, but the trend was not significant. At baseline women scored higher than men on a measure of their attempts to strengthen their livelihoods, but their score did not change over the year, however for men it increased significantly ($p < 0.0001$). The work-related stress scale showed a similar pattern, with men's stress reducing over the year ($p = 0.039$) but not women's, although there may have been a reduction at 6 months, which was not sustained. However, a measure of feelings about work situation showed significant improvement ($p < 0.0001$) for both women and men.

At baseline 40% of men and 54% of women with children said they financially supported them. This increased to 47% of men and 61% of women after the 12 months. This increase that was significant for women ($p = 0.03$) but not men. 9.3% of men and 48.8% of women were receiving a child or foster care grant for children in their care at baseline, and this increased significantly for women to 56.9% ($p = 0.009$) after one year.

A quarter of men and women indicated that they went without food for lack of money every week or day. This did not change over the year. There was also no change in the proportion who borrowed money or food from neighbours each week, or more often. In all 33.9% of men and 47.2% of women said that they had stolen in the previous month due to lack of food or money. This proportion substantially reduced over the 12 month period. However a 12 item scale measuring participation in a range of different forms of crime showed no overall change. Perceived ability to mobilise money (R200 or ~US\$20) in an emergency improved over one year. At baseline 40.9% of men and 68.3% of women indicated this would be very difficult, the proportion was very much lower at 12 months and this was significant ($p < 0.002$ and $p < 0.0001$) for men and women respectively.

The questionnaire included three measures of social capital. There was a suggestion that women may have become more involved in clubs or groups (from 22.8 to 31.9%) and less active in church (from 41.4 to 33.6%) over the year, but the trend was not significant for either. There was no change among men on either of these measures. Neither men nor women perceived change in community cohesion.

The men and women's gender attitudes and prevalence of experience of and perpetration of GBV are shown in Table 3. Measured on a gender attitudes scale, there was evidence over the 12 months that both men's and women's gender attitudes become more equitable (both significant). There was some improvement in a measure of relationship control over the 12 months, with this highly significant for men but not for women. Physical intimate partner violence (IPV) perpetration by men in the prior 3 months was less prevalent at round 4 than the preceding three rounds, but the trend was not significant. For women there was no clear trend in experience of physical IPV. For men, there was no trend of change in the prevalence of perpetration of sexual IPV, but for women there was a significant reduction in the past three months. There was no change in the prevalence of non-partner rape perpetration for men. There was a significant reduction in experience of physical and/or sexual IPV in the prior three months from 30.3% to 18.9%, a 38% reduction ($p = 0.037$) in women. No change was measured in perpetration of sexual and/or physical IPV by men.

A series of health measures were examined. The prevalence of moderate or severe depression symptomatology decreased substantially in men (from 74.8% to 53.4% $p < 0.0001$). This was not seen in women. There were significant improvements in both men and women, however, in a scale assessing satisfaction with life circumstances. At baseline 25.5% of men and 22.3% of women had had suicidal thoughts in the previous month, and this reduced to 9.5% and 12.7% respectively at one year. The change was significant for men but not for women.

A measure of problem alcohol drinking in the past 12 months did not change for men. It did change significantly for women, in the direction of an increased proportion (26.6% at baseline to 35.5% at round 4). However, among women who drank alcohol, the proportion quarrelling with their partners over their drinking declined significantly from 40.9% to 22.6% ($p=0.026$). There was no change for men. The proportion of men and women who used drugs in the past three months did not change.

At baseline 57.3% of men had ever had an HIV test and by round 4 this was 69.1%, a significant change. The prevalence was higher for women (81.8% at baseline) and did not change. About 50% of men and 80.3% of women had last had sex with their main partner at baseline. The proportion increased significantly for men by round 4 to 61.7%. There was no change for women. The proportion of men who had used a condom at last sex did not change, but there was an underlying trend of increase for women (from 55.6 to 61.7%) but this was not statistically significant. There was no change across the study in the proportion of men and women who had had transactional sex in the past month.

DISCUSSION

These results were those of a relatively small pilot study of the Stepping Stones and Creating Futures combined intervention. Overall the results suggest the intervention had an impact on livelihoods, specifically women and men improved their monthly earnings, felt less stressed about their work situation, stole less because of lack of money and were more able to access money in an emergency. Furthermore, men increased their livelihood strengthening efforts and women increased their access to child support grants and supported their children more.

There were also a range of positive changes in gender-related and violence measures. Both women and men had more gender-equitable attitudes and men reduced controlling behaviours towards partners, while women felt less controlled by partners. In addition, women experienced less sexual IPV and sexual and/or physical IPV.

More widely men's and women's broader health showed improvements. Women's and men's perceived life circumstances improved. Men reduced symptoms of depression and suicidal thoughts and more had had HIV tests. In addition, a greater proportion of men reported the person they last had sex with was their main partner. Women reduced quarrelling over their drinking, but more appeared to have drunk heavily. Thus the intervention appeared to have strengthened livelihoods, had a positive impact on gender relations and improved many aspects of mental health.

Creating Futures draws on a sustainable livelihoods framework, which identifies five capitals: financial, human, social, physical and natural that people draw on to make a livelihood. The intervention seeks to bolster these capitals and thus strengthen participants' livelihoods. Our findings suggest evidence of success in building financial capital, with higher monthly incomes and more women accessing child support grants. The impact of this was tangibly measured in the greater proportion of women supporting their children, and fewer men and women stealing for lack of money or food. There may have been a positive trend in the direction of greater human capital as the proportion of men and women at round 4 studying was higher, if not statistically significant. Shock resilience, as measured by perceived ability to access R200 for an emergency, improved for both men and women. It was not clear if the intervention increased social capital, it may have done so for women but the difference did not achieve statistical significance ($p=0.07$).

These findings are important as Creating Futures is a structural intervention that does not require large sums of capital, unlike cash transfers and microfinance. Microfinance has been unsuccessful with adolescents and requires functioning microfinance projects^{22, 37}. There is a need for further evaluation, but this study suggests that Creating Futures may represent a new generation of structural interventions which may be of value in South Africa's informal settlements and have potential for scalability because it does not require capital beyond the costs of delivery of the intervention.

Like the previous evaluation of Stepping Stones in South Africa³⁸, there was a positive impact measured on gender relations and violence. However the nature of this differed from that in the earlier evaluation. The larger study showed no impact on experience of IPV among women³⁰, which contrasted with our prominent finding of statistically significant decreases in women's experience of sexual and/or physical IPV and sexual IPV. This supports a growing body of evidence that suggests women require change in their material circumstances in order to be able to use knowledge from gender-transformative programmes to reduce violence; most clearly seen in the IMAGE study²⁰. This study also showed men's controlling practices reduced. This is important as these have been shown to increase women's risk of HIV incident infections³⁹. However we did not find a reduction in violence perpetration; the reason could be that the follow up was too short, as in the first Stepping Stones evaluation impact was seen at 24, not 12 months³⁸. We did note that at round 4 prevalence of violence perpetration by men was lower than the other three rounds and this may have been the start of a downwards trend. It is possible that Stepping Stones impacted differently in the informal settlement context as the prevalence of physical and sexual IPV perpetration are very high and there is considerable evidence that the harsh environment resulted in more emphasised masculinities that were more strongly predicated on control of

women and where violence was a ready resort in conflict of all forms⁴⁰⁻⁴². These social norms may be more difficult to change.

The intervention appeared to positively impact on mental health, reducing depression and suicidality for men, and improving perceived life circumstances. This was also indicated in the first Stepping Stones evaluation findings, where depression in men may have somewhat reduced ($p=0.1$). These are important findings and help to support an overall picture of benefit from the intervention. In the first Stepping Stones study there was not a measured increase in women's drinking. That this is seen here suggests that it is a consequence of having a higher income. It is obviously concerning but the reduction in quarrelling over women's drinking may suggest that women had more skills to avoid some of the common adverse consequences for them. The increase in willingness to test for HIV was not reported in the first Stepping Stones report, but was suggested by its accompanying qualitative evaluation⁴³. It is positive to see this confirmed here. The failure to impact on women's HIV testing may be explained by the levels already being very high and much higher than those of men, likely due to the fact that HIV testing is increasingly common in antenatal settings in South Africa. In this study two-thirds of the women had biological children and it is therefore likely most would have tested during pregnancy.

Qualitative research findings among men in this intervention was that many reported having better, less conflictual, relationships with their main partners and as a result spending more time with them and less with other sexual partners⁴⁴. The report that a higher proportion of last sexual partners were main partners seems to confirm this finding and points to another effect of the intervention which will impact on gender relations as well as on sexual health.

The study had limitations. The sample size was small and so the power to detect change was limited. There was no control group and so we cannot be sure of underlying trends, although the relatively short period of the study (one year of follow up) makes it unlikely that underlying trends would have been of great change among participants. Ideally an interrupted time series design would have three (or more) pre- and post- intervention measures. We had only two measures, but these nonetheless have helped considerably in enabling understanding of the repeatability of the measures, which is especially important when the underlying construct could have been very open to disclosure bias (e.g. in illegal activities of crime participations and rape perpetration). Both of these measures provided lower estimates at the first baseline than the second, suggesting disclosure bias. There was some loss to follow up across time, which could have influenced the findings but we are unable to know in which direction.

Conclusions

This study has demonstrated that the combined Stepping Stones and Creating Futures intervention has the potential to strengthen livelihoods, improve gender relations, reduce violence and improve mental health among young people in South Africa's informal settlements. This is a very vulnerable group given the very high prevalence of unemployment, HIV incident infections and violence in these areas. This study has shown that this intervention deserves to be subject to further evaluation and may have the potential to substantially improve the lives of a very important section of South African society.

Competing interests

The authors declare that they have no competing interests. Both the Stepping Stones version used in this study and Creating Futures are distributed free of charge.

Acknowledgements

This project was funded by the Joint Gender Fund, Norad, Swedish Sida and the South Africa Medical Research Council. We are very grateful to the participants, fieldworkers and intervention facilitators.

Authors' contributions

RJ co-designed the study, analysed the data and led drafting the paper; AG co-designed the study, managed the project, contributed to data interpretation and drafting the paper; YS and SW co-designed the study, contributed to data interpretation and drafting the paper; NJ-S, MM, AM, NM and LW contributed to the study design particularly through conceptualisation and development of the Creating Futures Intervention, contributed to data interpretation and drafting the paper.

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Table 1: Characteristics of the participants enrolled for round one

	Male	Female
	% (n=110)	% (n=122)
sex	47.5	52.5
age group: <20 yrs.	20	31.2
20-24	66.4	48.4
25-29	13.6	18.9
>30	0	1.6
highest school grade: <10	20	24.4
10	7.3	13
11	27.3	39
12	45.4	23.6
post-school course	20	15.5
Mother has died	23.9	26
Father has died	49.5	55.3
Partnership status: married	0.9	0.8
cohabiting	14.6	8.1
GF/BF	71.8	72.4
No current ptrnr	12.7	18.7
Ever had a child or fathered	36.4	66.7
# children: >1	57.5	59.8
2	32.5	26.8
>2	10	13.4
Worked or earned in last 12m	65.2	36.1

Table 2: Socio-economic indicators										
	Pre-intervention				Post-intervention				male	female
	Baseline		Round 2		Round 3		Round 4			
	male (n=110)	female (n=123)	male (n=93)	female (n=113)	male (n=105)	female (n=116)	male (n=94)	female (n=111)	pvalue	pvalue
mean earnings last month (Rands)	411	174	296	113	738	323	1015	484	<0.0001	<0.0001
currently studying	10.9	11.4	13	8.8	11.4	12	17.9	15.3	0.133	0.127
Frequency of livelihood strenghtening efforts (score)	17.1	20.3	18	20.7	18.2	19.4	19.3	20.1	<0.0001	0.29
Work stress										
Work stress mean score (high=less stress)	7.43	8.01	7.76	8.05	7.64	8.46	8.18	7.88	0.039	0.94
Feelings about work situation mean score (high = feeling better)	9	9.8	10.3	9.6	10.36	10.63	11.04	10.75	<0.0001	<0.0001
Ability to support children										
Financially supporting kids	40	54.1	44.1	53.1	44.76	58.97	46.88	61.26	0.42	0.03
Receiving a grant	9.3	48.8	14.1	46.9	16.35	52.99	10.53	56.88	0.46	0.009
economic hardship & crime										
Hungry every day or week:	24.5	24.4	38.7	35.4	28.85	21.37	21.88	31.82	0.545	0.7
Borrowing food or money weekly or more often	17.4	27.6	18.5	17.7	15.24	18.97	12.37	24.32	0.26	0.5
Stole in last month due to lack of food or money	33.9	47.2	33.7	45.1	26.67	35.04	24.74	35.14	0.039	0.005
Crime participation score (high = more crime)	0.982	0.76	1.34	0.885	0.97	0.76	1.15	0.77	0.51	0.85
Very difficult to find R 200 in an emergency	40.9	68.3	35.5	57.5	36.19	46.15	22.68	42.34	0.002	<0.0001
Social capital										
Any club or group involvement	48.2	22.8	45.7	22.1	36.19	26.5	52.1	31.2	0.77	0.07
Active in church	50	41.4	40.2	38.9	42.86	39.32	41.7	33.6	0.27	0.16
Community cohesion score (high = less social	8.96	9.28	9.68	9.57	9.5	9.47	9.42	9.67	0.12	0.21

