



**Exploring cultural norms, masculinities and sexual behaviours of Black South African male students at the University of KwaZulu-Natal**

By

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## **PREFACE**

The study described in this thesis was carried out in the Department of Public Health Medicine in the School of Nursing and Public Health, College of Health Sciences of KwaZulu-Natal, Durban in South Africa. The study described in this thesis is original work done and reported by the author.

The work contained in this thesis has not been previously submitted for a degree or diploma at any other higher education institutions to the best of my knowledge and belief. This thesis contains no material previously published or submitted for publication by another person except where due reference has been made.

Signed: ..... Date: .....

(Sinakekelwe Khumalo)

## PLAGIARISM DECLARATION

I **Sinakekelwe Khumalo** declare that:

- (i) The research reported in this dissertation, except where otherwise indicated, is my original work.
- (ii) This dissertation has not been submitted for any degree or examination at any other university.
- (iii) This dissertation does not contain other persons' data, pictures, graphs or other information, unless specifically acknowledged as being sourced from other persons.
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## **SUPERVISOR DECLARATION**

We, Dr Musawenkosi Mabaso, and Professor Myra Taylor, hereby confirm that we have read the contents of this thesis and approve its submission.

Supervisor Signature: ..... Date: .....

Co-supervisor Signature: ..... Date: .....



## PUBLICATION DECLARATION

The publications (in print, in press and submitted) that constitute this thesis and the contribution I made to each of the manuscripts are listed here.

### **Publication 1:**

Khumalo, S., Mabaso, M., Makusha, T., & Taylor, M. (2021). The intersections between masculinities and sexual behaviours among young men at in KwaZulu-Natal, South Africa. *Sage Open*, 11(3), 1-10

#### *Author Contributions*

SK conceptualised and conducted the study. MM, TM, and MT assessed the findings. SK drafted the manuscript. All authors reviewed and approved the final draft.

### **Publication 2:**

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#### *Author Contributions*

SK designed and conducted this study, analysed the data and drafted the manuscript. MM, MT and TM assessed findings of the study, edited and reviewed the manuscript. All authors reviewed and approved the final draft.

**Publication 3:**

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*Author Contributions*

SK conceptualised and conducted the study. MM, TM, and MT assessed the findings. SK drafted the manuscript. All authors reviewed and approved the final draft.

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(Sinakekelwe Khumalo)

## **DEDICATION**

I dedicate this thesis to my parents, thank you boNtungwa for giving me the support and opportunities to chase my dreams and encouraging me when I needed it the most.

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## **LIST OF ACRONYMS**

HIV	Human immunodeficiency virus
AIDS	Acquired immunodeficiency syndrome
FGDs	Focus group discussions
KIIs	Key informant interviews;
STI's	Sexually transmitted infections
CHASU	Campus HIV and /AIDS Support Unit
UKZN	University of KwaZulu-Natal

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## ABSTRACT

**Background:** Research evidence indicates that African male students are more likely to engage in risky sexual behaviour than their female counterparts. Sexual behaviour among male students is to a large extent influenced by their individual decisions and the social environment including immediate family and surrounding communities. It is therefore important to understand the context under which sexual behaviours are constructed and shaped. For many young people, the university environment period provides a critical developmental transition from adolescence to adulthood, during which young people establish patterns of behaviours and make lifestyle choices that affect both their current and future health. It is within this setting that young men interrogate their masculinities and sexual behaviours. The explanation of male students' sexual behaviours can be determined through understanding the meaning and influence that they attach to the cultural norms related to sexual behaviours. Using the social constructionist paradigm that examines the development of masculinities as a mutual construct of individual, social, cultural, and historical contexts, the study aimed to explore cultural norms, masculinities and sexual behaviour of Black male students. This understanding is essential in order to develop recommendations to promote positive sexual behaviour messaging for university male students. The specific objectives of this study were (1) to explore how Black African male university students construct their sexual behaviours, (2) to explore the cultural norms associated with Black South African male students' sexual behaviours, and (3) to explore the influence of the university behavioural intervention programmes on the sexual behaviours of male students.

**Methods:** The study population was selected using purposive sampling. Data were collected using four focus group discussions with 36 participants and three key informant interviews. Focus group discussions consisted of 8-10 participants and were conducted according to the current year of study of the students. Thematic analysis was utilized to identify the key patterns and the themes that emerged from the data.

**Results:** The results of the study reveal that versions of masculinities at institutions of higher learning are socially constructed, fluid over time and plural. An individual has multiple masculinities which are often exerted to suit their current discourse at any given point. The university setting appeared to be a space where a lot of toxic masculinities and sexual risk-taking occurred, which potentially exposed the young men in the study to sexually transmitted infections such as HIV. The results further reveal that the other influences on the sexual behaviours of the young men included family, peers and community. It was also discovered that poor knowledge and awareness, negative perceptions and attitudes, fear and lack of privacy, and negative experiences are the factors that lead to poor access and utilization of campus health services.

**Conclusion:** The university space is an important space that allows young men from different cultural backgrounds to explore their masculinities, sexualities and sexual behaviours. The cultural norms of black male students studying at university which are associated with masculinities, sexualities and sexual behaviours are influenced by an array of factors such as family, peers, community, and individual decisions. These factors shape and ultimately inform the behaviours of young men regarding their masculinities and sexual behaviours. A number of male students continue to delay or avoid seeking health care even with the available sexual health programs at the university. It is therefore essential that the university's HIV and AIDS programs infuse socio-cultural norms and notions of masculinity in their health communication strategy to create more effective HIV prevention programs for young men.

**Keywords:** cultural norms, sexual behaviours, masculinity, young black male students, university, South Africa

# CHAPTER 1: INTRODUCTION

## 1.1 Introduction and Background

The study aimed to explore cultural norms, masculinities and sexual behaviours of Black South African male students at the University of KwaZulu-Natal. Students at higher education institutions are considered change agents and assets for society, and this is a group that is transitioning to adulthood, filled with ambition and developing both their academic competencies and careers (Tura et al., 2012). Young men and boys learn to negotiate and perform masculine and sexual identities in a number of social settings; this study paid particular attention to the university space. The university setting is a context where different masculinities and sexual behaviours materialise through performances that are drawn from different cultural backgrounds (French & Swain, 2004). Hence, there is a need for a deeper understanding of how young men's sexual behaviours are shaped and influenced by virtue of being at a tertiary institution.

Cultural norms are expectations and rules of behaviour that are shared within a specific cultural group (Mc Breen et al., 2011). They govern acceptable and unacceptable behaviour and play a significant role in influencing the behaviour of an individual (Jaafar et al., 2004; Idang, 2015). Research conducted on men and masculinities in sub-Saharan Africa has identified socialization as key in determining risk-taking behaviour among men (Macia et al., 2011). This is due to the fact that beliefs about masculinity and manhood that are deeply entrenched in culture play a significant role in shaping the behavioural patterns of men, including sexual activity (Eley et al., 2019). In many African cultures, sex is still regarded as a measure of manhood, fertility and legacy (Roets, 2013). This assertion is accepted by Langa (2014), who stated that young men in the African culture often prove their manhood through early sexual debut and having multiple sexual partners.

In Sub-Saharan Africa, sexual activity among young people often occurs by the age of 20 or earlier (Marston et al., 2013). In South Africa, surveillance data from the South African National HIV Prevalence, Incidence and Behaviour Survey has reported males' sexual age debut to be before the age of 15 as compared to their female counterparts (Magnusson et al., 2012; Shisana et al., 2012). Such trends towards early sexual debut among males is linked to risky sexual behaviour later in life (Shisana et al., 2012). Male students in institutions of higher learning in South Africa were identified as the hub of risky sexual behaviours by the Higher Education HIV and AIDS Programme

(HEAIDS) (Mutinta et al., 2012). The risky sexual behaviours among male students include; unprotected sex, casual sex, substance use, and multiple and concurrent sexual partners (Mutinta et al., 2012; Mutinta & Govender, 2012; Visalli et al., 2019). Such behaviours put them at risk of a number of sexually transmitted infections, including HIV (Visalli et al., 2019).

A growing body of evidence points to the complexity of sexual behaviour linked to sexuality and masculinity (Eaton et al., 2003). The university is a space that allows young men to assert their manhood without the glaring eyes of parents and other adults in their immediate social settings. According to Capraro (2000), the university setting is also a context for some young male students to construct their masculinities in many different ways. It allows young men to explore and experiment with their masculinities, thus shaping their sexual identities and preferences. For many young people, university represents among other things, a period of sexual exploration and freedom and, for some, the chance to be adventurous (Peltzer & Promtussananon, 2005; Van Staden & Badenhorst, 2009; Cassidy et al., 2018)

When young people join the university, it is often the first time they separate from their parents (Mturi & Gaearwe, 2014). It is during this time that they come in contact with other young people from different backgrounds without the parental supervision to which they are accustomed (Mturi & Gaearwe, 2014). Research shows that during this critical development period of transition to adulthood, young people establish patterns of behaviour and make lifestyle choices that affect both their current and future health (Marcel et al., 2011; Bernales et al., 2016). As such, the university space becomes crucial in the development of many young people. This context provides a wealth of opportunities to explore how cultural norms associated with sexuality and masculinity influence sexual behaviour among Black male students attending university. In order to explore this topic, this study used the social constructionist paradigm.

**1.2 Literature review**

**1.2.1 Understanding of culture and cultural norms**

Culture plays an important role in any society. It is through culture that individuals define, negotiate and interpret their understanding of the world and the environment (Avruch, 2009; Nastasi et al., 2017). Culture provides people with a sense of identity and belonging. Culture is suggested to being the fundamental worldview of people's understanding of who they are, where they are coming from

64 and where they are going (Kraft, 1998; Birukou et al., 2009). This is substantiated by Ngubane (2010),  
65 who highlighted that some individuals often conform to the beliefs and traditions of their own culture,  
66 even if they might not subscribe to certain ideologies of that culture.

67  
68 Culture may also support, encourage or discourage certain behaviours and beliefs as being acceptable  
69 or unacceptable (World Health Organization, 2009). Culture influences people's ideas, values,  
70 attitudes and normative patterns of behaviour (Belshek, 2006). On the other hand, culture is socially  
71 constructed and dynamic and therefore not static, nor can it be genetically transferred. Culture  
72 changes over time as each generation adds something different before passing it on to the next  
73 (Greenfield, 1999; Belshek, 2006; Birukou et al., 2009).

74  
75 **1.2.2 Masculinities in South Africa**

76 South African masculinities have been foregrounded as inherently problematic, a particular  
77 problematic gaze has been on Black young men both in the national and international context (Shefer  
78 et al., 2015; Ratele, 2017). This problematization has inhibited the exploration of a more nuanced  
79 picture of young men in relation to the dominant discourse of masculinities (Shefer et al., 2015).  
80 Therefore, to understand how Black young men construct their masculinities, it is important to  
81 deconstruct the stereotypes that depict Black men as problematic in literature (Goodwill et al., 2019).