Table 3: Gender indicators	Pre-intervention				Post-intervention				male pvalue	female pvalue
	Baseline		Round 2		Round 3		Round 4			
	male	female	male	female	male	female	male	female		
Gender attitudes scale mean score (high=more equitable)	50.8	53.7	50.6	53.3	51.23	54.03	52.89	55.29	0.007	0.01
Relationship control scale (high = more equitable)	19.4	22.2	20.3	21.9	21.21	22.38	21.74	22.82	<0.0001	0.11
Physical IPV in last 3m	16.5	27.9	16.5	18.3	17.3	25.6	12.5	18.0	0.49	0.12
Sexual IPV in last 3m	14.7	9.8	16.5	12.5	12.5	7.7	13.5	3.6	0.69	0.033
Rape of a non-partner in last 3m (men only)	2.8		6.7		4.8		6.3		0.29	
Physical or sexual IPV in last 3m	23.9	30.3	25.3	25.7	26.0	27.4	21.9	18.9	0.86	0.037

Table 4: Health indicators	Pre-intervention				Post-intervention				male pvalue	female pvalue
	Baseline		Round 2		Round 3		Round 4			
	male	female	male	female	male	female	male	female		
Depression: moderate / severe symptomatology	74.8	72.0	64.1	67.0	57.1	77.1	53.4	70.9	<0.0001	0.79
Life circumstances score (low = better)	13.3	14.1	12.6	13.3	12.68	13.08	11.65	13.05	<0.0001	0.002
Suicidal thoughts in last 4 wks	25.5	22.3	18.3	16.8	17.1	21.4	9.5	12.7	0.001	0.1
Alcohol problem in last 12m	42.9	26.6	51.8	29.0	48.2	32.3	49.1	35.5	0.36	0.049
Quarrel because of drink in last 3m (among drinkers)	31.2	40.9	27.4	29.6	25.7	30.8	27.5	22.6	0.56	0.026
Drug use in last 3m	33.6	17.2	33.3	10.6	29.5	8.6	30.9	18.2	0.5	0.88
Had a HIV test	57.3	81.8	54.8	86.7	56.2	87.2	69.1	81.1	0.044	0.99
Last sex with main partner	50.0	80.3	51.6	87.0	62.5	82.9	61.7	86.9	0.027	0.32
Condom on last sex	69.4	55.6	72.5	54.6	61.5	59.5	71.4	61.7	0.8	0.18
Transactional sex in last month	15.9	10.3	14.6	13.8	15.4	18.6	16.0	13.1	0.85	0.25

Reconstructing Masculinity? A qualitative evaluation of the Stepping Stones and Creating Futures intervention in urban informal settlements in South Africa

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Submitted to Culture, Health and Sexuality

Abstract

Evidence shows the importance of working with men to reduce intimate partner violence and HIV-risk. Two claims dominate this work. First, interventions ‘reconstruct’ masculinities; these new formations of masculinity will exist in opposition to existing ones and will be healthier for men and less harmful for women. Second such work needs to work on men’s exclusion from the economy. Using a qualitative longitudinal cohort study of men who participated in a gender transformative and livelihood strengthening intervention and dyadic interviews with men’s main female partners, we explore these claims. Data suggests men saw some improvements in livelihoods and relationships. However, challenging social contexts, including high rates of unemployment, peer networks and a dominant youth masculinity limited change. Rather than reconstructing masculinity a more subtle shift was seen with men moving away from ‘harmful’ aspects of a dominant youth masculinity towards a form of masculinity whereby male power is buttressed by economic provision and attempting to form and support ‘households’. Working with men on their livelihoods at an instrumental level encouraged participation in the intervention. Beyond encouragement, men’s improving livelihoods afforded men the opportunity to materially demonstrate the social changes - shifts in masculinity - they were seeking to enact.

Key words: violence; IPV; gender; livelihoods; structural; men; HIV; economic

Background

Globally 30 percent of women have experienced sexual and/or physical violence from an intimate partner (IPV) (WHO 2013); the impact of IPV on women's health is wide-ranging, including higher levels of depression and suicidality (WHO 2013) and, in southern and eastern Africa, acquiring HIV (Jewkes et al. 2010).

Reviews emphasise the promising nature of participatory interventions engaging men for gender equality as pathways to reduce IPV and HIV-risk (Dworkin, Treves-Kagan, and Lippman 2013, Barker, Ricardo, and Nascimento 2007). This has led to a significant shift in emphasis of many IPV and HIV-prevention interventions from working only or primarily with women to resist patriarchy to working with men to reduce gender inequalities and their use of violence and risk behaviours.

There is also recognition of how men's investment in gender inequitable masculinities undermines their health and wellbeing (Connell 2005) and how working with men to transform gender inequalities may improve their health. In South Africa, a cross-sectional study explored men's use of condoms; it found men who were more violent and/or gender inequitable were less likely to use condoms than others (Shai et al. 2012). Other work suggests inequitable masculinities limits access to HIV-testing and ART uptake (DiCarlo et al. 2014).

Two claims dominate work to transform men's gender norms and build gender equality. First, through such interventions men will 'reconstruct' their understanding of what it means to be a man. It is assumed these new formations of masculinity will exist in opposition to existing ones and will be healthier for men and less harmful for women (Greig et al. 2008, Dworkin et al. 2013). Indeed, Sweetman, suggests that in such interventions: "These norms [of masculinity]

need to be re-formed, around an ideal of non-violence, building a sense of male pride and dignity based on progressive, gender-equitable ideals.” (Sweetman 2013 p. 5).

Second, interventions working with poor, under- or un-employed men on transforming masculinities need to simultaneously work on men’s economic exclusion from the capitalist system (Silberschmidt 2012, Gibbs et al. 2012, Greig 2009). Research globally traces how men’s violent practices and HIV-related risk behaviours can be partially understood as responses to men’s disenfranchisement from economic processes; such practices are men’s attempt to establish respect and masculinity through a range of alternative and accessible strategies (Silberschmidt 2012, Gibbs, Sikweyiya, and Jewkes 2014). In turn, authors suggest the need to tackle the multiple-interlocking forms of exclusion men face (Greig 2009). Others go further, suggesting attempts to transform masculinities, without building livelihoods are bound to fail:

“...I seriously doubt that poor, frustrated men with no access to income-generating activities, who are not respected by their wives because of lack of financial support, who are blamed for their extramarital activities, and whose self-esteem and masculinity are at stake, would be interested in the struggle for gender justice and gender equality...But what would interest them is getting access to income-generating activities that would enable them to provide for their families.” (Silberschmidt 2012 p. 99)

While these two claims are central to research and theorisation around masculinities, and transforming gender norms, few studies explore the application of these claims. In South Africa Dworkin et al. (2013) suggested the One Man Can intervention starts to produce new forms of masculinity. Similarly Torres et al. (2013) in Latin America, pointed to how interventions enable a new language of masculinity to emerge.

This study seeks to fill this gap through a longitudinal cohort qualitative study of men involved in a gender-transformative and livelihood strengthening intervention. Data were collected at three time points with the same men enabling an understanding of the differential impacts of the intervention on men and their lives and the fluidity masculinities. In addition, dyadic interviews with men's main female partners were conducted to triangulate experiences.

Context and Methods

In South Africa 23% of households live in informal settlements (HDA 2011). Research was conducted in two urban informal settlements in eThekweni District, KwaZulu-Natal, South Africa. Little Japan was an older, larger settlement, with a mixture of formal government housing and shacks. Located alongside a highway, passing a shopping centre and large township 10 minutes public taxi-ride away, the city centre was a further 15 minutes' drive. The second settlement, Mbazwana was significantly poorer. On a steep hillside and only recently settled, all houses were shacks. It was disconnected from employment opportunities with Durban 45 minutes and two taxis away.

Data shows that informal settlements are overwhelmingly spaces of violence and HIV-risk (Thomas, Vearey, and Mahlangu 2011). In South Africa HIV-prevalence in informal settlements is twice that of formal communities (Shisana et al. 2009). Qualitative research with young people in informal settlements has traced how changing global economic and gender regimes have shaped women's and men's particular vulnerabilities and experiences of IPV and HIV-risk (Gores-Green 2009, Hunter 2005, 2010). Broadly these arguments – building on Connell's (2005) theorising of masculinity – suggest in contexts of poverty and youth unemployment, 'traditional' paths for gaining masculine respect, primarily based on economic provision in relationships, are foreclosed and in turn many young men construct a youth masculinity, with seeks power through readily accessible strategies, primarily control and dominance over

women, other men, and an over-emphasised performance of heterosexuality (Gibbs, Sikweyiya, and Jewkes 2014, Gores-Green 2009, Hunter 2005).

The Stepping Stones and Creating Futures Intervention

Stepping Stones and Creating Futures is a participatory intervention seeking to reduce IPV and HIV-risk among young people in urban informal settlements through building gender equality and livelihoods. Both interventions draw on Freire (1973) who argues that through dialogue and reflection, people can start to imagine and act on alternative ways of being.

Stepping Stones is a behavioural intervention combining HIV-prevention with the pursuit of greater gender equality. Globally it has shown promise; most notably a randomised controlled trial in rural South Africa showed a 33% reduction in HSV-2 incidence among women and men, and a lower proportion of men reporting perpetration of IPV after two-years and less transactional sex and problem drinking at 12 months (Jewkes et al. 2008). Sessions include communication, assertiveness, reducing gender violence, sex and love. Creating Futures aims to strengthen young people's economic wellbeing through encouraging reflection and skills building (Misselhorn et al. 2014). Topics include: securing and keeping jobs, writing CVs and budgeting and saving. Combined the intervention is 21 sessions, three hours each. Sessions are single sex, with 20 people per group, delivered by a trained peer facilitator.

In 2012 we undertook a pilot of Stepping Stones and Creating Futures in South Africa. We recruited 110 men and 122 women, all out-of-school (average age 21.7 years) into the intervention.

Data

Data comes from a longitudinal cohort study using qualitative in-depth interviews (IDIs) with men and men's main female partners. Before the intervention we randomly selected 20 men, 19 agreed to participate and we undertook IDIs. We sought IDIs with the same men six months and 12 months later. An additional two men, identified through convenience sampling, were included post-intervention to replace those we could not locate and interview. IDIs were conducted by a trained male research assistant.

Baseline interviews focused on the men's lives, how they made a living and their relationships with family, friends and partners, including violence. Six month interviews reviewed these topics and focused on the experience of the intervention, whether they put learnings into action and whether or not these were successful. At 12 months interviews focused on the same topics.

We undertook IDIs with men's main female partners at baseline and 12 months. Access to interview these women was first requested from male partners. We then independently contacted the women and sought their informed consent as autonomous individuals. Many men remained reluctant to allow us to speak to their partners, even after initially agreeing and providing telephone numbers. We chose not to conduct interviews if there was concern about the woman's safety. IDIs with women included a focus on their livelihoods, relationship to their partner and whether they saw any change. A trained female research assistant conducted these interviews (see Table 1).

INSERT TABLE 1 ABOUT HERE

Ethical approval was given by the South African MRC (EC003-175 2/2012) and the University of KwaZulu-Natal's (HSS/0789/011 and HSS/1273/011D). Written informed consent was obtained from participants. No payment was given for participating in the intervention. However, at each

IDI a small meal was bought by the research assistant and shared to build rapport. Transport costs were reimbursed. Participant and community names have been changed.

Data analysis

Data analysis was undertaken in two ways. First a thematic analysis focused on the main domains of change the intervention sought to impact on, specifically livelihoods and gender relationships, was conducted on all 'post-intervention' data to enable thick descriptions of outcomes – essentially a broad overview of the range of outcomes described (Flick 2002).

These are interwoven into the case-studies to provide a broad perspective on the multiplicity of men's descriptions.

As we are concerned with processes of change and how men make sense of their lives we used Lewis' (2007) framework for analysing longitudinal qualitative data. Each participant's corpus of data – including interviews with female partners – was read in their entirety. Case-study summaries were written for each participant describing their lives at each point focused on livelihoods, relationships and masculinity and how they interplayed, with a particular emphasis on points of change, continuity or regression. We purposively selected divergent case-studies to explore the changing dynamics of men's lives, relationships with partners and the impact of their involvement in the intervention (Shirani and Henwood 2011) enabling them to come 'into-dialogue' with one another (Lewis 2007).

Findings: Contrasting trajectories of masculinity

Through four case-studies we explore the processes and sustainability of change resulting from the intervention as well as providing greater detail of outcomes.

Case-Study 1: Vuyo

At baseline Vuyo was living in his partner of four year's (Jabu) single room house; research from South Africa shows generally, women live in men's homes out of economic necessity (Hunter 2010). Yet, this was different for Vuyo as although he did occasional photography work, he was financially dependent on Jabu. As with many young people in urban informal settlements men's collapsing economic position, in contrast to women's strengthening one, led to a relationship with high levels of mistrust (see also Hunter, 2010). Vuyo often refused to talk to Jabu about his life, partly as a way to resist her control, but also potentially expressing insecurity and fears this may make him appear 'unmanly':

Vuyo: Yah I can say the difficulty I faced is it was hard to let my partner know that I was attending this type of intervention, to me that was hard because everything that I was planning I had to involve her too, even though I ended up telling her but to me it was hard. (6 months)

Vuyo's and Jabu's relationship was characterised by high levels of violence and Vuyo often sought other sexual partners. Dominant youth masculinities in these settings emphasised conspicuous demonstrations of violence against female partners and other men, as well as aggressive forms of heterosexuality – all ways young men sought as pathways to achieve respect when other forms linked to economic provision were closed (Gores-Green 2009, Gibbs, Sikweyiya, and Jewkes 2014).

At 6-months, Vuyo and Jabu reported his attendance at the intervention improved their relationship. Vuyo suggested this was because sessions gave him space to discuss problems he faced, especially around his relationship:

Vuyo: So the thing is what got me involved in this project is that I heard from another guy in my area that there is something happening. So I wanted to go too, because I had a problem with my girlfriend because we were always fighting. When I got there it was

exactly what I was expecting and I decided to stay and attend the sessions hoping I would be alright and I saw that all the things I had problems with were solved (6 months)

Importantly communication in Vuyo's and Jabu's relationship improved; a key aim of Stepping Stones and a potential pathway for reducing violence in relationships (Hatcher et al. 2014).

Vuyo framed this as being able to listen to alternative views:

Vuyo: I can say it's where we were told to treat people close to us well, be it a parent or a girlfriend that actually helps me

Interviewer: How?

Vuyo: I was able to listen to my partner because I never used to listen to her. Like when she wanted me to do something I would end up wanting things to go my way, but now I can listen to her...I was able to be on good terms with her now. There is nothing we complain about, no there is none (6 months)

Improving communication with primary partners was a recurring theme in other men's interviews. Often men contrasted their new found willingness to talk and listen to what they had been like before the intervention. When Mthobisi was asked what he had learnt from the intervention he described this:

Mthobisi: The communication part. It was important to talk to your woman so that everything can go well. I never used to talk, if there was something that pissed me off I would get angry and walk away, but now I can talk about it and then all goes well

Interviewer: What encouraged you to change your behaviour?

Mthobisi: I just told myself that I should put my pride aside (6 months)

Jabu was impressed by the changes she saw while Vuyo attended the intervention. The initial interview with Jabu was a few weeks after the intervention had begun. She identified how he

had changed, their relationship was improving, and Vuyo was less interested in other women. Simultaneously Vuyo also attempted to build his photography business. However, while Vuyo said this improved marginally, he still remained dependent on Jabu.

Participatory interventions create safe social spaces outside of everyday realities enabling people to try out new ways of being and support those attempting to change (Campbell 2003) For Vuyo, the support offered by the 21 sessions were critical to his attempts to change, but he was unable to sustain the change once the intervention finished. Jabu suggested a central reason was that Vuyo still spent time with the same friends:

Jabu: What can I say? He tried to improve while attending, but he didn't change his friends. He went back to his old ways.

Interviewer: What kind of friends does he have?

Jabu: They are not good friends.

Interviewer: What do you mean?

Jabu: They me made him smoke. He wasn't a smoker; he loved church.

Interviewer: What does he smoke?

Jabu: He ended up smoking dagga; maybe there are other drugs he smokes that I'm unaware of. His way of thinking has turned into something I don't know. He's very aggressive. (12 months)

While violence had always been a part of Jabu's and Vuyo's relationship, it seemed to escalate culminating in Vuyo threatening Jabu with a knife:

Jabu: I distanced myself from him when he started to change his behaviour. He started carrying knives; if he's in a fight he will pull a knife. I moved away because I feared for my life. (12 months)

Despite some changes, Vuyo described limited changes in his relationship with Jabu, which was also reflected in many men's interviews where they described continuing patterns of gender inequitable behaviours, pointing to the difficulty of behaviour change:

Interviewer: Do you have casual partners you have sex with since the intervention or you have changed?

Nhlanhla: It's difficult for a man to refrain from those kinds of activities. I'm still a ladies man. (12 months)

For Vuyo the intervention provided him with a safe social space to step outside of his everyday constraints and attempt to construct a new relationship with his partner, as well as expand his livelihood. Yet he was unable to sustain these without the support of the intervention and without disengaging from his peers and by 12 months had shifted back into practices more associated with a dominant youth masculinity (Gibbs, Sikweyiya, and Jewkes 2014, Hunter 2010).

Case-Study 2: Gwedi

At baseline Gwedi had two sources of income; his family who provided food and clothes and selling marijuana. Similar to Vuyo, Gwedi drew on a youth masculinity constructed out of the 'vulnerability' he felt in not being able to provide in relationships, as was 'expected of men', he described the problems this disjuncture caused:

Gwedi: It does a lot, you know we have kids and the baby's mother calls asking for soap, asking for pampers [diapers], whilst you don't have money that is a problem...Or you have a new girlfriend and then you need to call that person and you don't have "*fokol*" nothing, or that girlfriend is visiting you and you don't have money for the drinks or buy her something when she has visited you, and you find that you don't have cash
(baseline)

One way Gwedi described seeking respect was through having multiple-sexual partners; Gwedi was proud of this describing himself as: “a bit of a player” (baseline). Gwedi had a long-term partner of four years (Dedela), with whom he had a child. In addition, he had a second partner who he described as seeing ‘just for sex’. Gwedi used violence against both partners to correct what he perceived as them ‘disrespecting’ him, for example when one refused to have sex, he hit her:

Interviewer: If you wanted to have sex with her and she said no, what would happen?

Gwedi: Well... [Laughing] well... That has happened before

Interviewer: What happened?

Gwedi: I had to lay a hand on her [hit her] because of what she did. She came to my house at night drunk, and I wanted to have sex with her, and she denied me sex... so I beat her up for making a fool of me (baseline)

Gwedi’s attendance at the intervention was mixed; while attending he also undertook temporary work. Despite this Gwedi described attending as a positive experience: “It felt good to go because I had to participate since I was part of the group and work together as a group” (6 months).

In follow-up interviews Gwedi described how he had stopped selling marijuana and continued searching for permanent work. While the intervention encouraged men to seek work, high levels of unemployment meant temporary, unsatisfying work was often all that was available:

Interviewer: How is the success of the way you get money or live on?

Gwedi: What can I say? It’s not much of a success. I just put together because, I don’t have anywhere else where I work. I work if a job opportunity arises.

Interviewer: What difficulties do you come across?

Gwedi: The problems I face are I don't work every day... That is a difficulty I face. Even if I get money, it's only for three days. That's how it is, my brother. (12 months)

Many men reported like Gwedi that despite seeking work, in many cases it was simply not available:

Khulekani: What has not changed is that I have not found a job...

Interviewer: Why have you not found a job?

Khulekani: Like yesterday I sent my CV and I still am sending CVs but I have not had any responses... (6 months)

At the same time as Gwedi moved into legal, albeit temporary, employment, his relationship with Dedela improved. Dedela and Gwedi reported less violence in their relationship, partly linked to improved communication:

Interviewer: Have you hit your girlfriend since you attended the intervention?

Gwedi: No, I last hit her before attending.

Interviewer: What made you to change?

Gwedi: I realised that it was not helping. You can be physical but not stop her from what she wants to do. You hit her now, but you don't know what she does when she's not around you.

Interviewer: How do you control your emotions if she gets to you?

Gwedi: I speak with her about what I don't like and suggest the right way to do it (12 months)

Dedela also reported changes in her relationship with Gwedi. She tied this to Gwedi changing his friends and spending less time drinking alcohol and smoking marijuana, pointing to the clustered nature of risk behaviours (Hatcher et al. 2014):

Dedela: I don't know exactly when he started changing. I heard about his attendance, after he had already started. He has distanced himself from lot of things.

Interviewer: Can you name few of his previous behaviors?

Dedela: He had many female partners, but not now and he's no longer a heavy drinker of alcohol, he has also decreased his marijuana intake. He reduced it to one smoke a day. I told him to stop completely, because I don't like it. He said it's not easy to quit (12 months)

Gwedi and Dedela described how they spent more time together, yet while showing a new relationship forming, Gwedi also used it to control Dedela, something he had previously also done: "I always want to know where she is and, if she's not in her house, I want to know where she is" (12 months). Many men like Gwedi, continued to describe needing to know where their partner was at all times, again illustrating that change is difficult. Yet simultaneously, Gwedi also started thinking about male power differently:

Gwedi: When I listened to what they were saying at the intervention. I realised that it was informative. A man should respect himself and others, not think that his powers entitles him to do otherwise. (12 months)

Gwedi's attempts to change, to become a more engaged partner, secure work and reduce drinking, drugs and multiple-partners were not easy. The dense networks supporting him before the intervention held back his change. Gwedi described how as he stepped away from these networks his peers became jealous of him and one stabbed him:

Interviewer: Have you talked about this programme with your friends?

Gwedi: Yes I told them about it

Interviewer: How are they responding to your change?

Gwedi: They are jealous because they can see that I am not hanging out with them anymore, I am now hustling on my own. In the past few months I have been injured - I was stabbed by one of them, because of the jealousy. Because they see my new lifestyle, they wish I was still hustling with them doing wrong things (6 months)

For Gwedi the impact of the intervention was mixed, while his income did not necessarily improve, he reoriented himself towards seeking work, distancing himself from peers and also started to negotiate a new relationship with his partner that was less violent and more supportive.

Case-Study 3: Thabo

The case-study of Thabo shows a young man slowly establishing himself economically and in so doing being able to play a larger and more supportive role with his partner and their child. At baseline Thabo described taking piece jobs, ranging from cleaning yards to working in a fish factory. Financially his grandmother supported him, contrasting with young men's expectations of financial independence. Similar to others, Thabo described his use of violence against his partner as an attempt to 'discipline' her in essence asserting his power over her in the absence of economic power and his inability to control her, shown by her perceived infidelity:

Thabo: Yes I've hit my girlfriend, my current one

Interviewer: What caused you to hit your girlfriend?

Thabo: I found a message from a guy that was asking her out at that time

Interviewer: So you gave her a beating?