82  
83 According to Morrell (1998), it is a mistake to regard men as a gender that has one fixed monolithic  
84 or essential masculine identity. In any given context there exist different versions of masculinities  
85 that are complex and fluid over time (Gibbs et al., 2020). Men continually seek to prove their  
86 masculinity as it is not something that is permanently achieved (Gibbs et al., 2020). The performance  
87 of masculinity by boys and men is drawn from available cultural repertoires (Morrell, 1998; Pierotti  
88 et al., 2013). However, Mfecane (2018) debunks this notion by arguing for individuality; he argues  
89 that individuals have agency and they can produce outcomes that support or undermine already  
90 existing gender structures. In essence, individuals have the potential to reinforce or modify how they  
91 construct their masculinities. An emerging body of work suggests that men are opting to adopt  
92 positive masculinities that resit traditional norms to negotiate more 'positive' construction of  
93 masculinity that empowers men to improve themselves and their society (Englar-Carlson & Kiselica,  
94 2013; Lomas, 2013).

95

96

97

98 Masculinity is shaped and expressed at different times, circumstances and places by individuals and  
99 groups (Beynon, 2002; Mathewson, 2009; Langa & Smith, 2010). This means that men's display of  
100 masculinity is dependent on the situation or context that they find themselves in. There is vast research  
101 on masculinity that has been conducted in South Africa (Morrell, 2007; Jewkes & Morrell, 2010a;  
102 Shefer et al., 2015b; Ratele, 2017; Mfecane, 2018; Gibbs et al., 2020). Notably, hegemonic  
103 masculinity is a form of masculinity that is mostly celebrated and aspired to by many men and has  
104 been studied to a great extent in South Africa. The concept of hegemonic masculinity was first  
105 introduced in the late 1980s to early 1990s, which is a period where research on men and masculinity  
106 became prominent

107 (Connell & Messerschmidt, 2005). The use of the plural term "masculinities" by Connell was to  
108 emphasise the complexity of the construction of gender and highlight that gender is neither one-  
109 dimensional nor fixed (Connell, 1995). Multiple forms of masculinity exist, and they are not equal, as  
110 the masculinity dominant in any context may oppress other forms of masculinities (Smith & Langa,  
111 2010).

112

113 The masculine expectation that is imposed on men by cultural and social norms requires men to  
114 exhibit strength, aggressiveness, dominance over women and sometimes violent superiority over  
115 other men (Milton, 2012). Men who do not fit the social 'standards' of manhood suffer, as they do  
116 not meet the social expectations of what it means to be a 'real man' (Gennrich, 2013). A study  
117 conducted by Subrayan (2016) reported that men were normally victims of adherence to dominant  
118 expectations because of their commitment to social relations that proved themselves as men and the  
119 pressure to demonstrate their masculinities. Hence, when young men join the university, the need to  
120 belong and be recognised by social groups that exist in the university setting is heightened. To  
121 emphasise the latter, a study indicated that hegemonic masculinity was the building block of  
122 American social fraternities (Ram, 2019). Furthermore, findings of the same study revealed that  
123 young men who belong to fraternities in college may display hyper-masculinity which includes  
124 negative attitudes, beliefs, and language around women and gay men to ensure that their masculinity  
125 is never questioned (Ram, 2019). This is not different for young men entering university in South  
126 African universities who may also demonstrate risky sexual behaviours such as having multiple

127 sexual partners, unprotected sex, alcohol use and casual sexual encounters to cement their manhood  
128 and masculine identities (Ziki, 2015).

129

130 **1.2.3 Sexual behaviours among university students**

131 Research that has focused on risky sexual behaviours has often suggested that young men, specifically  
132 poor young Black men are drivers of the array of risky sexual behaviours that lead to negative  
133 outcomes for themselves, young women and the wider society (Graham, 2014). The positive  
134 narratives and experiences of being a young man are often overlooked while perpetuating negative  
135 experiences (Graham, 2014). Furthermore, Graham notes:

136 “As researchers, when we are so concerned with behaviour change and associating young  
137 men’s sexuality with risk, we chance missing out on understanding their thoughts and hopes  
138 for themselves as young men, how they view and construct adult male identities, and how  
139 their everyday experiences of growing up in different contexts of South Africa shape their  
140 identities and sexualities” (Graham, 2014, p.4).

141

142 Research conducted among students at higher education institutions in South Africa has  
143 predominantly focused on risky sexual behaviours and associated factors (Kodi, 2009; Sebele, 2009;  
144 Belo, 2014; Ngidi et al., 2016). The available research literature on risky sexual behaviours has been  
145 mainly concerned with risky sexual behaviours located within the HIV agenda (Ragnarsson, 2010;  
146 Jewkes & Morrell, 2010; Hoque, 2011; Mturi & Gaearwe, 2014; Ngidi et al., 2016). Such research  
147 has reported on risky sexual behaviours such as unprotected sexual intercourse or limited condom  
148 use, age-disparate sex, multiple sexual partners, excessive alcohol use or drug use before sexual  
149 intercourse, as drivers of sexually transmitted infections and HIV (Jewkes & Morrell, 2010a;  
150 Ragnarsson, 2010; Zuma et al., 2010; Mturi & Gaearwe, 2014; Ngidi et al., 2016).

151

152 Sexual behaviours take a central position in the public health arena, this is important because of the  
153 association with Sexually Transmitted Infections (STIs), including HIV (Mavhandu-Mudzusi &  
154 Asgedom, 2016). Sexual behaviours are complex because they are influenced by a wide range of  
155 factors such as personal, social, cultural, moral and legal factors (Chanakira et al., 2014). Research  
156 evidence also shows that dominant notions of masculinity also increase sexual risk-taking behaviour  
157 (Macia et al., 2011). Masculine norms that influence men's sexual behaviours vary across different  
158 settings. Young men who align with hegemonic masculinity ideals may feel they are invincible and

159 take sexual risks without fear of consequences (Ashton et al., 2014). Traditional norms of masculinity  
160 that suggest the man as the figure of authority can also exert a strong influence on their attitudes and  
161 behaviour (Marcia et al., 2011). It is suggested that students who are exposed to sexual risk behaviours  
162 regularly are more likely to contract HIV (Andrew et al., 2018). A nuanced understanding of the  
163 specific aspects of masculine norms, institutions and social environments that shape young men's  
164 sexual behaviours is vital.

165

#### 166 **1.2.4 University health programs**

167 The literature has shown that university students engage in risky sexual behaviours. However, little  
168 is known about the reasons that influence sexual risk-taking among students at higher education  
169 institutions (Ziki, 2015). Similarly, Qinisile (2013) noted that there is a need for a deeper  
170 understanding of the dynamics and peculiarities that place young people at risk. Existing interventions  
171 are not designed to cater for the needs of young people, such as how they understand and construct  
172 their sexualities and sexual behaviours (Sivhabu et al., 2019). Programs designed have neglected the  
173 cultural, societal, gender and normative factors that influence young people (Sivhabu et al., 2019).  
174 Targeted interventions are needed which will be tailored to men's needs and behaviours across their  
175 lifespan (Ashton et al., 2014).

176

177 The University of KwaZulu-Natal has an HIV and AIDS Programme. This programme has HIV  
178 counsellors and Health Promoters on all five campuses. The counsellors are located in the on-campus  
179 clinics and Health Promoters located at the Campus HIV and AIDS Support Unit also known as  
180 CHASU (Magantolo, n.d.). CHASU has a number of programmes for students, namely, Peer  
181 education, Women's Forum, Men's forum, Positive living, and Abstinence Forum. All of these  
182 programmes are aimed at curbing risk taking among university students to be able to graduate alive  
183 and fight against social ills such as HIV, STIs and unplanned pregnancy. Prevention communication  
184 encouraging young people to practice safer sex has been identified as one of the essential instruments  
185 for behavioural change (Obsa & Weldihanes, 2017). Unfortunately, behavioral interventions aimed  
186 at reducing risk for HIV by discouraging risky sexual behaviours and promoting safe sex among  
187 young people do not appear to be having the desired impact given the consistently high rate of new  
188 infection in the population group (Mwale & Muula, 2017).

189



190 As reported by HEAIDS (2010), even though many students support programmes and services across  
191 all higher education institutions, many students were not aware or knowledgeable about such services.  
192 The report also highlighted that it seemed as if such services seem perfunctory rather than geared to  
193 shape the well-being of students (HEAIDS, 2010). Hence, this calls for the interrogation of such  
194 programs in higher education institutions. In addition, Shiferaw et al. (2014) states that interventions  
195 that are developed for the general population may not be appropriate for the university setting.  
196 Therefore, programmes and interventions for on and off-campus must be tailored differently from the  
197 general population (Shiferaw et al., 2014). Mwale and Muula (2017) suggest that intervention models  
198 that have worked in the west have failed to have favourable results for our country. This calls for  
199 interventions tailored to the realities of young people in South Africa. These includes the influence  
200 of soio-cultural norms on the sexual behaviours of male students which are important in the designing  
201 of effective behavioural change interventions or programs.

202

### 203 **1.3 Significance of the study**

204 This area of focus is novel in that while masculinities have been studied in various societies globally,  
205 the attention particularly on young men and specifically on those attending university is limited. For  
206 a country like South Africa, which acknowledges the diversity in culture and ethnic groups, it is  
207 critical to understand that young men in this country are not a homogenous group, and this impacts  
208 their cultural and masculine norms, which impacts on their sexual behaviour. We cannot understand  
209 and promote the public and sexual health of young men without understanding their cultural and  
210 masculine standpoints. This work is also critical because it recognises the university as a central  
211 society or community which has a certain perceived culture that socialises and shapes young men to  
212 behave according to the prescripts expected of university students. This also has a huge impact on the  
213 public and sexual health of young men (and women by association). This work is also a very important  
214 advocacy tool in the development of effective interventions and programmes that can positively shape  
215 the sexual behaviour of young men according to their cultural and masculine norms. Lastly, this work  
216 highlights the need for the infusion of socio-cultural norms and notions of masculinity in the health  
217 communication strategy of the university HIV and AIDS programme in order to effectively reach out  
218 to young men on campus.

219

### 220 **1.4 Research questions, objectives and study aim**

#### 221 **1.4.1 Research questions**

222 The study was guided by the following research questions:

1. How do Black male students construct their masculinities and sexual behaviours?
2. How do traditional ideals of masculinity impact on Black African university students' sexual behaviours?
3. How do the alternative ideals of masculinity impact on Black African male university students' sexual behaviour?
4. What are the experiences of young university male students in accessing health services?

#### **1.4.2 Research aim**

The aim of this study was to explore cultural norms, masculinities, sexual behaviours and the access to health care services among Black South African male university students.

#### **1.4.3 Specific objectives**

1. To explore how Black male students construct their masculinities and sexual behaviours.
2. To explore the cultural norms associated with Black male students sexual behaviours.
3. To explore the experiences of young men in accessing university health services.

### **1.5 Research methodology**

#### **1.5.1 Research design**

This study was exploratory in nature and adopted a qualitative research design. Qualitative research, according to Anderson (2006, p.3), is “collecting, analysing, and interpreting data by observing what people do and say, qualitative is much more subjective than quantitative research and uses very different methods of collecting information, mainly individual, in-depth interviews and focus groups”. The design is characterized by a small sample size compared to a quantitative approach. The advantage of employing qualitative research is because “it attempts to make sense of a phenomenon to be understood from a participant’s perspective” (Merriam, 2002, p.6). Creswell (2009) argued that when conducting qualitative research, the intent is to explore the complex set of factors that surround the central phenomenon and present the different perspectives or meanings that participants hold.

#### **1.5.2 Study site**

The study was conducted at the University of KwaZulu-Natal (UKZN) between September and November 2018. UKZN comprises of five campuses namely Howard College Campus, Westville Campus, Pietermaritzburg Campus, Edgewood Campus, and the Nelson Mandela School of

Medicine. The rationale for selecting UKZN as a study site was because of its attraction for a large number of students from diverse social and cultural backgrounds across South Africa and other parts of the world. The cross-cultural diffusion of all of the students from multiple cultures and backgrounds made UKZN a rich study site. Additionally, Howard College is the largest campus with representation from all the other four Colleges. South Africa is racially diverse, with African people making up the majority of the population (Bazana & Mogotsi, 2017). Black is widely recognised as a race categorisation in the South African context (Brown, 2000). For the purpose of this study, “Black” male students refer to a group of students who belong to the Nguni and Sotho groups. Most students in institutions of higher learning are Black in South Africa, and they are often the first generation to attend university. Table 1 displays the UKZN student population by race and gender (Singh, 2019).

Table1: University of KwaZulu-Natal student population by race and gender for academic year 2018

<b>Student population</b>	<b>Gender*</b>	<b>2018</b>
African	Female	21136
African	Male	16394
Coloured	Female	584
Coloured	Male	293
Indian	Female	4990
Indian	Male	3323
White	Female	699
White	Male	601
Other	Female	97
Other	Male	103
<b>TOTAL</b>		<b>48220</b>

### 1.5.3 Sample size and sampling strategy

Qualitative research typically require a smaller sample size but large enough to obtain feedback for most or all perceptions. This is because qualitative research is concerned with meaning and not with making generalised hypothesis statements. The guiding principle for sample size in qualitative research is the concept of saturation. Obtaining most or all of the perceptions of participants will lead to the attainment of saturation. Saturation occurs when adding more participants to the study does not

274 result in additional perspectives or information (Creswell, 1998). The study comprised of two sample  
275 groups, the primary sample included Black male students and the secondary sample included  
276 programme coordinators at the UKZN Campus HIV/AIDS student unit. The study employed a  
277 purposive sampling technique to recruit a total of 36 Black African male students who were between  
278 the ages of 18-30. Purposive sampling is a widely used qualitative technique which involves the  
279 identification and selection of individuals or groups who were knowledgeable or experienced in the  
280 phenomenon of interest (Palinkas et al., 2015). Purposive sampling also entails the availability and  
281 the willingness of research participants to participate, and communicate their experiences in an  
282 articulate, expressive and reflective manner (Etikan et al., 2016).

283

#### 284 **1.5.4 Recruitment strategy**

285 Study participants were recruited from the four different colleges represented at the Howard College  
286 campus. Participants recruited for this study stayed at on-campus and off-campus residences at the  
287 university and some stayed at home. Students at UKZN can stay in university-owned residences on  
288 and off-campus, as well as leased properties, to support their living and learning needs. Not only do  
289 the residences provide a basic bed and shelter for social and physical surroundings, but they also play  
290 a critical role in promoting academic and residence life in a multicultural, diverse society. The  
291 researcher designed posters and flyers with the study description and contact details of the researcher.  
292 The researcher then put up these posters and flyers (around the different colleges at the Howard  
293 College campus). To recruit Key Informant Interviewees (KIIs), the researcher used already existing  
294 networks within the unit to recruit programme coordinators from CHASU. The following criteria was  
295 used to recruit study participants for the focus group discussions.

296

##### 297 **1.5.4.1 Inclusion criteria**

- 298 • Black male students regardless of ethnicity
- 299 • Studying at the University of KwaZulu-Natal
- 300 • Identify themselves as male
- 301 • Had to be between the ages of 18-30 years
- 302 • Black male students who are enrolled at the University of KwaZulu-Natal for undergraduate  
303 (1<sup>st</sup> to 3<sup>rd</sup> year) and postgraduate studies

304

#### 305 **1.5.5 Data collection**

### 1.5.5.1 Focus group discussions

Focus group discussions were conducted with 36 Black male students. Each focus group discussion was conducted according to the year of study of the participants. Each focus group comprised of students from the different colleges in the Howard College campus namely, College of Humanities; College of Agriculture; Engineering and Sciences; College of Health Sciences and College of Law and Management studies. Data collection was conducted from September 2018 to November 2018. The study participants were from different communities and cultural backgrounds in South Africa. The majority of the participants came from rural backgrounds and some from urban settings. Focus group discussions were conducted at the College of Health Sciences. All FGDs were conducted in English with the assistance of a male research assistant who co-facilitated. FGDs were audio-recorded and transcribed verbatim. Table 2 shows the description of the study participants.

Table 2: Description of Black male students' focus groups (n=36).

Focus group discussion (FGD)	Level of study	Ages	Ethnicity	Total
FGD 1	First year students	18-21	Zulu and Xhosa	10
FGD 2	Second year students	19-23	Zulu and Xhosa	8
FGD 3	Third-year students	23-29	Zulu, Tswana, Sotho, and Xhosa	10
FGD 4	Post-graduate students (honours, masters and PhD)	24-30	Zulu, Xhosa, Venda and Sotho	8

### 1.5.5.2 Key informant interviews (KIIs)

Interviews were conducted with consenting participants working at CHASU. The unit is a UKZN HIV and AIDS prevention programme that provides care, support and treatment services for the university's thousands of students and employees (Campus HIV and AIDS Support Unit, 2015). The programme is located on all five campuses of the university and consists of HIV counsellors that are in the campus clinic and health promoters located at the Campus HIV and AIDS Support unit. The unit has several support structures for students such as peer education, women's forum, men's forum, positive living, abstinence forum and lesbian, gay, bisexual, trans and/or intersex forum. One of the coordinators in the unit assisted with recruiting programme coordinators for KIIs. The KIIs included three coordinators; a health promoter, a men's forum coordinator and a peer educator (table 3 displays the description of the key informants) from the unit. The key informants were able to reflect on their experiences of working in the unit as well as their interactions with students utilizing their services.

Table 3: Description of key informants (n=3).

Key informants	Role	Gender	Total
KII 1	Health promoter	Female	1
KII 2	Men's forum coordinator	Male	1
KII 3	Peer educator	Female	1

## 1.6 Data analysis

Thematic analysis, according to Braun & Clarke (2006), is a method that is used to identify, analyse and report themes within data. Data were analysed thematically, guided by a thematic analysis framework (Braun & Clarke, 2006). Thematic analysis was found to be useful for this current study as it enabled the identification of emerging themes and answered the research questions. Braun and Clarke's (2006) six phases of thematic analysis was carefully followed in this study. All audios were transcribed verbatim, and the researcher read and re-read all the transcripts to familiarize and get a better sense of the narratives and accounts made by study participants. After familiarisation with the transcripts, codes were generated as guided by the study questions and produced through the use of *Atlas.ti* 8. Further, categorisation of codes into emerging themes was conducted by focusing on connections between the emerging themes until consensus was reached between the researcher and her supervisors, and the final phase entailed presenting the themes into the study findings. Table 4 represents the six phases in detail.

350 Table 4: Braun and Clarke's (2006) six phases of thematic analysis

Phases		Description of the process
1.	Familiarising yourself with your data	Transcribing, reading and re-reading the data, noting down initial ideas.
2.	Generating initial codes	Coding interesting features of the data in a systematic fashion across the entire data set, collating data relevant to each code.
3.	Searching for themes	Collating codes into potential themes, gathering all data relevant to each potential theme.
4.	Reviewing potential themes	Checking in the themes work in relation to the coded extracts (Level 1) and the entire data set (Level 2), generating a thematic “map” of the analysis.
5.	Defining and naming themes	Ongoing analysis to refine the specifics of each theme, and the overall story the analysis tells; generating clear definitions and names for each theme.
6.	Producing the report	The final opportunity for analysis. Selection of vivid, compelling extract examples, final analysis of selected extracts, relating back of the analysis to the research question and literature, producing a scholarly report of the analysis.

351

352 **1.7 Researchers reflectivity**

353 In the process of developing knowledge through qualitative research, reflexivity has become widely  
354 recognized as a critical strategy (Berger, 2015). Reflexivity entails turning of the researcher’s lens  
355 towards oneself to realize and accept responsibility for one's position within the research and the  
356 impact it may have on the setting and the people being researched, the questions that are being asked,  
357 the data collected, and the interpretation of that data (Berger, 2015). Importantly, throughout the  
358 research process, reflexivity allows us to become aware of our role in the construction of our own  
359 meanings and lived experiences during the research process (Palaganas et al., 2017). It becomes

360 important for researchers to understand and show how their positionality as individuals shape the  
361 research process.

362

363 My gendered position as a Black woman conducting research with participants who were male came  
364 with a myriad of challenges and many lessons. During the research process, I grappled with the idea  
365 of being a woman, researching and working with young men. The experience allowed me to reconcile  
366 my lived experiences as a Black woman with some of the stereotypes about what it means to be a  
367 young man but also at the same time confirm some of the gendered hardships of being a woman in a  
368 man's space. Some notable challenges encountered during the data collection were unsolicited sexual  
369 advances which were unavoidable given that the study participants were male. Also, challenging was  
370 the unwillingness of some participants to open up to a female, thus maintaining their masculinities.  
371 Considering the focus of the study, masculine performance among some of the participants was  
372 expected given the use of FGD's. The grouping of the male participants prompted some to  
373 overestimate their masculine and sexual prowess in front of their peers and myself as a female  
374 facilitator. While some of these challenges were anticipated, for example, I had to bring in a male  
375 research assistant to help co-facilitate the FGD's. I felt that the presence of the male research assistant  
376 helped in diluting some of the dynamics in the space. Having a male research assistant also helped in  
377 discussing topics deemed sensitive, topics which related to the sexual encounters, and this made them  
378 more open and less reserved.