Thabo: [laughing], the thing is when she finds messages on my phone, she sends her sisters to shout at me telling me that I am cheating on her and all that. So when I found that message I beat her up. (Baseline)

Thabo described how he benefitted from the intervention. From Stepping Stones he emphasised how he 'learnt' to exit potentially confrontational situations: "I walk away, because I know I have a very short temper" (12 months). More widely, he learnt to express his emotions, contrary to the silent and unexpressive masculinities of many men (Seidler 2005):

Thabo: Now we ask each other about what we both love. And she tells me how she loves me and I tell her how much I love her (12 months)

Thabo continued, describing how this was not simply a new form of caring relationship emerging, but linked to his improving economic position, enabling him to demonstrate his love through providing in his relationship. Hunter (2010) argues, love in modern South Africa is a combination of romantic love and material provision. As Thabo managed to secure a formal shop job, with regular pay, he could start to provide the material aspects required for love:

Thabo: Well I do try to give her gifts. I bring her something nice that will bring a smile in her face

Interviewer: So you bring her gifts?

Thabo: Yes the thing is she does not like chocolate. Let's say I bring her a card or and some cakes wrap them nicely and also bring her some chips and ice cream wrapped nicely it sits well with her, because when she opens it she starts to smile...(12 months)

More widely, increasing earnings meant Thabo felt more confident and self-assured. He was able to buy things for his child and himself and was not dependent on his grandmother:

Interviewer: How successful is the way you make a living?

Thabo: [excited] It is very successful because now I am able to buy myself my own things and for my baby. I don't ask for it.

Interviewer: So you're not bothering your grandmother anymore?

Thabo: [laughs proudly] No I don't (12 months)

Thabo's relationship improved because of the interaction between his attempts to change his identity and relationship with his partner, alongside his improving material reality that enabled him to practically demonstrate this. He started to reject aspects of the dominant youth masculinity and move towards a 'traditional' masculinity founded more on economic provision (Hunter 2010).

Case-Study 4: Mondli

As with Thabo, Mondli's case-study points towards the interlinked nature of changing gender norms and improving economic wellbeing. The safe space the intervention created, enabled Mondli to talk about his problems with others who faced similar issues:

Mondli: It was the first time I have ever attended workshops about things that were relevant to me...as a person the less you talk about it the more it eats you within. When I ended up talking about things that were bothering me, I then felt better because it was something big to me which I could not tell just anybody, but I told people and I was okay after that (6 months)

Over the year Mondli's work and financial situation improved. At baseline work involved occasionally providing music at parties. The intervention inspired Mondli to look for work. Initially it was temporary work with courier companies, but by 12 months he had secured himself a relatively permanent position at an electricity company.

An on-going concern about building men's livelihoods is that they will spend extra income on alcohol and sex (Gibbs et al. 2012). Rather Mondli, after hearing how other men in his group saved small amounts, opened a Post Office Savings Account with his partner, and saved money

there for their child's future. Others similarly described how they began saving money following participation in the intervention:

Bulelani: I have been saving money since last year, since the project started. I saved some money so I can be able to sell things like fried chips, cold drinks, so I can make a living for now.

Interviewer: So how successful is the way you make a living?

Bulelani: Ever since I started doing this business I have seen a lot of progress. I see if I carry on there is a lot of things that can start unfolding and all the things I want will happen (12 months)

Mondli, as with Thabo, also emphasised additional money he earned was primarily spent on his partner and child, born just after the intervention:

Interviewer: What do you spend your extra income on?

Mondli: I spend it a lot on the baby

Interviewer: On the baby?

Mondli: Yes and on the baby's mother

Interviewer: What do you spend it on?

Mondli: Clothes, food, and on the baby's mother it's the cosmetics, clothes, for doing her hair and all that. (12 months)

The impact of Mondli's increased income, particularly his choice of spending it on his partner and child, paralleled other improvements in their relationship; at root Mondli's decision to financially provide for his child and partner, made him a more desirable partner. In one sense he started to replace one form of masculinity and power over women, which prioritised strategies of violence and emphasised heterosexuality, with another in which power was secured by economic provision.

Mondli also became an engaged father with his young child out of choice, rather than necessity. Choosing to actively father has been suggested as a pathway into gender equitable relationships (Morrell and Jewkes 2011). Throughout the interview, Thembeke mentioned how Mondli was an engaged father:

Interviewer: What does he say about being a father?

Thembeke: I can tell he's happy. He rushed the birth of the child. He wanted to take care of her...

Interviewer: How often does he [Mondli] see the baby?

Thembeke: A day doesn't go by without him visiting the baby. He sometimes stays with her if he doesn't have anywhere to go. (12 months)

Mondli became committed to securing his position and future in his relationship with Thembeke and his child, most clearly signified through him saving up and paying 'damages' for conceiving a baby with Thembeke when not married. This is a symbolically important move as it would secure his ability to give the baby his name and be recognised as the father by her family. Immediately after the intervention, Mondli said this was what he wanted to do: "I want by next year to pay for the baby damages" (6 months). Six months later, with improved employment and saving, he paid his partner's parents the 'damages' he owed: "I am able to buy bigger things and I am able to make plans and I have been able to pay for impregnating my girlfriend" (12 months). Through this economic transaction he staked a social claim over the child, as well as making a social claim about their future (Hunter, 2010). For Mondli the shifts seen were not simply about an improved relationship with his partner and greater financial resources, it was also a social transition whereby Mondli started to position himself within a different masculinity, moving from a dominant youth masculinity, and starting to draw on aspects of a 'traditional' masculinity.

Discussion: the pathways and limits of gender transformation?

This study traced the impact on young men's lives through participating in Stepping Stones and Creating Futures. Central to process of change, as the case-studies highlighted was that the intervention created safe social spaces for dialogue and critical thinking. This enabled men to come together to discuss challenges they faced, which was otherwise unlikely given the ways in which the dominant youth masculinity in this setting emphasised toughness and emotional control (Seidler 2005, Gibbs, Sikweyiya, and Jewkes 2014) and is central to theorisation on behaviour change in masculinities research (Barker, Ricardo, and Nascimento 2007, Campbell 2003, Dworkin et al. 2013). For those men inclined to change, this may have been important in demonstrating acceptance of, and validation for, alternative masculinities by other men who were also part of the intervention. Whether it was the content of the intervention that was critical for supporting change or simply the process of providing safe social spaces for men to come together and talk about their lives is unclear. Unravelling these complexities requires further research and theorization around participatory interventions.

A key outcome of some men's engagement in the intervention was increasing participation in the formal and informal economy. Many saw improved incomes, which combined with new strategies around saving and budgeting led some to build economic capital. The case-studies suggested that while some found new forms of work, many continued in low-paying "demeaning" work, suggesting they may have become more willing to accept such work given how it could be a 'springboard' to wider life objectives.

Other important outcomes described were shifts in gender norms and relationships. A central aim of the intervention was to reduce IPV and the case-studies suggest this may have happened, alongside improved communication and avoiding conflict. More widely, there

emerged some more 'progressive' outcomes, such as critical thinking about power in relationships - a critical precursor to change (Campbell 2003) and engaged fathering, behaviors which are fundamentally important in challenging dominant narratives of masculinity (Morrell and Jewkes 2011). Yet, at the same time, many men continued to exert subtle forms of control over their partners, particularly through needing to know where their partners were and some men continued to seek multiple-sexual partners and described how they continued to use violence against partners.

We suggested there were two claims made about interventions working with men and masculinities. First they introduce radical new forms of gender equitable masculinity. The case-studies suggest this did not happen. Rather, a subtle shift was seen with men moving away from more 'harmful' aspects of a youth masculinity, prioritising violence and emphasised heterosexuality (Gibbs, Sikweyiya, and Jewkes 2014) towards drawing on a form of masculinity in which male power is buttressed by economic provision and sustaining stable 'households', broadly appropriating aspects of a 'traditional' masculinity (Hunter 2010). Similar to Jewkes, Wood, and Duvury (2010) analysis of Stepping Stones, these forms of masculine practice were less violent and more concerned about reducing risk, but not radical new forms of gender equitable masculinity. Instead they drew on aspects of masculinity already existing within the wider social context. While certainly less violent, these masculinities also supported a subtle pattern of patriarchal power in which overt violence and control was replaced by control through economic provision and social hegemony (Connell 2005).

However, the intervention also engendered aspects of more gender equitable masculinities suggesting this was not simply the replacement of one form of patriarchal power with another. While not overstating these pockets of radical change, some men's emphasis on engaged fathering, expressing emotions and critical thinking about power in relationships, certainly

challenged dominant ideas about masculinity, going beyond both the youth and 'traditional' masculinities. These pockets may, in time, produce potential for more radical gender change to emerge.

The second claim was that building men's economic livelihoods, while working on gender equality, is critical for success of such interventions. In its starkest form, this assertion is rather undermined by the first Stepping Stones RCT in rural South Africa which showed a reduction in school-going men's violence without an economic intervention (Jewkes et al. 2008). Perhaps a different question is whether it appears intervening on socio-economic circumstances assists these changes. We found at an instrumental level, our older men – compared to the Stepping Stones RCT where 80% of men were 15-19, compared to our study where 80% were aged 18-24 - did participate and appreciated the intervention focusing on strengthening their livelihoods, a key priority for them. Beyond encouraging engagement, men's improving livelihoods appeared to afford men the opportunity to materially demonstrate social changes - shifts in identity - they were seeking to enact. Men's attempts to move from a youth masculinity towards aspects of a 'traditional' masculine identity was supported when they could materially demonstrate this shift, through being able to provide in relationships, paying 'damages' for pregnancies outside of marriage and becoming independent through work.

Yet, not all men sought to enact such changes, nor could all men who attempted to change sustain them. The case-studies highlighted the challenging social environments young men lived in. High levels of poverty, widespread unemployment, peer networks that focus on alcohol and drug use and widespread patriarchal norms, all contributed to some men not changing. Furthermore, many were highly invested in the dominant youth masculinity and simply may not have wished to change. Brief interventions such as Stepping Stones and Creating Futures remain critical for those whom it does impact on, however, the embedded nature of violence and

HIV-risk behaviours rooted in patriarchal social norms and economic marginalisation continues to require broader restructuring of economic and gender power (Connell 2005, Greig 2009).

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Table 1: Data collected for study

			Men			Female Partners	
		Demographic information at baseline	Baseline	6 months	12 months	Baseline	12 months
1	Bheka	Aged 27. Temporary formal work. Two regular, long-term partners.	X	X	X	Nombuso	
2	Dumisani	Aged 21. Irregular work. Regular partner.	X	X	X		
3	Gwedi	Aged 23. Sells marijuana and supported by family. Two regular partners, one long-term, one more casual.	X	X	X		Dedela
4	Bulelani	Aged 20. Sells food and cigarettes at side of road. Long-term partner, occasional casual partners.	X	X	X		Veliswa
5	Goodman	Aged 22. No job, supported by mother. Long-term partner, many casual partners.	X	X	X		Nombini
6	Vusi	Aged 21. No job, supported by mother	X	X	X		

		and uncle. One regular partner.					
7	Mthobisi	Aged 20. No job, supported by sister. Lives with regular partner.	X	X	X		Nompu
8	Mboniswa	Aged 21. No job, supported by mother. One long-term partner.	X	X	X		Zinzi
9	Khulekani	Aged 25. Short term construction work. Regular partner, on and off relationship.	X	X	X	Nonhlanla	Nonhlanla
10	Vuyo	Aged 22. Supported by girlfriend and occasional work. Long term partner and occasional casual partners.	X	X	X	Jabu	Jabu
11	Mandla	Aged 22. Works part-time at a restaurant. Has two regular partners, one in area and one in rural area.	X	X	X	Nosipho	Nosipho
12	Wiseman	Aged 26. Sells food and sweets by roadside. One regular partner and occasional casual relationships.	X	X	X	Nomusa	
13	Mondli	Aged 25. Occasionally provides music at parties. One regular partner.	X	X	X	Thembeke	Thembeke

14	Thabo	Aged 23. Temporary piece work. One long-term partner, plus one shorter but regular partner.	X	X	X	Gugu	Zinhle
15	Lindani	Aged 24. Temporary construction work. Long-term partner, plus shorter term relationships with women and casual partners.	X	X	X		
16	Abelo	Aged 21. Occasionally works as a taxi assistant. Main partner and casual partners.	X		X		
17	Thokozani	Aged 19. No job, supported by mother. One long-term partner.	X		X	Zodwa	Zodwa
18	Sandile	Aged 21. Temporary work in factories. One long-term partner.	X				
19	Bongani	Aged 24. Occasional attempts to start small business. Regular partner and casual partners.	X				
20	Nhlanhla	Aged 22. No job, supported by family.		X	X		

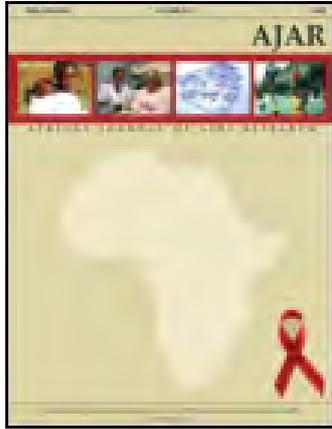
		Regular partner and occasional casual partners.					
21	Siphamandla	Aged 21. Temporary piece work. Regular partner and casual partners.		X			

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African Journal of AIDS Research

Publication details, including instructions for authors and subscription information:

<http://www.tandfonline.com/loi/raar20>

Jobs, food, taxis and journals: Complexities of implementing Stepping Stones and Creating Futures in urban informal settlements in South Africa

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Published online: 21 Jul 2014.

To cite this article: Andrew Gibbs, Rachel Jewkes, Nompumelelo Mbatha, Laura Washington & Samantha Willan (2014) Jobs, food, taxis and journals: Complexities of implementing Stepping Stones and Creating Futures in urban informal settlements in South Africa, *African Journal of AIDS Research*, 13:2, 161-167, DOI: [10.2989/16085906.2014.927777](https://doi.org/10.2989/16085906.2014.927777)

To link to this article: <http://dx.doi.org/10.2989/16085906.2014.927777>

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Jobs, food, taxis and journals: Complexities of implementing Stepping Stones and Creating Futures in urban informal settlements in South Africa

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This paper seeks to refocus debates on structural interventions away from 'assessing' their effectiveness towards understanding processes around how such interventions are implemented. Implementation Science is focused on understanding potential challenges of translating interventions from highly controlled conditions into 'real life' settings. Using the case study of Stepping Stones and Creating Futures a structural and behavioural intervention to reduce intimate partner violence and HIV risk behaviours amongst young women and men in urban informal settlements, we explore the challenges of implementing such an approach. We move beyond simply describing challenges of implementing, to understand how these challenges had an impact on the safe social space the intervention seeks to create as its underlying theory of change. We identify four major challenges of implementation: taxi fares, food provided during the intervention, young people's ongoing need to work and journals provided during the intervention. We suggest that, in different ways, these factors all impinged on the emergence of a safe social space. Understanding the challenges of implementing the intervention is critical for reflecting on scaling up interventions. Central to this is the need to work with participants to help them negotiate the challenges of participating in interventions.

Keywords: gender, structural intervention, implementation science, IPV, urban, youth

Background

This paper seeks to refocus debates on structural interventions away from 'assessing' their effectiveness towards understanding processes around how interventions are implemented. This emerges from two specific sets of work. The first is the movement towards 'opening the black box' of interventions to include process evaluations. Process evaluations seek to understand why, rather than whether, interventions work or do not (Wight and Obasi 2003, Oakley et al. 2006). Some studies have focused on the fidelity of the intervention to how it was originally designed (McCreary et al. 2010), others on the role of facilitators in delivery (Campbell 2003, Hatcher et al. 2011). Such approaches are critical in understanding processes of change in interventions.

The second set of research has been labelled 'Implementation Science' (IS) (Lobb and Colidtz 2013). IS focusses on understanding the potential challenges of implementing interventions delivered in research contexts in the 'real world', as well as understanding how evidence based interventions can be integrated into existing policies and processes (Lobb and Colidtz 2013). Research around IS has typically revolved around issues such as the delivery of technical interventions (such as antiretroviral therapy (ART)) and the factors enabling or hindering uptake of

evidence based interventions (Kelly et al. 2000). In many ways this concern is not new, with a significant body of work having focused on the challenges of implementing interventions, particularly HIV prevention interventions (e.g. Campbell 2003, Hatcher et al. 2011). Yet IS explicitly flags these concerns and there has been little research on issues of implementing behavioural and structural interventions and how these challenges may undermine the theoretical approach of these interventions.

Project context

Urban informal settlements are sites of high levels of social disorganisation, complexity and change (Myers 2011, Thomas et al. 2011, Hawkins et al. 2013). Residents of urban informal settlements face a range of health related challenges, including hunger, poor sanitation and water, mental ill-health, food insecurity and HIV (Hawkins et al. 2013). Recent studies locate urban informal settlements as key spaces for HIV-related vulnerability within Southern and Eastern Africa (van Renterghem and Jackson 2009, Hunter 2010, Thomas et al. 2011).

In understanding the dynamics of HIV in urban informal settlements issues of mobility, violence, poverty and gender inequalities are central (Campbell and Gibbs 2010, Hunter 2010, Thomas et al. 2011). Hunter (2010) points to how gender inequalities and poverty intersect to limit women's

ability to negotiate sexual relationships with men, with high levels of transactional sex and dependency emerging. For men, an argument is made that in high levels of poverty men fall back on a range of coercive approaches to controlling women, including violence (Campbell and Gibbs 2010, Jewkes and Morrell 2010, Gibbs et al. 2014). Despite informal settlements being key spaces for HIV prevention work, few well-evaluated studies are conducted in them, because of the challenges they pose (Gibbs et al. 2012).

Stepping Stones and Creating Futures intervention

The Stepping Stones and Creating Futures intervention is a participatory behavioural and structural intervention that seeks to reduce violence and HIV-related risks among young people (18–25 years old) living in urban informal settlements. Stepping Stones (South Africa edition) is a 10-session intervention that seeks to achieve HIV prevention through promoting gender equality and sexual and reproductive health (Jewkes et al. 2010). A large evaluation showed it reduced Herpes Simplex Virus 2 (HSV2) acquisitions by 33% in men and women and reduced men's risky drinking and perpetration of intimate partner violence (Jewkes et al. 2008). Creating Futures is an 11-session manualised structural intervention (Misselhorn et al. 2014) that encourages young people to reflect and critically analyse their livelihoods. It was developed by the Health Economics and HIV/AIDS Research Division (HEARD) of the University of KwaZulu-Natal, Project Empower and the Gender and Health Unit, Medical Research Council (MRC). While differing on content, both manuals have harmonised approaches led by trained peer facilitators. Creating Futures also provided participants with a journal for private reflection that included a series of questions related to sessions.

The intervention was implemented by Project Empower. A total of 233 young people (110 men and 123 women) were recruited, with an average age of 21.7 years. Participants were grouped into single sex/gender groups of approximately 20. Trained peer facilitators led the participants through the full 21 sessions of the intervention over approximately 12 weeks. Each group met twice a week in central Durban, close to the public taxi rank. Travel took participants about 30 to 45 minutes and they were reimbursed daily. During sessions refreshments were provided.

The adaptation discussed in this study differs significantly from the original Stepping Stones manual (Welbourn 1995). The original manual was 20 sessions, and did not include a specific focus on livelihoods, although these issues emerged. Furthermore, it had four groups, young women, young men, older women and older men, to encourage inter-generational engagement and dialogue. For reasons of cost and scalability the team used the adapted version.

Theory

Participatory approaches to behaviour change, such as those underpinning Stepping Stones and Creating Futures, are heavily influenced by the work of Freire (1973) who argued that through dialogue people can start to think critically and start to envisage different ways of being and acting. Operationalising these concepts within a health

promotion framework, Campbell (2003) develops the notion of 'safe social spaces'. Such spaces are those created by interventions in which participants can engage in dialogue with liked and trusted peers (Campbell and Cornish 2010). In these spaces social differences are suspended and through the use of 'techniques' of participation — including body-mapping, community mapping and drama — facilitators encourage participants to engage and speak openly on a range of important topics, thereby developing alternative ideas about what is possible (Kesby 2005). Beyond engaging in dialogue, interventions fostering safe social spaces encourage participants to rehearse and try out alternative actions and responses before trying them in the 'real' world (Kesby 2005, Cornish 2006).

In this paper we seek to understand what factors shaped the implementation of the Stepping Stones and Creating Futures intervention and how these factors affected the emergence and sustaining of safe social spaces. Given the centrality of safe social spaces as a theoretical concept in Stepping Stones and Creating Futures, understanding challenges of implementing the intervention in urban informal settlements is critical to the intervention's future scale-up.

Methods

Data for this paper are drawn from qualitative in-depth interviews and focus group discussions (FGDs) conducted during and after the implementation of the intervention. During the intervention data were collected from four sources. First, 13 short interviews (4 men, 9 women) with randomly selected participants attending the intervention were undertaken during a two-week period. Interviews lasted 5 to 15 minutes and focused on initial impressions of the intervention and barriers to attendance. After the last session of the intervention, we conducted five FGDs with groups, three with men and two with women, around their initial thoughts of the intervention and how their experiences during it. Weekly FGDs were conducted with facilitators to understand their experiences of implementing the intervention. Finally, we identified several participants with relatively poor attendance and undertook brief interviews with them writing them up as fieldwork notes.

After the intervention was completed additional interviews were conducted. At baseline, 20 men and 10 women were randomly selected to form a qualitative cohort study. Interviews were conducted with them at baseline, 6 months and 12 months. Data from interviews at 6 months is included in this analysis; a total of 16 men and 9 women were included. The focus of the interviews included experiences of the intervention as well as ongoing decisions and choices that the young people had made. Men were oversampled in this study as part of a sub-study embedded in this work, exploring men's responses to a combined structural and behavioural intervention (see Gibbs et al. 2014).

Ethical approval was given by the South African Medical Research Council (EC003-175 2/2012) and the University of KwaZulu-Natal's Human and Social Science Ethics Committees (HSS/0789/011 and HSS/1273/011D). Written informed consent was obtained from all participants.

Pseudonyms of participants and locations protect participants' identities.

All interviews and FGDs were conducted in isiZulu. They were electronically recorded and then translated and transcribed into English. Data were analysed using thematic network analysis (Attride-Stirling 2001). This approach identifies codes — short sentences and words — before grouping these together to produce sub-themes. Sub-themes are then grouped into themes. Such an approach allows a theoretical integration of the data as well as description (Attride-Stirling 2001).

Results

Four factors emerged as important to how the Stepping Stones and Creating Futures intervention was implemented: jobs, taxis, food and journals. We discuss each of these themes in turn.

Jobs

Young people in South Africa, and particularly those living in urban informal settlements, experience high levels of poverty and unemployment (Hunter 2010). For many young people, daily survival was a priority. While formal and informal strategies existed for survival, including being given money by friends and family, and working in the illegal economy, most were also actively searching for formal, temporary employment. Work was typically ad hoc and poorly paid (Gibbs et al. 2014). Young people's desire and need for work was critical in shaping how they participated and engaged in the intervention.

Project Empower led the process of recruiting participants. They have extensive experience in recruiting young people for similar interventions in ways that ensure expectations are minimised. Strategies to recruit participants included flyers and community meetings; the emphasis was that this was a training intervention and not employment. Many young people arrived understanding what the intervention was with no expectations of employment:

Interviewer: *'How did you find the programme, and what made you decide to be involved in the project?'*
Mondli: *'I was at home doing nothing so I decided to come through because who know maybe something might come out of this and other things I might learn.'*

Despite the team's extensive efforts to clarify this was not a job, several young people arrived assuming they were applying for a job. Young people's overwhelming desire to find work meant that they potentially 'misread' training as a job opportunity. Obviously, young people who thought they were applying for a job were disappointed when they discovered it was 'only' training, however, some found the training useful:

Amahle (female): *'The way it was explained to me I thought it was employment.'*

Interviewer: *'What was said?'*

Amahle: *'When he told me he said there was a vacancy for which I had to go and register.'*

Interviewer: *'So how did you feel when you discovered that there was no employment, in fact you were going to be taught?'*

Amahle: *'I felt bad at the beginning when I heard we were going to be taught but when it was explained further, I felt alright.'*

As with many interventions there was a slow decline in overall attendance as the intervention progressed and more widely participants would attend a few sessions then miss a few more before coming back. A range of factors shaped this including travel to rural homes, childcare and sickness. However, the dominant factor was young people seeking work. During facilitator meetings the difficulties this posed was highlighted:

Facilitator 1 (male): *'...another issue is about part-time jobs. Many of my participants have got part-time jobs. Sometimes they go on Tuesdays, sometimes on Wednesdays. Sometimes they even call them, on and off.'*

Facilitator 2 (male): *'Ya, I am experiencing the same thing, they have part-time jobs.'*

Work opportunities available to participants were poorly paid and casual. The casualised nature of work meant they would often be called to work at short notice with no regular hours, as our field worker notes made clear: *'He [Siyu] does not have any specific days he's working. They contact him by phone when they need him to work.'* Moreover, young people were willing to travel for employment — such as one male participant going to Johannesburg when offered a job as a security guard — undermining their ability to participate.