379

380 The goal of the study was to explore how cultural norms associated with sexuality and masculinities  
381 influence the sexual behaviours of young Black male students. I found that, during the discussions  
382 with the participants, it became challenging for me to reserve my comments on some of the  
383 preconceived ideas that some of the participants held regarding sexuality, masculinities and sexual  
384 behaviours. I tried to listen and understand each participant's worldview without critiquing or seeking  
385 to invalidate their lived experiences. In the process of trying to remain objective, I also had to  
386 acknowledge my own social, cultural and educational background in conducting this study, more  
387 especially as a Black woman coming from a patriarchal and traditional background where certain  
388 topics such as the one being researched are considered taboo. Therefore, being objective became a  
389 challenge. While I do understand that qualitative research is not about objectivity, one ought to  
390 carefully examine and understand their positionality and how such positionality shapes not only their  
391 research experience but the research process. The choice of this study topic was hugely influenced by



392 my background and some casual conversations I had with family and friends. I have always  
393 questioned common beliefs which ranged from gender roles, cultural double standards relating to men  
394 and women, the role of culture in perpetuating inequality in relationships and the expected norms of  
395 what it means to be a “real man”. As such, understanding my worldview and experiences as a Black  
396 woman and how these shaped the manner in which I posed the questions, interpreted and analysed  
397 the data was crucial. Moreover, the understanding of the self in the production of knowledge and the  
398 impact of my own personal biases allowed me to ultimately balance my subjective views and the  
399 actual findings of the study.

400

## 401 **1.8 Ethical consideration**

402 Ethical approval was obtained from UKZN’s Humanities and Social Sciences Research Ethics  
403 Committee (HSSREC) (Protocol number: HSS/0255/018D). The study information sheet was read to  
404 all participants, and they were also given study information sheets containing details about the study.  
405 All study participants signed a written informed consent prior to participating in the study.  
406 Participants were informed that their real names would not be used at any point of the study, and only  
407 pseudonyms will be used where necessary. Participants were also reminded of their right to withdraw  
408 from the study at any point in case they felt uncomfortable or felt that the study was an inconvenience  
409 to them, and that withdrawal from the study would not have any negative repercussions for themselves  
410 or their studies.

411

## 412 **1.9 Theoretical framework**

### 413 **Cultural norms, masculinity and Social Constructionist Theory**

414 This chapter explores the social constructionist theory and how it best fits understanding cultural  
415 norms and the construction of masculinities that influence men’s behaviours. The two concepts  
416 intersect, conceptual clarity is needed for improved understanding since increased clarity will improve  
417 efforts to address harmful norms and practices. Social construction posits that cultural and historical  
418 contexts shape our definition and understanding of these concepts (Addis & Cohane, 2005). This  
419 theory argues that cultural norms and masculinities are purely the result of intersecting historical,  
420 social and cultural factors at a particular moment in time (Addis et al., 2016; Burr & Dick, 2017).  
421 Therefore, they are not static men are actively constructing masculinity, and they tend to use culture  
422 as a guide.

423

424 Social constructionist analyses examine categories of difference as fluid, dynamic, and changing  
425 according to historical and geographical context (Burr & Dick, 2017). Masculinity is constructed  
426 differently depending on the socio-cultural conditions in which people are situated. Nevertheless,  
427 these concepts are not a mere product of a top-down socialisation process but rather an active  
428 construction by men as they interact among themselves and with women (Tan et al., 2013). Hence,  
429 the social constructionist theory is best suited to explain men's behaviour in a contemporary, historical  
430 and cross-cultural context such as at the institutions of higher learning.

431

432 A social constructionist approach allows for a greater understanding of how variables at the  
433 individual, situational, and societal levels can combine to predict the behaviour of men (Addis et al.,  
434 2016; Burr & Dick, 2017). Social constructionist theoretical framework places emphasis on social  
435 processes and social practices for promoting certain human behaviours and for discouraging others  
436 (Courtenay, 2000). This approach also leads to suggestions that prevention efforts should focus on  
437 changing situational and societal variables in addition to trying to promote attitude and behavioural  
438 change (Adam, 2013). Using the social constructionist approach paradigm this thesis aims to explore  
439 how cultural norms impact on masculinities that in turn affect sexual behaviours among young Black  
440 men at a university.

441

## 442 **1. 10 Overview of the thesis**

443 This thesis comprises of five chapters. Chapter 1 covers the introduction and background to the study.  
444 Chapters 2 to 4 are presented in the form of manuscripts, and they were submitted to different journals,  
445 and Chapter 5 presents a synthesis of all findings and the relevance of the study.

446

### 447 **Chapter 1: Introduction and background**

448 This chapter introduces the study and provides the background of the study, including the review of  
449 literature on the subject matter and general research methods.

450

### 451 **Chapter 2: The intersections between masculinities and sexual behaviours among young men** 452 **at the University of KwaZulu-Natal, South Africa**

453 This chapter explores the interactions between masculinities and sexual behaviours of young men at  
454 the University of KwaZulu-Natal, South Africa.

455

456 **Chapter 3: Intersectionality of cultural norms and sexual behaviours: a qualitative study of**  
457 **young Black male students at a university in KwaZulu-Natal, South Africa**

458 The chapter documents the intersection of cultural norms and sexual risk behaviours among young  
459 men at the University of KwaZulu-Natal.

460

461 **Chapter 4: Narratives of young Black men on barriers to health care and poor health care**  
462 **seeking behaviours at a university setting: a qualitative study**

463 This chapter outlines Black male students' perspectives and experiences regarding the utilization of  
464 on-campus health services at the university.

465

466 **Chapter 5: General discussion and conclusions**

467 This final chapter presents a synthesis in the form of a general discussion and conclusions including  
468 recommendations and the possible policy implications as well as suggested areas for future research.

469

470 **1.11 References**

471 Addis, M. E., & Cohane, G. H. (2005). Social scientific paradigms of masculinity and their  
472 implications for research and practice in men's mental health. *Journal of Clinical Psychology*,  
473 61(6), 633–647.

474 Anderson, E. E. (2006). A qualitative study of non-affiliated, non-scientist institutional review board  
475 members. *Accountability in Research*, 13(2), 135–155.

476 Andrew, P. O., Bhuiyan, A., Mawson, A., Buxbaum, S. G., Sung, J. H., & Shahbazi, M. (2018).  
477 HIV/AIDS knowledge of undergraduate students at a Historically Black College and  
478 University. *Diseases*, 6(4), 98.

479 Ashton, L. M., Hutchesson, M. J., Rollo, M. E., Morgan, P. J., & Collins, C. E. (2014). A scoping  
480 review of risk behaviour interventions in young men. *BMC Public Health*, 14(1).

481 Avruch, K. (2009). Cross-Cultural Conflict. *Conflict Resolution*, 1, 45–57.

482 Bazana, S., & Mogotsi, O. p. (2017). Social identities and racial integration in historically white  
483 universities: A literature review of the experiences of black students. *Transformation in Higher*  
484 *Education*, 2, 25.

- 485 Belo, N. E. (2014). *Attitudes towards marriage on the sexual behaviour of female adolescents*  
486 *raised by single mothers*. North-West university.
- 487 Belshek, J. (2006). The influence of culture on the negotiation styles of british students. *Annual*  
488 *Review of Education, Communication and Language Sciences*, 3, 1–24.
- 489 Berger, R. (2015). Now I see it, now I don't: researcher's position and reflexivity in qualitative  
490 research. *Qualitative Research*, 15(2), 219–234.
- 491 Bernales, M., Cabieses, B., & MacDonald, J. (2016). The urgency of a sociocultural approach to  
492 adolescent men's health risk behaviours. *The Lancet*, 387, 1815.
- 493 Beynon, J. (2002). *Masculinities and culture*. Library of Congress Cataloging-in-Publication Data.
- 494 Birukou, A., Blanzieri, E., Giorgini, P., & Giunchiglia, F. (2009). *A Formal Definition of Culture*  
495 (Issue 2).
- 496 Braun, V., & Clarke, V. (2006). *Using thematic analysis in psychology*. 1–41.
- 497 Brown, K. (2000). Coloured and black relations in South Africa: the burden of racialized hierarchy.  
498 *Macalester International*, 9(1), 13.
- 499 Capraro, R. L. (2000). Why college men drink: Alcohol, adventure, and the paradox of masculinity.  
500 *Journal of the American College Health Association*, 48(6), 307–315.
- 501 Cassidy, C., Bishop, A., Steenbeek, A., Langille, D., Martin-Misener, R., & Curran, J. (2018). Barriers  
502 and enablers to sexual health service use among university students: A qualitative descriptive  
503 study using the Theoretical Domains Framework and COM-B model. *BMC Health Services*  
504 *Research*, 18(1), 1–12.
- 505 Chanakira, E., O'Cathain, A., Goyder, E. C., & Freeman, J. V. (2014). Factors perceived to influence  
506 risky sexual behaviours among university students in the United Kingdom: A qualitative telephone  
507 interview study. *BMC Public Health*, 14(1).
- 508 Connell, R. W., & Messerschmidt, J. W. (2005). Hegemonic masculinity rethinking the concept. In  
509 *Gender and Society* (Vol. 19, Issue 6, pp. 829–859). Gender Society.
- 510 Courtenay, W. H. (2000). Constructions of masculinity and their influence on men's well-being: A  
511 theory of gender and health. *Social Science and Medicine*, 50(10), 1385–1401.
- 512 Creswell, J. W. (1998). *Qualitative inquiry and research design: Choosing among five traditions*.  
513 Sage Publications.

- 514 Eaton, L., Flisher, A. J., & Aarø, L. E. (2003). Unsafe sexual behaviour in South African youth. In  
515 *Social Science and Medicine* (Vol. 56, Issue 1, pp. 149–165).
- 516 Eley, N. T., Namey, E., McKenna, K., Johnson, A. C., & Guest, G. (2019). Beyond the Individual:  
517 Social and Cultural Influences on the Health-Seeking Behaviors of African American Men.  
518 *American Journal of Men's Health*, 13(1).
- 519 Englar-Carlson, M., & Kiselica, M. S. (2013). Affirming the strengths in men: A positive masculinity  
520 approach to assisting male clients. *Journal of Counseling and Development*, 91(4), 399–409.
- 521 Etikan, I., Musa, S. A., & Alkassim, R. S. (2016). Comparison of Convenience Sampling and  
522 Purposive Sampling. *American Journal of Theoretical and Applied Statistics*, 5(1), 1.
- 523 French, Sally, & Swain, J. (2004). Researching together: A participatory approach. In S French & J.  
524 (eds) Sim (Eds.), *Researching Together: A participatory approach* (3rd ed., pp. 317–332).  
525 Oxford.
- 526 Gennrich, D. (2013). Men and masculinities in South Africa, vol. 1: Stories of men making a  
527 difference. *PACSA and Sonke Gender Justice Network, South Africa*.
- 528 Gibbs, A., Myrntinen, H., Washington, L., Sikweyiya, Y., & Jewkes, R. (2020). Constructing,  
529 reproducing and challenging masculinities in a participatory intervention in urban informal  
530 settlements in South Africa. *Culture, Health and Sexuality*, 22(5), 535–550.
- 531 Goodwill, J. R., Anyiwo, N., Williams, E. D. G., Johnson, N. C., Mattis, J. S., & Watkins, D. C.  
532 (2019). Media representations of popular culture figures and the construction of black  
533 masculinities. *Psychology of Men and Masculinity*, 20(3), 288–298.
- 534 Graham, L. (2014). 'But I've got something that makes me different': Young men's negotiation of  
535 masculinities. *South African Review of Sociology*, 45(3), 3–19.
- 536 Greenfield, P. M. (1999). Cultural change and Human Development.pdf. *New Directions for Child  
537 and Adolescent Development*, 83, 37–59.
- 538 HEAIDS. (2010). HIV prevalence and related factors: Higher Education Sector Study, South Africa,  
539 2008-2009.
- 540 Hoque, M. E. (2011). Sexual practices among male undergraduate students in KwaZulu-Natal, South  
541 Africa. *Southern African Journal of Epidemiology and Infection*, 26(3), 157–160.
- 542 Idang, G. (2015). African Culture and Values. *Phronimon*, 16(2), 97–111.

- 543 Jaafar, J., Kolodinsky, P., McCarthy, S., & Schroder, V. (2004). The impact of cultural norms and  
544 values of the moral judgment of Malay and American adolescents: A brief report. *Papers from*  
545 *the International Association for Cross-Cultural Psychology Conference*, 399–414.
- 546 Jewkes, R., & Morrell, R. (2010). Gender and sexuality: Emerging perspectives from the heterosexual  
547 epidemic in South Africa and implications for HIV risk and prevention. *Journal of the*  
548 *International AIDS Society*, 13(1), 1–12.
- 549 Kodi, C. (2009). *An investigation of the association of peer norms and sexual risk-taking behaviour*  
550 *in school-going adolescents in the Durban Metropolitan Area* (Doctoral dissertation).
- 551 Kraft, C. H. (1998). Culture, Worldview and Contextualization. *Perspectives on the World Christian*  
552 *Movement*, 384–391.
- 553 Langa, J. (2014). Notions of Sex, Masculinity and Manhood in African Cultures. *BUWA! A Journal*  
554 *on African Women's Experiences*, 20–24.
- 555 Lomas, T. (2013). Critical Positive Masculinity. *Masculinities and Social Change*, 2(2), 167–193.
- 556 Macia, M., Maharaj, P., & Gresh, A. (2011). Masculinity and male sexual behaviour in Mozambique.  
557 *Culture, Health and Sexuality*, 13(10), 1181–1192.
- 558 Magantolo, N. (n.d.). *AIDS Programme*. Retrieved June 20, 2018, from  
559 <http://aidsprogramme.ukzn.ac.za/Homepage.aspx>
- 560 Magnusson, B. M., Masho, S. W., & Lapane, K. L. (2012). Early age at first intercourse and  
561 subsequent gaps in contraceptive use. *Journal of Women's Health*, 21(1), 73–79.
- 562 Marcell AV, Wibbelsman C & Siegel W. (2011) Male adolescent sexual and reproductive health care.  
563 *Pediatrics* 128, e1658–1676
- 564 Marston, M., Beguy, D., Kabiru, C., & Cleland, J. (2013). Predictors of sexual debut among young  
565 adolescents in Nairobi's informal settlements. *International Perspectives on Sexual and*  
566 *Reproductive Health*, 39(1), 22–31.
- 567 Mathewson, S. H. (2009). Constructions of Masculinity and Health-Related Behaviours among  
568 Young Men in Dakar, Senegal.
- 569 Merriam, S. B. (2002). Introduction to qualitative research. *Qualitative research in practice:*  
570 *Examples for discussion and analysis*, 1(1), 1-17.
- 571 Mfecane, S. (2018). Towards African-centred theories of masculinity. *Social Dynamics*, 44(2), 291–  
572 305.

573 Milton, T. (2012). Class Status and the Construction of Black Masculinity. *Ethnicity and Race in a*  
574 *Changing World*, 17–31.

575 Morrell, R. (1998). Of boys and men: Masculinity and gender in Southern African studies. *Journal of*  
576 *Southern African Studies*, 24(4), 605–630.

577 Morrell, R. (2007). Men, Masculinities and Gender Politics in South Africa: A Reply to Macleod.  
578 *PINS*, 35, 15–26.

579 Mturi, A. J., & Gaearewe, L. (2014). Gender differences in sexual behaviour amongst university  
580 students in Mahikeng, South Africa. *Etude de La Population Africaine*, 28(1), 526–537.

581 Murwira, T. S., Khoza, L. B., Mabunda, J. T., Maputle, S. M., Mpeta, M., & Nunu, W. N. (2021).  
582 Knowledge of Students regarding HIV/AIDS at a Rural University in South Africa. *The Open*  
583 *AIDS Journal*, 15(1).

584 Mutinta, G. C. (2012). *Investigating students' sexual risk behaviour, risk and protective factors and*  
585 *their responses to the Scrutinise Campus Campaign at universities in KwaZulu-Natal* (Doctoral  
586 dissertation).

587 Mutinta, G., & Govender, K. (2012). The socio-environmental determinants of students' sexual risk  
588 behaviour and HIV prevention at the University of KwaZulu-Natal. *Journal of Human Ecology*,  
589 38(1), 17-29.

590 Mutinta, G., Govender, K., Gow, J., & George, G. (2012). An exploratory study of the individual  
591 determinants of students' sexual risk behaviour at a South African university. *African Journal of*  
592 *AIDS Research*, 11(4), 353–359.

593 Mwale, M., & Muula, A. S. (2021). Stakeholder acceptability of the risk reduction behavioural model  
594 [RRBM] as an alternative model for adolescent HIV risk reduction and sexual behavior change  
595 in Northern Malawi. *Plos one*, 16(10), e0258527.

596 Nastasi, B. K., Arora, P. G., & Varjas, K. (2017). The meaning and importance of cultural construction  
597 for global development. *International Journal of School & Educational Psychology*, 5(3), 137–  
598 140.

599 Ngidi, N. D., Moyo, S., Zulu, T., Adam, J. K., & Krishna, S. B. N. (2016). Qualitative evaluation of  
600 selected social factors that impact sexual risk-taking behaviour among African students in  
601 Kwazulu-Natal, South Africa. *SAHARA-J: Journal of Social Aspects of HIV/AIDS*, 13(1), 96–  
602 105.

- 603 Ngubane, S. J. (2010). *Gender roles in the African culture: implications for the spread of HIV/AIDS*  
604 (Masters dissertation, Stellenbosch: University of Stellenbosch).
- 605 Obsa, A. G., & Weldihanes, B. (2017). Knowledge and self-efficacy on Hiv/Aids among  
606 undergraduate students of Maddawalabu University, Southeast Ethiopia. *Glob J Hum Social Sci*  
607 *G Ling Educ*, 17(1).
- 608 Palaganas, E. C., Sanchez, M. C., Molintas, M. V. P., & Caricativo, R. D. (2017). Reflexivity in  
609 qualitative research: A journey of learning. *Qualitative Report*, 22(2), 426–438.
- 610 Palinkas, L. A., Horwitz, S. M., Green, C. A., Wisdom, J. P., Duan, N., & Hoagwood, K. (2015).  
611 Purposeful Sampling for Qualitative Data Collection and Analysis in Mixed Method  
612 Implementation Research. *Adm. Policy Ment. Health*, 42(5), 533–544.
- 613 Peltzer, K., & Promtussananon, S. (2005). HIV / AIDS Knowledge and Sexual Behavior Among  
614 Junior Secondary School Students in South Africa. *Journal of Social Sciences*, 1(1), 1–8.
- 615 Pierotti, R. S. (2013, April). Masculinity: An overlooked cultural influence on fertility. In *annual*  
616 *meeting of the population association of America, New Orleans, LA* (pp. 11-13).
- 617 Qinisile, N. P. (2013). *Perceptions of first-year students regarding engaging in sexual behaviours at*  
618 *a university campus* (Doctoral dissertation, Stellenbosch: Stellenbosch University).
- 619 Ragnarsson, A. (2010). Men and sex constructions of male sexuality and their implications for HIV  
620 prevention in urban settings in Kenya and South Africa. *Public Health*.
- 621 Ram, A. (2019). Masculinity in Fraternities: Impact on Campus Sexual Violence. *PSU McNair*  
622 *Scholars Online Journal*, 13(1), 4.
- 623 Ratele, K. (2017). African (situated) psychologies of boys, men and masculinities. *Psychology in*  
624 *Society*, 54, 10–28.
- 625 Roets, H. J. L. (2013). *Exploring the perceptions on pathways to manhood amongst urban young*  
626 *African adult men by HIV-prevention programme practitioners in Gauteng, South*  
627 *Africa* (Masters dissertation).
- 628 Sebele, M. K. (2009). *A comparative study on high-risk sexual behaviour of male student elite*  
629 *athletes, male student non-athletes, and male student recreational sports participants at the*  
630 *University of Botswana* (Masters dissertation, University of the Western Cape).
- 631 Shefer, T., Kruger, L.-M., & Schepers, Y. (2015a). Masculinity, sexuality and vulnerability in