Another participant explained how she had to choose between attending sessions and surviving. While she had enjoyed the sessions, the stress of needing to work was too much as she had to prioritise short-term financial survival:

'Apparently she's been so stressed "financially". She said that she's been out job hunting and that is why she's not part of the intervention. She says that she has twins and needs to look after them.'

A main aim of the intervention was to build young people's capacity to seek and engage in work. Yet, the nature of poverty in young people's lives meant that some participants had to make decisions around whether to attend the intervention or seek work.

Taxis

The intervention was held in central Durban, a 30–45 minute minibus taxi ride away from participants' communities. To get there participants used public minibus taxis, costing approximately R20 (US\$2) each way. Throughout it was made clear to participants that they would be reimbursed every time they attended a session. Few participants had savings to cover the upfront cost of this trip. As such, participants borrowed R20 off friends, family or neighbours to attend sessions. For many this was not a problem as they were reimbursed immediately:

Zanele: *'Yes I always borrow it [taxi fare]. It is not me alone. We are many that borrow from people and they know us by now. So they give us because they know we will bring it back.'*

Interviewer: *'So they don't complain?'*

Zanele: *'No they don't.'*

Others struggled with the continual need to borrow money. One central factor underlying this was that social

networks were often incredibly poor. One female participant described how she could not borrow money from her family as they rarely had spare money they could lend her:

'She said she fails to get money and since she stays with her unemployed mother and her siblings, it highly difficult to borrow money, unless we make means for them to get money in advance.'

As has been widely noted, women were often in economically dependent relationships with their male partners, who controlled their decisions and movement (Jewkes and Morrell 2012). This dependency was a key reason the intervention was seeking to build economic power. Yet, women's economic dependency meant the person they often borrowed money from was their male partner. Relationships were also often embedded in suspicion and mistrust and as such women were often loath to speak openly to their partners about the intervention. This made it difficult for them to borrow money to attend:

Interviewer: *'So he was aware that you go to the Cathedral [training venue]?'*

Zama: *'He knows that I go to school but he doesn't know where.'*

Interviewer: *'Did you tell him what you do there?'*

Zama: *'Yes I used to tell him. He would also see the book on Creating Futures and also would look at my homework. When I explained to him I would say the way we are taught, it is like social work. So he said he wanted to see the certificate. When I had just started attending the sessions, he would give me transport money. Eventually I told him not to give me any money. He then asked what kind of a school that was. I couldn't really explain to him what kind of a school that was but he knows about it.'*

In discussions with facilitators women's high levels of economic dependency on partners was also flagged as a barrier to their participation. Indeed, some facilitators reported that several women had been effectively 'banned' from attending the interventions by their male partners, who simply refused to lend them money for taxi fare. In general, accessing taxi fare was easier for men, who tended to have greater economic autonomy.

Food

The intervention provided refreshments for participants, to enable them to concentrate for the three-hour sessions. For women, but not men, food became an unexpectedly contentious issue, highlighting both the high levels of poverty and hunger experienced by female participants and how they were enmeshed in social obligations where they were expected to provide for their children. Food provided was quite basic and limited: apples, bread, polony (processed meat) and maybe biscuits. It was reported that there were many arguments amongst women about how to divide the food up in the group, including any leftover food:

Interviewer: *'Can you tell me what happened in the group?'*

Promise: *'In most cases they would fight over food. Also the leftover food.'*

Interviewer: *'What about leftover food?'*

Promise: *'They would fight over who should take it.'*

Arguments about food extended to whether to provide food for children who were brought to sessions. About two-thirds of women participants had a biological child and not all children lived with them. Some women arranged for child care during sessions, primarily with family members, while others brought the children to sessions. This led to arguments about how to feed these children; should they be given their own portion of food, or should they share the portion of the person who brought them?

Interviewer: *'Can you tell me about one incident of what happened?'*

Nomusa: *'At times people have problems with food.'*

Interviewer: *'Like what for instance?'*

Nomusa: *'Maybe a person would have complaints when other people give children pieces of meat. She would want children to be given by their mothers from their plates, things like that.'*

Interviewer: *'So they mustn't take it from your share?'*

Nomusa: *'Yes' (female, short interviews).*

Central to this was a framing of equity in how food should be divided in contexts of high levels of poverty and the demands placed on women to care and provide for their children, which men did not have to face.

Journals

During Creating Futures, journals were provided to participants. These journals played several roles. They provided basic information about social grants and so forth, they reinforced the learning and skills in sessions through having activities and they also provided a private reflective space for participants to write or draw and reflect on the issues the intervention raised. In essence, journals were intended to create a safe social space for participants to engage in private dialogue with themselves and continue processes of change the intervention encouraged. When journals were introduced to participants there was a discussion about privacy and not necessarily writing everything in it, given the potential risks for participants if it was discovered.

Participants reported that they liked and valued the journals. Initially there was a concern about the limited levels of literacy of participants, but this did not seem to affect their use. Journals were well designed and enabled them to 'show' to other people that they were engaged in something important. Moreover, many used the journals as a space to write down reflections linked to their lives and the intervention. In meetings facilitators reflected that journals came to constitute a private space for reflection for participants:

Interviewer: *'...I just really wanted to ask about journals your experience in people's use of journals, do you think people like their journals? What do they like?'*

Facilitators [all speaking at once]: *'People love them!'*

Interviewer: *'So what do they love about them?'*

Facilitator (male): *'Most of their stuff is written there. Important stuff, like very important because they don't want us even to touch the journal because they write very important stuff.'*

Facilitator (female): *'It's like a diary to them because they write personal stuff, because we told them that that you should be faithful to yourself because no one is going to read them just feel free to write.'*

Similarly participants, male and female, also emphasised journals provided them with a private space to 'think things through' that existed outside of the formal sessions that the intervention provided:

Interviewer: *'Did you find it easy to tackle the difficulties that you face?'*

Thabo: *'Yes, because we were given journals. If you look at them carefully, there are things that you are given to read, if I was facing any difficulty I would just go to my journal and note down everything and that reminds me of this and that, and I just say let me try it and see if it can work.'*

Interviewer: *'Does it help though?'*

Thabo: *'Yes it does.'*

Diaries and journals presuppose those using them have private spaces to place journals. Housing in informal settlements were typically single rooms and shared, with limited privacy. The process of the intervention also required that participants brought the journals into the sessions regularly. One female participant frantically phoned her facilitator shortly after finishing a session to ask whether she had left her journal behind. This was discussed at the regular facilitator meetings:

Facilitator 1 (female): *'Did you find her journal or not?'*

Facilitator 2 (female): *'No we haven't, but I think someone who lives closer to her might have taken it and given it to her.'*

Facilitator 1 (female): *'She forgot her journal and made a point to phone and say: "Oh my God I forgot my journal". She didn't say but I was wondering if she is putting her intimate stuff and maybe she is worried that someone is going to read it.'*

The assumption that journals could be fully private spaces outside of anyone else's gaze was difficult to sustain, especially in contexts where women often had controlling male partners. Several female participants reported that their partners would read through the journals. For some this enabled them to start a conversation with a partner, something that may not otherwise have occurred:

Interviewer: *'Did you tell your boyfriend what you were doing at the Cathedral [training venue]?''*

Promise: *'He used to read my journal and then he would ask me what we were doing. I would explain to him and tell him how the whole thing works.'*

For others, male partners were less supportive. A few women reported that what they wrote in their journal led to arguments with their partners:

Interviewer: *'What did your boyfriend say about the journal?'*

Nozipho: *'Wow! He did not like it. There was a time where we had to write about our lives. I also wrote about my life. He shouted at me about that. He even tore one page and yet I had written something true.'*

Interviewer: *'Why did he do that?'*

Nozipho: *'He said I had involved his name.'*

Interviewer: *'What did you say about him?'*

Nozipho: *'I didn't say anything bad about him. I was just describing him as I have been telling you.'*

Nozipho: *'That he wants to hit you when you ask him questions.'*

Nozipho: *'Yes.'*

The journals did become private reflective spaces for participants. However, the very relational nature of life in an informal settlement that left few private spaces to keep journals and men's power over women meant that the assumption of secrecy was often flawed.

Discussion/conclusion

Understanding the challenges of implementing interventions and how this may have an impact on their 'theory of change' is critical for developing a stronger sense of the complexities of scaling-up interventions. The IS field has primarily focused around the implementation of technical approaches such as ART, with less consideration of applying these approaches to behavioural and structural interventions and how the challenges of implementing interventions may impact on theories of change. Many structural and behavioural interventions to reduce violence and HIV risk implicitly draw on Freire's (1973) model of building safe social spaces (Dworkin et al. 2013). This case study suggests how broad social factors may undermine such idealised social spaces.

Poverty remained a critical barrier to building and sustaining safe social spaces. The intervention was focused on alleviating poverty through supporting young people's critical thinking and action around livelihoods and initial evaluation suggested this occurred. Yet, poverty undermined young people's ability to participate in the intervention, trading off short-term work and survival, with potentially longer-term rewards of participation and struggling to access taxi fare to attend sessions. This meant many participants did not attend the 'whole' intervention and with participants 'dropping in and out' of the intervention (Gibbs et al., Under Review), sustaining a safe space predicated on trust was complicated for facilitators who each session had new participant dynamics to deal with. Similar challenges have been identified in evaluations of behavioural interventions in other contexts (Campbell and Cornish 2010).

The intervention also assumed that there would be safe social spaces emerging outside of the group sessions for reflection — primarily with journals. However, young women with little social and economic autonomy in relation to men meant that journals were not necessarily the safe social space anticipated. Without such opportunities the processes through which change happens may be limited. Furthermore, it brings into question the practical usefulness of journals as a way of developing critical thinking and reflection, even though they have been applied as a research tool in similar contexts (Meth 2009).

Finally, women participants were enmeshed in a range of social obligations that became linked to how they could engage in the intervention; again a key aim of the intervention was to disrupt these relationships. Women were often highly dependent on male partners to provide them with support (social and economic) to attend sessions.

This meant they were reliant on appeasing these relationships, reinforcing rather than challenging gendered hierarchies. More widely they were also placed under significant pressure to care for and provide for their children, leading to arguments around sharing food during sessions, undermining the ideals of trust and dialogue the intervention strove to achieve.

In this paper we explored the challenges of implementing the Stepping Stones and Creating Futures intervention in urban informal settlements. We located these challenges as shaped by the social context in which the intervention operated; contexts that participants and the intervention could not step out of. Indeed, the factors undermining the implementation of the intervention — high levels of poverty, dense social networks, unequal gender relationships — are key factors driving high HIV incidence in these communities.

In scaling-up interventions such as Stepping Stones and Creating Futures, how to overcome the challenges of implementation must be considered. Practically, this could take a range of different approaches; the original Stepping Stones manual (Welbourn 1995) suggested providing childcare facilitates to enable women to participate. Other approaches could include providing a 'training stipend' to participants, reducing the trade-off between attending sessions and undertaking work to survive, although this has significant cost implications for scale-up. As women were in economically and socially dependent relationships with men, there may be some potential in working with women to engage male partners in the intervention, overcoming barriers to women's attendance (Bruce et al. 2011) However, this raises significant ethical issues around couples work where the man is violent (Pettifor et al. 2013). More widely, interventions need to include working with participants to negotiate some of the challenges linked to implementation of interventions, if participatory interventions are to be successful both in terms of how they are implemented and how they affect young people's lives.

Acknowledgements: Thanks are due to the other team members on the larger study of which this is a part, namely: Alison Misselhorn, Yandisa Sikweyiya, Nwabisa Jama-Shai and Milly Mushinga. Thanks are also due to the research team and participants and to the reviewers for their perceptive comments.

Notes

¹ Our use of single sex/gender groups was shaped by participants' decisions on how groups formed. We did not enquire about how people they identified themselves in terms of gender identity or 'sex' as a biological categorisation of male or female, rather participants self-selected into groups as male or female.