- 632 “working” with young men in South African contexts: “you feel like a fool and an idiot ... a  
633 loser.” *Culture, Health and Sexuality*, 17(2).
- 634 Shefer, T., Kruger, L. M., & Schepers, Y. (2015b). Masculinity, sexuality and vulnerability in  
635 ‘working’ with young men in South African contexts: ‘you feel like a fool and an idiot ... a  
636 loser.’ *Culture, Health and Sexuality*, 17(S2), 96–111.
- 637 Shiferaw, Y., Alemu, A., Assefa, A., Tesfaye, B., Gibermedhin, E., & Amare, M. (2014). Perception  
638 of risk of HIV and sexual risk behaviors among University students: Implication for planning  
639 interventions. *BMC Research Notes*, 7(1).
- 640 Shisana, O., Rehle, T., Simbayi, L. C., Zuma, K., Jooste, S., Zungu, N., Labadarios, D., Onoya, D.,  
641 & Al., E. (2012). *South African National HIV Prevalence, Incidence and Behaviour Survey,*  
642 *2012*. HSRC Press.
- 643 Singh, T. R. (2019). *Race, class, gender and sexuality: a case of a South African university campus*  
644 (Doctoral dissertation).
- 645 Smith, R.-L., & Langa, M. (2010). Exploring the notion of adolescent masculinity in a private  
646 multiracial school. *New Voices in Psychology*, 6(2), 76–91.
- 647 Subrayan, A. (2016). Social Requirements in the Construction of the Dominant Masculinity.  
648 *International Journal of Research in Humanities and Social Studies International Journal of*  
649 *Research*, 3(6).
- 650 Tura, G., Alemseged, F., & Dejene, S. (2012). Risky Sexual Behavior and Predisposing Factors  
651 among Students of Jimma University, Ethiopia. *Ethiopian Journal of Health Sciences*, 22(3),  
652 170–180.
- 653 Van Staden, A., & Badenhorst, G. (2009). Reviewing gender and cultural factors associated with HIV  
654 / AIDS among university students in the South African context. *Curationis*, 32(4), 19–28.
- 655 Visalli, G., Cosenza, B., Mazzù, F., Bertuccio, M. P., Spataro, P., Pellicanò, G. F., Di Pietro, A.,  
656 Picerno, I., & Facciola, A. (2019). Knowledge of sexually transmitted infections and risky  
657 behaviours: A survey among high school and university students. *Journal of Preventive*  
658 *Medicine and Hygiene*, 60(2), E84–E892.
- 659 World Health Organization. (2009). *Changing cultural and social norms that support violence*. 1–  
660 15.

- 661 Ziki, P. (2015). *Factors influencing adoption of high risk sexual behaviour by undergraduate students*  
 662 *at a private tertiary institution in Gauteng Province, South Africa, in the context of the HIV/AIDS*  
 663 *epidemic* (Master Thesis, Stellenbosch: Stellenbosch University).
- 664 Zuma, K., Setswe, G., Ketye, T., Mzolo, T., Rehle, T., & Mbelle, N. (2010). Age at sexual debut: a  
 665 determinant of multiple partnership among South African youth. *African Journal of*  
 666 *Reproductive Health*, 14(2), 47–54.

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## 682 **Linking chapter 1 and chapter 2**

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Chapter 1 introduced the research and overall review of literature relating to the role played by cultural norms in influencing and shaping sexuality, masculinities and sexual behaviours of young Black male students attending the University of KwaZulu-Natal. This chapter further motivated the need for the current study. Thus, the goal of chapter 2 was to explore the intersections between masculinities and sexual behaviours of young Black men at the University of KwaZulu-Natal. The chapter aimed to provide an understanding of how young Black male student in a university setting construct their masculinities and probe how the construction impact their sexual behaviours. This manuscript reports on the findings undertaken to explore the first objective of this study, namely: Objective 1 of this study: To explore how Black male students, construct their masculinities and sexual behaviours.

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The PhD student’s role was: Sinakekelwe Khumalo collected the data for the whole study, moderated focus group discussion, analysed the data for the study and drafted the manuscript.

**CHAPTER 2: THE INTERSECTIONS BETWEEN MASCULINITIES AND SEXUAL  
BEHAVIOURS AMONG YOUNG MEN AT THE UNIVERSITY OF KWAZULU-NATAL,  
SOUTH AFRICA**

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727 intersections between masculinities and sexual behaviours among young men at in KwaZulu-Natal,  
728 South Africa. Sage Open, 11(3), 1-10

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# Intersections Between Masculinities and Sexual Behaviors Among Young Men at the University of KwaZulu-Natal, South Africa

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## Abstract

The university period provides a critical developmental transition from adolescence to adulthood. During this period, young people establish patterns of behaviors and make lifestyle choices that affect their current and future health. Using the social constructionist paradigm that examines the development of masculinities as a mutual construct of individual, social, cultural, and historical context, this article explores the interactions between masculinities and sexual behaviors of young men at the University of KwaZulu-Natal, South Africa. The study used a qualitative approach and employed purposive sampling to recruit 36 young Black male students aged between 18 and 30 years. Four focus group discussions consisting of 8 to 10 participants were conducted according to the current year of study of male students. Data were transcribed, coded, and analyzed thematically. Our results show that the freedom and independence acquired from being away from home enabled students to enact their masculinities freely. Our findings further reveal that an individual has multiple masculinities which are often exerted to suit the present discourse they are in at any given point.

## Keywords

masculinities, sexual behaviors, young Black men, university, HIV, KwaZulu-Natal

## Introduction

Universities provide space for young men to explore their masculinities and sexual behaviors. However, there are different types of masculinities that are complex, and their description has been highly contested (Ratele et al., 2010). Masculinities are not fixed or static, and are socially constructed by the individual, the society, and the environment. They are multiple and fluid in nature, and different versions exist in different contexts (Talbot & Quayle, 2010; Watson, 2015). Therefore, a version of masculinities that is valuable for one society can be of no value or of a different value in another context (Talbot & Quayle, 2010).

Like any social institution, the university presents spaces and opportunities for the enactment and exploration of masculinities, sexual definitions, and freedom, whereas for some, a chance to be adventurous (Fentahun & Mamo, 2014; Peltzer & Promtussananon, 2005; van Staden & Badenhorst, 2009). This setting is also enabling to shape their beliefs, attitudes, and perceptions about the self and the other. For young men, this might be critical for the exploration of different forms of masculinities from the self's and others' point of view (Brooms et al., 2018). This social space provides opportunities for young men to evaluate or reevaluate their

masculine norms according to the context they are in. What this means is that the university is a space that provides opportunities for young men to express themselves in ways which they might not have expressed themselves in a different context.

In the university context like in other social institutions, an individual has multiple masculinities that are often in sync or contradictory to one another. While young men might behave in certain ways outside the university setting, they might behave in ways they consider to be conforming to the university culture. This means that a university as a social space provides opportunities for your people to define themselves as individuals, in a social space and in relations with other people and as part of the institution.

Previous studies have hypothesized that young men's sexual behaviors significantly relate to their conformity to

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traditional hegemonic masculine norms, such as risk-taking (Ngidi et al., 2016), self-reliance (Okoror et al., 2016), and emotional control (Malinga & Ratele, 2016), and that they are punished or shamed when they do not conform to traditional masculine norms (Ratele, 2014). These constructions of masculinity appear to be connected to a variety of sexual behaviors (Barker & Ricardo, 2005; Macia et al., 2011). The prevailing ideals of hegemonic masculinity have given little room for men to acknowledge vulnerability especially when it comes to HIV testing and seeking help (Jewkes & Morrell, 2010). However, hegemonic masculinities are not the only form because there are other categories such as subordination, complicity, and marginalization which may prevail in the same space and are critical in defining young men's sexual behaviors.

We acknowledge that although the literature on hegemonic masculinities is largely focused on male domination of women, particularly in sexual terms, there are alternative less dominant masculinities such as pleasure of caring for others, receptiveness, empathy, and sympathy that are presented in men's self-care and the care for others. We know that we have young men who possess these types of masculinities that are critical in the fight against HIV infection. Therefore, improved understanding of complexities such as social pressures that are faced by young men in constructing their masculine identities can contribute toward the development of interventions that aim to empower young men with alternative masculinities that are non-violent, non-abusive, less risky versions of masculinity and those that are more life-affirming and life-enhancing to the benefit of all (Shefer et al., 2010). This assertion is supported by Hamlall (2018) who indicates that in South Africa there are men who have adopted masculinities that counter hegemonic practices such as support for gender equality, the opposition of violence against women, and having multiple sexual partners.

Masculinity has also been conceptualized as a construct which includes gender role stereotypes, namely, the "sex role model," which reflects stereotypes about the beliefs and behaviors typically attributed to males and females. The sex role model largely portrays male sexual needs as naturally uncontrollable, dominance over women as normative, and having multiple sexual partners as evidence of sexual prowess (Barker & Ricardo, 2005; Lynch et al., 2010; Zuma et al., 2016). Rather than a single standard of masculinities which all boys and men are taught to aspire, masculinities vary across age and racial, ethnic, and social contexts. In the African context, such portrayal of men perpetuates negative perceptions toward men, which recognizes them as sexual predators (Bhana & Pattman, 2011). The impact of these negative stereotypes affects the way males engage with gender equality; thus, men who adhere strongly to these stereotypes may feel compelled to be sexually aggressive and/or coercive to maintain their need for dominance within their intimate relationship. Gender inequality and men's perceived sexual superiority over women are central to HIV infection

(Bhana & Pattman, 2011). Such stereotypes also act as barriers to men's health-seeking behaviors affecting uptake of HIV services (Skovdal et al., 2011). Hence, hegemonic masculinities need to be taken into account in the design of messages and interventions to improve HIV prevention, testing, and treatment among men.

The university period provides a critical developmental transition from adolescence to adulthood, during which young people establish patterns of behaviors and make lifestyle choices that affect both their current and future health (Bernales et al., 2016; Marcell et al., 2011). However, very little research has centered on the relationships between different types of masculinities and sexual behaviors of young Black males attending institutions of higher learning, particularly in the South African context. This study provides an opportunity to understand constructions of masculinities and their impact on sexual behaviors among young Black men at a university using many social categories, such as ethnicity, socioeconomic status, age cohorts, culture, societal norms, family values, religious beliefs, and peer groups. This is critical in acknowledging that in this context distinct sociological differences exist. This study explores the interactions between masculinities and sexual behaviors of young men at the University of KwaZulu-Natal (UKZN).

## Method

This article presents findings from a larger qualitative study that explored how cultural norms associated with sexuality and masculinity influence the sexual behaviors of young Black male students at the UKZN. Qualitative methods allowed for the way people interpret and make sense of their lived experiences (Mohajan, 2018) and allowed for the capture of subjective experiences of young Black male students with respect to how university influences their construction of masculinities and their sexual behaviors.

## Participants

The study was conducted at the UKZN. The UKZN was formed on January 1, 2004, after the merger between the University of Durban-Westville and the University of Natal. It comprises five campuses, namely, Howard College campus, Westville campus, Pietermaritzburg campus, Edgewood campus, and the Nelson Mandela Medical School. The university enrolls approximately 40,000 students each year. The UKZN student population is representative of regional demographics. All the campuses are multicultural and comprise students of all the race classification (Black, White, Colored, and Indian). The university also attracts students from other parts of Africa and other continents. The rationale for selecting the UKZN as a study site was because of its attraction for a large number of students from diverse social and cultural backgrounds across South Africa and other parts of sub-Saharan Africa. This cross-cultural diffusion made

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**Table 1.** The University of KwaZulu-Natal's Student Population by Race and Gender for Academic Year 2018.