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Integrative discussion and conclusion

In a recent systematic review, Dworkin, Treves-Kagan, et al. (2013) identified only 13 quantitative evaluations of interventions working with heterosexual men and boys to reduce IPV and HIV risk. Furthermore, there exists only a very small body of literature around process evaluations focused on the complexities of working with men and boys to reduce IPV and HIV risk (e.g. Dworkin, Hatcher, et al., 2013; Fleming, Andes, & DiClemente, 2013; Hatcher et al., 2014). As such, this PhD contributes a study of men's engagement, and the impact of participation in a gender transformative programme, to this relatively limited body of literature. It provides a comprehensive overview of the theoretical underpinnings of such interventions (Papers 1, 2), a quantitative analysis of the outcomes of the intervention working with men (Paper 3) and a process evaluation (Paper 4) and understanding of the contextual challenges of implementation of the intervention and of scale-up (Paper 5).

Despite the small-scale nature of this case study, the Stepping Stones and Creating Futures intervention provides a detailed and comprehensive study of a promising approach for working with men to build improved lives and reduce violence against women and reduce HIV risk. In the context of informal settlements in South Africa, this thesis aimed to understand the role of context in informing masculinity and risk in young men and evaluate the Stepping Stones and Creating Futures intervention for promoting more health enhancing masculinities in young men.

To determine the impact of the Stepping Stones and Creating Futures intervention on the masculinities of young male participants, as well as on their HIV risk and IPV perpetration, Paper 3 presents the quantitative outcomes evaluation. Specifically for men, despite not being statistically significant, there was a downwards trend in men's reported perpetration of physical IPV. Paper 3 also outlined a range of statistically significant positive changes in other measures, including men reporting less controlling behaviours and more gender equitable attitudes and an increase in HIV testing, as well as more men reporting the last sex they had was with their main partner. More widely, men also reported improvements in their mental health, including statistically significant reductions in depressive symptoms and suicidality. This said, there were significant limits to change, including no reduction in transactional sex reported, nor reductions in participation in crime.

Qualitative data reported in Paper 4 also supports a number of the changes described in Paper 3. While Paper 4 was set up as a process evaluation focused on the dynamics of change. From Paper 4 it is possible to appreciate some of the nuances of the changes. Specifically a number of men did report using less violence in relationships after the

intervention. More widely the changing relationships with main female partners was also elaborated, with men describing how they spent more time with their partner and were more able to be emotionally available and engaged with her (Paper 4).

Beyond gender and health-related measures the study pointed to improved livelihoods amongst men. This included an increase in men's mean earnings in the past month, a reduction in men's crime related to hunger and men more able to access R200 (approx. US\$20) in an emergency (Paper 3). Qualitative data supported this with men reporting improved budgeting and saving (Paper 4). Men also reported improved mental health, with a reduction in depression symptomology and suicidality (Paper 3).

As Paper 4 suggests, the impact of the intervention on men's masculinities does support the argument, advanced in Papers 1 and 2, that working with men on gender equality and livelihoods simultaneously has a strong theoretical and practical basis. At a very instrumental level, the inclusion of a livelihoods component remained a draw card for men to participate in the intervention, as men were highly invested in seeking work as a pathway to a better life (Paper 4). Yet, it seemed to go beyond the instrumental level. As men started to earn marginally more, they could start to materially demonstrate the changes they wanted to make in their identity, specifically through being able to provide for their partner, children or family. Not only was change related to identities, there was a specific material change as well. The impact of this may have been significant. Indeed in Paper 3 we suggest that, despite significant differences in study designs, the findings from Stepping Stones and Creating Futures are potentially stronger than those of Stepping Stones alone; only further research in the form of a randomised control trial (RCT) will confirm this.

As Papers 4 and 5 outline, despite a range of positive outcomes, the broad social and economic contexts hindered men's participation in the intervention. The continued pressures on men to survive and find work, often outweighed their desire to participate in the intervention. While practically this meant that men did not attend all sessions, theoretically this created challenges in creating and sustaining safe social spaces, which are central to the theory of change espoused in participatory interventions (Paper 5).

In this concluding discussion, I draw together the different arguments and re-engage with some of the larger debates about social change, masculinities and urban lives. Broadly two conceptual models and approaches shape this; first I seek to advance an argument about the particularities of urban informal settlements and how this shapes masculinities and the potential for changing masculinities that move beyond current understandings of the role of

place in health. Second, I seek to outline the particular politics of transformation that are embodied in the intervention as it sought to build livelihoods and gender equality.

Masculinities in the urban space

As noted in many of the papers forming this thesis, urban informal settlements globally and in South Africa are recognised as particular spaces of challenge for urban health (Thomas et al., 2011; van Renterghem & Jackson, 2009). In South Africa, alongside poor access to a range of basic services such as water and electricity (Hunter & Posel, 2012), people living in them have high incidence and prevalence of HIV and there is substantial evidence that rates of violence are high (Hunter, 2010; Rehle et al., 2007; van Renterghem & Jackson, 2009). Indeed the data from this study (not presented in the papers) is that men's perpetration of physical IPV in the past 12 months was 30% and sexual IPV 25%, compared to 10.7% and 4.7% respectively in a representative sample of men in households from the same part of South Africa (Jewkes et al., 2011); approximately 3 and 5 times the national averages respectively.

As outlined in Paper 2, a number of different theoretical approaches have been applied to understanding the high rates of HIV risk and IPV in urban informal settlements. One set of literature has focused extensively on the role of migration and mobility in shaping this. Broadly the argument is centred around the breakdown in social power and social norms that occurs through migration, often referred to as 'familial social control measures' (Crush et al., 2011) and the emergence of a new set of social networks (Crush et al., 2011), all contributing to an increase in HIV risk. Greif, Nii-Amoo Doodoo, and Jayaraman (2011) reviewed the nature of HIV risk in five cities' urban informal settlements, and point to the ways in which people living in urban informal settlements are outside of 'normal' social controls; this may enable an increase in risky sexual behaviour.

A second body of work emphasises the role of poverty in shaping these risks, given the high rates of poverty experienced in urban informal settlements (Hunter, 2010). While there has been considerable debate about whether HIV risks are influenced by poverty, wealth or inequality, a growing body of work suggests that in urban informal settlements, poverty is a key determinant in HIV risk. Magadi (2013), for instance, compared urban poor with urban non-poor across sub-Saharan Africa and found the urban poor are significantly more likely to be living with HIV, by a factor of 19%. However, in rural areas the relationship between HIV and poverty is reversed (Magadi, 2013) highlighting the context specific nature of poverty-HIV risk nexus. While in South Africa, Kamndaya et al. (2014) found that material deprivation increases the odds of high risk sexual behaviour for women and men, and specifically for

women, financial difficulty was a key factor explaining this relationship. Similarly, there is an extensive body of literature from cross-sectional surveys that point to how food insecurity, again a significant feature of urban informal settlements, is closely tied to a range of HIV risk factors (Weiser, Leiter, Bangsberg, & Butler, 2007; Weiser et al., 2010).

Finally a third set of work seeks to understand how wider contextual factors, such as weak services and squalor, are also important in shaping a sense of self and HIV risk (Davidson et al., 2008). One study in Cape Town that sought to assess the relationship between the built environment and sexual risk found a significant relationship between poor built environments and sexual risk (Burns & Snow, 2012). Similarly a global study of adolescents' perceptions of health found a strong relationship between poor health outcomes and poor contexts (Mmari et al., 2014).

In addition, throughout the thesis there was an argument made about how urban informal settlements were particularly difficult spaces to intervene in. Specifically in Papers 3, 4 and 5 a range of factors were suggested as potentially making transformations in masculinities difficult. The high levels of poverty made it difficult for young men to engage in the intervention, either because they were searching for work or working, or they struggled to secure taxi fare to attend the intervention (Paper 5). The dense social networks that men drew on to survive on a daily basis while living in urban informal settlements, were also a major factor limiting men's ability to change (Paper 4). More widely, the idea that was embodied in *Creating Futures*, that there were job opportunities for young men if they tried harder and were more skilled at finding work, was continually challenged by the high levels of poverty and unemployment outlined in Papers 4 and 5, which continually limited men's attempts to build stronger livelihoods.

Reframing these issues in terms of masculinity and social space, two of the key conceptual frameworks that run throughout this thesis, it is possible to suggest that there is a particularity about men living in urban informal settlements and how it shapes their particular masculine practices and potential for interventions to work to change these. Broadly the argument suggests that given the material reality of men's everyday lives, it limits the potential for safe social spaces outside of the gaze of dominant gender hierarchies. These safe social spaces are critical to enable men to perform alternative masculinities, which reinforce particularly 'harsh' forms of masculinity and are a necessary for changing masculinities.

Young men's material lives in urban informal settlements, particularly dense and shared housing, their reliance on small networks of male peers for support and protection (Ragnarsson, Townsend, Ekstrom, Chopra, & Thorson, 2010) and the public nature of life in urban informal settlements (Paper 2), limits safe social spaces emerging in men's everyday lives. Reviewing how the concept of hegemonic masculinity has been appropriated in South African academic research, Morrell et al. (2013) suggest one approach has been to position hegemonic masculinity as a public performance by men. In private arenas – what can be termed safe social spaces – men are able to enact other masculinities, ones that are potentially alternative masculinities, potentially resistant to the hegemonic masculinity. Indeed the public evaluation of men and their masculinity is a feature of much writing on masculinities (Vandello & Bosson, 2013). As such, as outlined in Paper 2, young men living in urban informal settlements who lack the safe social spaces in their everyday lives, are continually 'on performance', having to enact and define themselves in particular ways – in this case within a framework of youth masculinity – without any private spaces in which to try out alternative masculinities.

While much writing on interventions has focused on the importance of interventions creating and sustaining safe social spaces and the challenges when these safe social spaces do not occur (e.g. Gibbs, Campbell, Nair, & Maimane, 2010), there has been less consideration of the need for safe social spaces in men's everyday lives to attempt changes in other contexts outside of the intervention.

The journals provided in Creating Futures (Paper 5) allowed a degree of safe social space in which men could engage in some form of dialogue with themselves around the practical challenges they faced, but more broadly in relation to their sense of identity (Dillon, 2011) outside of the formal intervention. Compared to women who struggled to ensure the security of their diaries, this issue did not appear in men's narratives. However, men were concerned that diaries were not read by others; they refused to let the facilitators look at their diaries, suggesting there was ongoing concern about disclosing what they had written.

Beyond the journals, which appeared to provide some form of safe social space, men lacked safe social spaces in their everyday relationships to try out alternative approaches to being men after the intervention. As was clearly seen in Paper 4, men's social networks, so critical for survival in their daily life, were incredibly conservative in the sense that they sought to stabilise particular forms of gender and social practices, denying men the opportunity to attempt to change. When men attempted to do so they used a range of methods, from name-calling through to violence to try to prevent men from changing (Paper 4).

The role of women in sustaining or contesting male power has increasingly been a focus of research on masculinities (Jewkes & Morrell, 2012; Messerschmidt, 2012). For the men, their main female partners also played a central role in constructing, but also constraining safe social spaces outside of the intervention. As reported in Paper 4 women were typically very supportive of men's attempts to change, to become what they viewed as 'better men'. Yet, often these were typically towards narrow understandings of 'good men', broadly supportive of shifts towards a more 'traditional' masculinity, rather than enabling the intimate relationship to become a space where radical alternative forms of gender equitable masculinities could be attempted.

As such for men living in urban informal settlements the very nature of their lives, emanating from their social and economic marginalisation, was critical in closing safe social spaces outside of the intervention, in which they could enact alternative masculinities that were potentially more gender equitable.

The politics of intervening around masculinities

There remains an ongoing debate around the politics of participatory approaches and their potential to transform relationships of inequality. Broadly there are two positions within this debate. The first position emphasises the transformative potential of participatory approaches to restructure relationships of power. Strongly shaped by Freire (1973), although adapted and taken up in many ways, these small group processes dominate health promotion (Beeker et al., 1998; Campbell & Cornish, 2014). Essentially, as argued throughout this thesis, small group processes create safe social spaces within which people come to understand themselves and the factors shaping their behaviours. Through discussion and dialogue they can rework a sense of identity (in this case masculinity) to create less harmful and more health enhancing forms of masculinity (Papers 2, 4, 5). Research points to the limits of small group processes, recognising how factors such as dense social relationships, poverty, funding regimes and more broadly what are referred to as 'receptive social environments' hinder or support small group processes (Campbell & Cornish, 2012). Broadly, however, despite recognising some of the limits of small group processes, many researchers remain committed to making these approaches more effective, and see the strengths of them in general.

A more critical approach, influenced by Foucault's (1994) writing on disciplinary power and how it has been adapted by those in the development field, particularly Sachs's (1992) *Development Dictionary* and James Ferguson's book on development practices in Lesotho

(Ferguson, 1994) suggested that participation - and development more widely - operates as disciplinary political project. This argument is most clearly stated in relation to participatory approaches to change in *Participation: the New Tyranny?* (Cooke & Kothari, 2001). In the book a number of case studies provide examples of the way poor and marginalised people are drawn into participatory projects that seek to change relationships of power, but how these projects simply enabled those with power to reassert their dominance and influence under the guise of transforming relationships.

Within the field of masculinities there has been an almost unrestrained celebration of gender transformative programming as outlined in Paper 4. Clearly such interventions have a range of positive outcomes, including a reduction in HIV risk behaviours and declines in perpetration of IPV as outcomes of such programming (Dworkin, Treves-Kagan, et al., 2013). The Stepping Stones and Creating Futures intervention also makes a range of claims towards positive changes and reductions in HIV risk, and improvements to men's overall health and wellbeing (Papers 3, 4).

Yet this thesis raises two political questions about gender transformative work with men that challenge some of this celebration of gender transformative programming, as well as illuminating some of the interplay of changing masculinities. The first question is the extent to which the Stepping Stones and Creating Futures intervention positioned men in relation to the capitalist system; the second question is around the aims and expectations of gender transformation.

A central argument around men's violence and HIV risk, and working with men and boys on gender equality interventions has been on the role of capitalism within this. Men's exclusion or marginalisation from the capitalist system has clearly played a role in reinforcing gender inequitable masculinities and a range of violent practices and similar processes are seen globally from New York (Bourgois, 2002) to Mozambique (Gores-Green, 2009) and in Paper 2 of this thesis. As outlined in Paper 4, in response a number of authors, from a variety of perspectives, have suggested the importance of working with men on livelihoods simultaneously for both practical – men are more likely to engage if interventions are about improving their work – and theoretical reasons (Greig, 2009; Silberschmidt, 2012).

Despite this emphasis, no interventions have explored how working on gender equality and strengthening livelihoods with men may work from a theoretical perspective. A central contribution of this thesis then is to explore this intersection. A key objective of Stepping Stones and Creating Futures was to strengthen men's livelihoods through increasingly

getting them to engage, and stay engaged, with the capitalist economy. As Papers 3 and 4 suggest, this happened, with men increasingly seeking, finding and staying in formal work relationships, even if this was temporary. In Paper 4, it was argued that engaging in livelihoods work was not only important in encouraging men to participate in the intervention, but also had a range of other outcomes, with men using their newly improved wealth to support their attempts to perform more 'traditional' versions of masculinity.

However, as Paper 4 described, the work that men found and could realistically expect to be secure, was not fulfilling work; rather it was poorly paid and often demeaning for those young men. A critical reading of the intervention from a Foucauldian perspective would suggest that one of its main outcomes was to stabilise the relationship between capitalism and these young men, essentially embedding men more fully into a relationship through teaching them to accept poor paying work and how to become more disciplined workers. Moreover, such work was likely to be physically harmful as it relied on men's physical labour, often being construction work; work that undermines men's long-term health and well-being (Connell & Messerschmidt, 2005).

Rather than this being a participatory project that transformed men's lives and enabled them to contest the underlying factors shaping their marginalisation – as such interventions claim is possible – it merely positioned these men in a new relationship to capitalism, accepting rather than contesting this. Greig (2009) made a similar point. Interventions around masculinities too often foreground the problem of gender relationships, and rarely (if ever) focus on the broader role of neoliberal globalisation that underlies and structures gender relationships, and the need to equally contest this.

The second political question revolves around the politics of gender transformation. A dominant narrative in work around men and boys (discussed in Paper 4) is that participatory approaches to working with men and boys does enable the establishment of radically new forms of masculinity that are more egalitarian and less oppressive to women and to men. Rather this thesis suggests that something else happens and that the claims to radical change are overstated. Crudely put, the argument is that what is seen is the replacement of one form of male power with another, the securing of male power – patriarchy - through a different set of relationships.

In essence the argument outlined briefly in Paper 4, is that men involved in the intervention started to move from a dominant youth masculinity, which prioritises an emphasised heterosexuality including multiple sexual partners, violence against women and other men

(discussed in Paper 2), towards a 'traditional' masculinity that almost forms a hegemonic masculinity, where power and respect is achieved through establishing a household, a partner and child and providing for these, and where violence is used more sparingly. The intervention, rather than establishing new forms of masculinity which are premised on gender equality and new ideas of relationships between women and men, simply enabled male power to be transferred from a rather brutal and violent form in which power was wielded in direct ways, towards a more stabilised form of male power in which power was achieved almost 'hegemonically' as men started to become closer to the 'idealised' masculinity of the provider (Paper 4). As with a Foucauldian approach to understanding the impact of participatory interventions (Cooke & Kothari, 2001), what could be argued is simply that one form of male power, predicated on violence and overt control over women, was replaced with another more benign form of male power, but still leaving in place the overarching relationship of male power dominating and subjugating women.

Yet these political questions are not entirely devoid of hope. Crudely it suggests that the aspirations of interventions working with men and masculinities using such approaches simply need to moderate the claims to what they may be able to achieve. The very real gains seen both in the Stepping Stones and Creating Futures intervention, for men in terms of their lives, including improved economic wellbeing, mental health (reduced symptoms of depression, reduced suicidality) and increased HIV testing, alongside improvements for their partners such as reduced controlling behaviours and improved gender attitudes, all point to the very real material benefit of such interventions. The very real gains for women and men involved in such interventions cannot be discounted.

More widely, this case study of Stepping Stones and Creating Futures, especially as highlighted in Paper 4, does suggest that there were ways in which men did change in more progressive ways that contrasted to dominant and hegemonic forms of masculinity. Some of the men's emphasis on engaged fathering was one example that is a potential pathway towards gender equity (Morrell & Jewkes, 2011) and men did describe trying to establish more egalitarian, democratic and respectful relationships. What can be hoped for is that these pockets of gender transformation are seen as small steps towards broader transformative change. Indeed, as research on masculinities suggests, hegemonic forms of masculinity are not uncontested, rather they are continually in dialogue with other forms of masculinities and also changing institutional and structural dynamics including the state and economy (Messerschmidt, 2012) and more widely the feminist movement as it challenges male power. Further, the study simply highlights that HIV risk, IPV and gender inequalities are unlikely to be meaningfully tackled without wide scale structural change, but these

smaller interventions provide some immediate relief and improvement in people's lives (Campbell & Gibbs, 2010; Kim & Watts, 2005).

Given the high burden of HIV and IPV in urban informal settlements, working with young men to create more gender equitable and positive environments that improve the lives of women remains a critical challenge. The Stepping Stones and Creating Futures intervention provides a theoretically informed approach to do so. Through the extensive documentation of the underlying assumptions, outcomes and processes of change, this work provides a useful starting point for thinking through how to strengthen interventions that are effective in reducing IPV and HIV risk.

Limitations

This case study of men involved in the Stepping Stones and Creating Futures intervention had a number of limitations. In terms of quantitative data, as outlined in Paper 3, the sample size was small and there was limited power to detect significant changes. Further, with no control group, there may have been naturally occurring changes that influenced the outcomes that could not be controlled for. There was also loss of follow up, which has the potential to bias results, as reported in Paper 3.

There were a number of limitations to the qualitative data. While we randomly selected men for participation in in-depth interviews, we could only interview a small number of men, potentially not enabling a full description of men's experiences. Further, with men dropping out of the qualitative study, as reported in Paper 4, it could have easily biased the qualitative data we did collect. Data analysis of qualitative data is often questioned in terms of its reliability and validity. At one level, the issue of validity was overcome partly through attempting to triangulate responses from numerous qualitative sources. Specifically in Paper 4 we sought out dyadic interviews with men's main female partners to triangulate men's responses and descriptions of change to their partners. This provided some level of assurance that when men described change, their partner could also verify this change.

More widely however, the qualitative component of the thesis is built on a social constructivist approach to knowledge (Gergen, 1999). With such an approach the issue is not around achieving criteria such as validity and reliability, which is seen to emanate from a positivist view of society (Bauer & Gaskell, 2000). Rather the emphasis is on providing detailed descriptions of the research setting and data used, what Bauer and Gaskell (2000) refer to as 'public accountability'. As described by Campbell, Gibbs, Nair, and Maimane (2008) an emphasis on public accountability in qualitative research from a social-

constructivist perspective seeks to provide enough information and detail on the object of study, the social context and the approach towards analysis for readers to draw their own interpretation from the data – either to be convinced by it or to reject it. Either way, validity and reliability emerge as a co-construction between the author and the reader.

More widely this was a small pilot study, undertaken with significant investment of resources by the research and implementation team and delivered by well-trained facilitators. This is a limitation in the sense that if the Stepping Stones and Creating Futures intervention was scaled up and delivered through more sustainable forms – such as through the South African Expanded Public Works Programme (EPWP), the quality of the intervention may not be realised.

Future Research

Given the promising nature of the Stepping Stones and Creating Futures intervention in reducing HIV risk and IPV experiences for women and perpetration for men, a number of different areas for future research are clear.

There remains a paucity of well evaluated and controlled behavioural and structural interventions to reduce HIV risk and IPV, particularly those including men. Undertaking a randomised control trial (RCT) of the intervention is critical to demonstrate whether or not, in urban informal settlements, the combined intervention can demonstrate an impact on salient measures for women and men. Indeed, there is a compelling case to be made for an RCT which would include a number of arms, for instance a control arm, compared to an only Stepping Stones arm, compared to a Stepping Stones and Creating Futures arm. Such a study would enable the disentangling of the benefits and impact of the addition of a livelihoods intervention on top of a gender transformative intervention, as well as enable some understanding of the pathways through which change occurs. Given the push towards demonstrating cost-effectiveness and the correct 'dose' of interventions, such a study would provide significant learnings, beyond simply demonstrating whether or not the intervention was effective.

Closely tied to this is the need for research on the most effective way to scale-up the intervention through embedding it in already existing systems. In South Africa there exists a wide range of opportunities for an intervention such as Stepping Stones and Creating Futures to be embedded into existing systems. Within the health system and social development organisations in South Africa, there are various forms of community workers who are increasingly being called upon to deliver both curative and preventative

interventions at the level of primary health care (Gibbs & Campbell, 2010) and social development. Despite studies that show the challenge of working with community health workers to deliver more than basic services (Campbell, Gibbs, Nair, & Maimane, 2009) they remain a critical platform that may potentially be used to deliver more complex interventions. Furthermore, the South African government through its agencies provides a range of support to young people seeking employment, including the Expanded Public Works Programme (EPWP) that provides short-term job training. Working closely with government to integrate aspects of Stepping Stones and Creating Futures into these programmes is critical for making such approaches sustainable and widespread. Research on how to achieve this and the potential impact of delivering interventions at scale is critical.

A critical understanding of gender and specifically masculinities also needs to engage with a number of intersecting identities. Greig (2009) has pointed to how class needs to be incorporated into research and intervention work on masculinities and in many ways, this thesis and its constituent papers engages with class in terms of economic marginalisation of the young men. More recently Dworkin, Colvin, Hatcher, and Peacock (2012) have highlighted the limited engagement in terms of race in research and intervention work around masculinities. The papers in this study do not consider explicitly how race plays into young men's lives in urban informal settlements and shapes masculinities, given that urban informal settlements are primarily constituted of 'black' people, this is an important aspect for further research.

The thesis also points to the need for further research to explore how safe social spaces can be created and sustained within urban informal settlements to enable men to transform. Given the ever-increasing scale of cities globally and specifically urban informal settlements, the challenges of working with men in urban informal settlements is not going to disappear. This thesis provides one theoretical approach to understanding men's particularly high levels of HIV risk behaviours and IPV in urban informal settlements and challenges of changing this, particularly around the concept of safe social spaces. Further research is required to understand this better and also to develop ways of providing safe social spaces for men to enable them to engage in alternative masculinities.

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