Student population	Gender	2018
African	F	21,136
African	M	16,394
Colored	F	584
Colored	M	293
Indian	F	4,990
Indian	M	3,323
White	F	699
White	M	601
Other	F	97
Other	M	103
Total		48,220

UKZN a rich study site. The study was conducted at Howard College Campus because it is the largest and home to most of the faculties at the institution. Table 1 presents UKZN student population by race and gender (Singh, 2019).

The study employed a purposive sampling technique to recruit Black male students who were between the ages of 18 and 30 years. The inclusion criteria were that all participants had to be Black (regardless of ethnicity), identify themselves as male (regardless of the sexual orientation), had to be studying at the university (both undergraduate and postgraduate students were included), and had to be between the ages of 18 and 30 years. Although all men of all sexual identities were invited to be part of the study, this article reports on particular types of heterosexual masculine identities.

Procedure

The participants were recruited from four colleges at the campus, namely, College of Agriculture, Engineering and Sciences; College of Health Sciences; College of Humanities; and College of Law and Management studies. To recruit the participants, the researcher (S.K.) designed posters and flyers with the study description and contact details of the researcher. With permission granted by the university, the researcher distributed these posters and flyers across the campus. A total of 36 participants were recruited for this study.

Instruments

Focus group discussions (FGDs) were used to collect the data. A total of four FGDs were conducted with male participants who were between the ages of 18 and 30 years (see Table 2). FGD took approximately 90 min to complete. This method was found to be useful as it enabled the researcher to capture dynamic perceptions, understanding, beliefs, and attitudes of young men through group interactions. Unlike individual interviews, FGDs provide an added dimension of

interactions between participants (Maldonado et al., 2013). Also, this method further allowed the researcher to understand how young men express their views and how they make sense of their lived experiences as young men in a university space. As such, similarities and differences were captured from the group discussions. The following questions were asked during FGD: (a) understanding of manhood, (b) construction of sexual behaviors and masculine identities within a university setting, and (c) factors that influence masculinities and sexual behaviors. All FGDs were conducted in English, audio-recorded, and transcribed.

Ethical Consideration

Ethical approval was obtained from the UKZN's Humanities and Social Sciences Research Ethics Committee (HSSREC) (Protocol Number: HSS/0255/018D). The study information sheet was read to all participants and they were also given study information sheets containing details about the study. All participants were requested to sign a written informed consent form before they were enrolled in the study. The study information sheet and consent form explained that the researchers will maintain confidentiality of any information provided for the purposes of this study.

Participants were informed that their real names would not be used at any point of the study and only pseudonyms will be used where necessary. Participants were also reminded of their rights to withdraw from the study at any time, in case they felt uncomfortable or felt that the study was an inconvenience to them and that withdrawal from the study would not have any negative repercussions for themselves or their studies.

Data Analysis

Data were analyzed thematically, guided by the thematic analysis framework (Braun & Clarke, 2006). The first author read and re-read all the transcripts to familiarize themselves with the data and get a better sense of themes emerging from the data. After familiarization with transcripts, codes were generated as guided by the study questions and produced through the use of *Atlas.ti* 8. Further categorization of codes into emerging themes was conducted by the first, second, and third authors focusing on connections between the emerging themes until consensus was reached.

Results

In this article, we were interested in exploring the role that the university setting has in shaping the masculinities and sexual behaviors of young men. In doing so, we asked them to reflect on their subjective experiences of being in the university space and how that has shaped the way they enact and negotiate their masculine identities and sexual behaviors. Two major themes emerged in relation to the intersection between

**Table 2.** Description of Black Male Students' Focus Groups.

Focus group discussion (FGD)	Level of study	Ages	Ethnicity	Total (N = 36)
FGD 1	First year students	18–21	Zulu and Xhosa	10
FGD 2	Second year students	19–23	Zulu and Xhosa	8
FGD 3	Third year students	23–29	Zulu, Tswana, Sotho, and Xhosa	10
FGD 4	Postgraduate students (Honors, Masters, and PhD)	24–30	Zulu, Xhosa, Venda and Sotho	8

masculinities and sexual behaviors, namely, (a) the role of the university environment in shaping constructions of masculinities and sexual behaviors and (b) the role of social and peer influences in perpetuating risky sexual behaviors.

### *University Environment and Negotiating Masculinities*

Our data show that the university environment provided opportunities for young men in the study to explore their masculinities and negotiate their sexual behaviors to suit this context. The participants described the redefinition of their masculinities both at the university and off-campus, in accordance with the new status that they received from being enrolled at the university and also from the freedom and independence acquired from being away from home, and in particular parental guidance and supervision. One participant stated that

At home, you have to follow your father's rules . . . there are principles and there are certain things that you can and cannot do. When I am home I am a reversed boy who does not even talk to girls, but this environment enables one to talk to girls even when you are shy. I feel like here I am a man. I can do what I want and no one will question or reprimand me. I make my own rules, I have my own room and I can invite whoever I want. (FGD 3, third year student)

In the South African context, having one's own place to sleep is held in high regard especially among Black males who usually view this as the epitome of being "a real man." Having one's own place provided some of these young men with heteronormative forms of masculinities, with one participant stating that "unlike some people who (are) staying at home; like it becomes difficult for them to use the home as the place to smash (have sex). At university you have your own space and privacy" (FGD 2, second year student).

The university was also linked to the developmental trajectory from being a "boy" to becoming a "real man," who can make decisions independently and thereby solidify one's enactment of masculinity and sexual behaviors. This is noted from one of the dialogues that took place in FGD 3, where one participant stated that

The university has provided opportunities for us to be "real man," to be able to look after yourself, budget and know how to spend your money. This space has given us an opportunity to be

responsible in terms of keeping yourself in check—no one forces you to attend class, no one tells you to write your assignments and exams. You have to know that you are a grown-up. Speaking about sexual behaviours, it is true guys; university provides us with the freedom to explore sexually. However, one has to be careful who he explores with because these days' people die. (FGD 3, third year student)

This excerpt shows how some young men may construct their own masculinities and sexual behaviors according to how others conduct themselves in this case and their fear of HIV infection and death. The university environment did not only enable heteronormative masculinities in terms of providing spaces and opportunities for sexual exploration but also was seen as a context that "diminished" other young men in terms of their sexual standing. This was noted by one participant in FGD 1 who stated that

Being a first year student at this university made me feel less of a man. In my previous High School, I could get any girl I wanted because I was a senior. Now you see as a first year if you approach a girl in your class and you want to date them, they usually reject you. These girls want older guys who have money, can take them out to clubs. Even if you are going out with a girl in the first year she might refuse to sleep (have sex) with you but she might be sleeping (having sex) with an older man or she will be sleeping (having sex) with both of you. You have no power to fight this if you are a first year. It is what it is. (FGD 1, first year student)

This narrative highlights the link between inability to provide financially and difficulties in establishing sexual relationships for young men at the university. The lack of financial power also renders young men vulnerable to insecurities and suspicions about cheating when in relationships. This was supported by a participant in FGD 2 who indicated that

We do not have power over university girls because we cannot afford to provide for them. I cannot provide for my girlfriend right now. My parents look after me so where will I get money to look after another person? But you see these "blessers" (older men, with financial means) will provide for the girls financially, they will buy them iPhones. As a student, I have no financial power to do that so I cannot complain or even ask where they got the phone from. (FGD 2, second year student)

The findings show some young men are presenting vulnerable masculinities because of their inability to provide

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financially. Vulnerable masculinities are constructed outside of the idealized hegemonic masculinity which is constructed on the basis of heterosexual prowess, invulnerability (strong, strength, unemotional), violence, and the ability to provide economically (Bhana & Mayeza, 2019; Shefer et al., 2015). For some of these young men, notions of being a “real man” are tied in their ability to take a woman out and shower her with gifts. Vulnerable masculinities are also presented by these young men in different ways; therefore, the acknowledgment of young men’s vulnerabilities is very important in resisting the uniform representation of young men (Shefer et al., 2015). Our study further highlights that some young men are also vulnerable to risky sexual behaviors with older women. This is emphasized by one participant who said,

University provides platforms which you do not get at home. Here at varsity (university), young men are not embarrassed to be “Ben 10s” (younger men in a relationship with older women). You can have your “sugar mamma” (older woman in a relationship with a younger man) who provides you with all your needs financially and all you give her are sexual favours and attention when she needs it. The problem is that these older women are controlling and want you to do everything at their own time. You cannot say no when they want to see you. I don’t care though as long as she gives me the money. (FGD 2, second year student)

However, although vulnerable because they do not have control over the relationships with older women, young men portray a sense of agency in the decisions they make to be in these “intergenerational transactional relationships.” For them, these relationships are a source of income and pleasure. Intergenerational relationships are not a new phenomenon; they have existed for years in many parts of the world (Brouard & Crewe, 2012). In South Africa, these types of relationships have become a norm, especially among young women. Young women engage in sexual relationships with older men in exchange for material things such as clothes and expensive phones. In these relationships, gender power dynamics are commonly challenging especially when it comes to women negotiating condom use, which can put them at risk of HIV infection (Shefer & Strebel, 2012).

In supporting this assertion, another participant also highlighted that the university space provides them with opportunities to enjoy the “best of both worlds” when he stated,

You see here at varsity (university) you can have the best of both worlds. You can be a Ben 10, while you also have your proper girlfriend. The money you get from your sugar mamma you will use it to impress your real girlfriend. You see with “big mamma” I listen to all her demands and do everything she says because she is paying the bills. However, with my real girlfriend, I am a “real man.” I make the rules. The problem is that for both of them I cannot have sex with a condom. “Big mamma” does not like condoms although I would want to use it because she is married and I do not know what her husband does behind her back. With my real girlfriend, I cannot use a condom because I

trust her and she trusts me, so she will suspect I have been up to no good if I suggest wearing a condom. (FGD 3, third year student)

Young men at the university are therefore renegotiating their masculinities to suit their current circumstances in multiple concurrent relationships with older women and those in the same age group as themselves. These complex relationship scenarios highlight the two faces of masculinities enacted by young men at university, one of being submissive and the other of being in control. Vulnerable masculinities present themselves in both cases though. The relationship with older women takes away young men’s agency in terms of negotiating for safe sex practices, whereas relationships with women in their same age group also render them vulnerable, as they cannot negotiate for safe sex practice because of perceived trust and fear of being suspected of promiscuity. These instances put young men and their sexual partners at risk of HIV and/or sexually transmitted infection (STI).

While these intersections between the university environment, masculinities, and risky sexual behaviors were more apparent among participants in their second and third year of study, they were less common among first year and postgraduate students. Most first year students indicated how they follow the teachings of their parents and where they came from in terms of cultural and religious beliefs and values of what it means to be a man. One participant stated,

I have always been brought up to know the importance of education. I know that for me to achieve my goals here at the university I have to protect myself from a lot of things including HIV and drugs. You see as a man; you need to know where you are coming from. You have to understand your background and how you were brought up. You cannot just go to university to die. A lot of people at home are looking up to you to be the first one in the family to get a degree and a good job so that you look after others in the family. As a man, one has to be responsible and know the main reason for coming to university. (FGD 1, first year student)

This participant statement resonated with many of the statements made by first year students. These participants equated manhood with responsibility and one’s ability to know their priorities at university, such as aiming to do well so that they can be able to give back to their families. Another aspect that came out of this FGD 1, which has its roots in the upbringing of these young men, is that of “respect for oneself and the protection of the other.” One respondent noted that

I was brought up to respect myself as a man and to protect women and therefore this is an important part of who I am. I feel that if you do not respect yourself no one else will respect you. It is also important to protect women. You need to do what you would want your sister or daughter to also have in her relationship. You see you cannot just go sleeping around (having

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sex) with every other woman. Imagine if you get the virus (HIV) you will spread it to everyone you are sleeping with. Imagine if that happens to your sister, how would you feel? That's why you need to protect women. (FGD 1, first year student)

Masters and PhD students, particularly those aged between 25 and 30 years, indicated the importance of protecting oneself and being able to control the company they keep and decisions they make in terms of how they would like to be viewed as mature men at university. One participant highlighted,

At this age, you are a man who should be respected by the community, including at the university. You are no longer a small boy so people should see this from your actions. You have to choose the right company and you should not be seen as a playboy who brings different women to his room all the time. This is a time for you to settle down and focus on the important things in life, such as choosing the right woman to spend your life with and shaping your career. (FGD 4, postgraduate student)

What we can deduce from our data is the different intersections between home and the university environment with regard to masculinities and sexual behaviors among young men in their different stages of university life. First year students linked their university experience to alternative forms of masculinities, particularly those of respect for oneself and protection of the other. One may attribute this to their being relatively new in the university environment, without having gone through a lot of socialization and interactions with other beliefs and behaviors of other university students. Second, third year and honors students, on the contrary, presented an impression of both hegemonic and vulnerable masculinities, represented by the idea of "conquering" the other and being submissive at the same time. This presents a sense of masculinities and sexual behaviors renegotiated to suit the university environment. For the masters and PhD students, our results highlight the move from hegemonic masculinities to alternative masculinities driven more by the "sense of maturity," the "need to be responsible," and "focus on planning one's future" with a life partner.

### *Social Expectations and Peer Pressure*

The university space presents social expectations and norms different from other community contexts. Our data show that young men at university continuously socialize according to the latest social expectations and norms, in terms of their behavior, friends, hangout places, how they dress, and what they eat. In this context, our results indicate that masculinities are not static but dynamic, always changing according to the space one is in, the opportunities one has, and the time afforded to the person.

The university space provided these young men with opportunities to articulate their sexual and masculine identities in their own terms and according to what is socially

expected. However, the expectations put on these young men at university lead them to engage in risky sexual behaviors to fit in the university context. One participant noted,

As a young man at university, you are expected to behave in a certain way when it comes to girls. You cannot only stick with one girl. Guys will laugh at you. You need to explore. Here there are different races, tribes, and provinces to choose from . . . You will find Swati, Zulu, Xhosa girls and you hit and smash and move (have sex and move on) to the next one, you see; you have different options unlike back at home. (FGD 4, postgraduate student)

The above sentiment was supported by another participant who stated, "You need to have multiple sexual partners to be seen as a man. You need to be seen changing women each and every day and not just any women but beautiful ones so that you can be praised by other men" (FGD 3, third year student). Another participant in the same group stated that "A man who has multiple sexual partners is a real man, his penis is working for real, he is a bull" (FGD 3, third year student). Having multiple sexual partners was socially encouraged, hailed, envied, revered, and even praised by other male counterparts with names such as "*Umshayi wesingqa*" translating to "a man with multiple concurrent partners." Contrary to this expectation of men, a woman who has multiple sexual partners was labeled as "Immoral, [she] is just a disgrace, she is a slut . . . it is something that you do not want to look [at]" (FGD 2, second year student). Such sexual double standard emphasizes the hegemony and the social expectations and norms for young men and women concerning their sexual behaviors.

It was only the virility of a man that was celebrated; however, women had to have self-control as men were perceived as lacking it. This was indicative of the socialization of some of these young men, who have been raised to value sexual experience while on the contrary judging and shaming women. Yet, for some, the young men also preferred having sexual relationships with women who were sexually more experienced while regarding virgins as suitable for marriage: "I prefer a woman with experience, a girl who has never had sex is too much of a responsibility those girls are wife material" (FGD 3, third year student).

The desire for public display of affection was also mentioned as important if one wants to prove their commitment to a certain girl and show them that they are not cheating them with someone else. Reflecting on this, one of the participants explained,

You see people kissing, hugging and holding hands on campus, it's something that happens unlike when you go back home. Here you do this to show the girl that she is the only one. However, even if she is the only one, you cannot do this at home. At home, you tend to be reserved. It is not something that you can just do, you need to respect people and you just can't be walking around with a girl. (FGD 1, first year student)



This statement brings about two issues in terms of the intersections between masculinities and social expectations and norms. The first one is that one is expected to show a public display of affection to a girl to declare to the university community that they are in a monogamous relationship. The second one is because one is away from home so that they can do whatever they please as no one from their home will find out. This presents young men with “double lives” as they live imbedded within these social norms, with narrative or conversational constructions of what was perceived to be acceptable behavior for young men in universities. Participants indicated that their peers would constantly talk about sex and even question them about their own sexual conquests. So to fit in and feel like part of the group, participants indicated that they had to engage in sexual activities. The pressure from peers led some of these young men to conduct themselves in ways they would not normally do when at home. This was due to their understanding that not subscribing to these dominant masculine ideals in their context would result in social disapproval and deriding from their peers. One participant noted,

Here at res (idents), you find a bunch of guys chilling and talking about sex, some will just call their girlfriends to visit them. . .so it will be only you and you end up deciding to have sex because everyone is doing it and they will even ask you if you had sex . . . you will need to have something to say as well. Here it is not like back at home things are different. (FGD 2, second year student)

Some participants noted that they had succumbed to such pressures to avoid humiliation and rejection from their friends. One participant highlighted, “I knew I had to lose my virginity!!! This is because when I told them I was a virgin they laughed at me. I made sure that this year I lost my virginity” (FGD 3, third year student). Similarly, another participant stated, “You should lose your virginity. If you are a boy you should dream of having sex! No, you have to jump and lose that thing! Among us as guys, there is stigma attached to being a virgin” (FGD 2, second year student). Young men who take the decision to be chaste, whether that decision is motivated by morality or the need to safeguard their health, are often ridiculed and harassed. Thus, conforming to the social pressures was a way of being accepted as a “real man.”

The social expectations and norms aligned to hegemonic masculinities at the university encouraged young men to engage in risky sexual practices. These practices were enacted through willing participation in unprotected sex, even when knowing their sexual partner is HIV-positive. According to some of these young men, sexual desire was so overpowering that it took away their agency for condom use. One participant stated,

I am afraid of HIV I do not want to lie, I'm afraid of it but there are those people that have bad luck. Not because I am special, but sometimes luck really works [for me] and I'm not used to it

referring to condoms (FGD 1, first year students). Another participant recounted, “Most of the time especially with sex, I always have the guts and have sex without a condom” (FGD 3, third year student). Momentary pleasure outweighed the risks for some of these participants, even with a sexual partner that put them at risk:

When a girl comes to me and says she wants me to sleep (have sex) I will not refuse even if the girl is HIV positive . . .with us guys, we don't refuse anything!! If a girl comes to me and wants to have sex, I will give her what she wants! As men, we never refuse to have sex! If you want “it,” we will give it to you. (FGD 2, second year student)

Consequently, such social expectations and norms linked to hegemonic masculinities encourage risky sexual behaviors that render young men vulnerable and at increased risk of HIV infection. On the contrary, the ridiculing of young men who want to protect themselves and not engage in sexual relationships highlights the power dynamics, not only between men and women but also between men themselves. Young men end up seeing the need to prove to other men their masculinity and allegiance to a certain group through engagement in risky sexual behaviors.

## Discussion

This article explored intersections between masculinities and sexual behaviors among young men at institutions of higher learning in KwaZulu-Natal, South Africa. We identified two major themes: (a) university environment, negotiating masculinities, and sexual behaviors, and (b) masculinities, social expectations and norms, peer pressure, and risky sexual behaviors. This study found that like in all social spaces, versions of masculinities at institutions of higher learning are socially constructed, highly fluid in nature, changing not just over time but from place to place, and reflecting the way in which subject and power positions shift (Barker & Ricardo, 2005; Mackenzie et al., 2017). The social constructionist theory argues that cultural norms and masculinities are purely the result of intersecting historical, social, and cultural factors at a particular moment in time (Addis et al., 2016; Burr & Dick, 2017). It views masculinities as a social context-dependent socio-cultural construct that changes over time. Consequently, individuals were likely to embrace more than one discourse of what constituted appropriate behavior.

This conflation of masculine norms is witnessed by young men's different behaviors when they are at university, when they are at home with their families, and when they are with their friends or sexual partners. These multiple masculinities point to the complexities of human beings and their relationships with various spaces, people, and contexts. Our study is consistent with heterogeneous notions of men, showing that there is no such thing as a “typical” young man. With men possessing multiple masculinities, we cannot and should not expect men to be homogeneous. We know that some men



might exert dominant masculinities over others in different spaces while enacting subordinate masculinities in other settings. A young man might present a “macho” character at a university setting and subordinate masculinities in a home context.

In South Africa, gender role norms and social expectations are among the strongest underlying social factors that influence sexual behaviors among men (and women) (Ricardo et al., 2006). Consistent with other studies, our study shows that prevailing norms about masculinities and sexual behaviors suggest that young men are knowledgeable and experienced with regard to sexual relationships (Brooms et al., 2018; Fleming et al., 2016; Stern et al., 2015). Men, like women, have power and voice in their sexual and intimate relationships. There is a growing acknowledgment that men consider their health to be important in making sexual decisions. These notions of positive masculinities among young men point to important steps taken in the fight against HIV infection and promotion of treatment and care.

Our results show that despite relatively high levels of awareness around the HIV epidemic among young men at the university, there continues to be low levels of safer sex and misconceptions about both preventive behaviors, including condom use, and the disease itself. In some cases, young men report the conflicting pressures they experience, between their knowledge about HIV and AIDS and safer sex behavior and their behavior, or between what they say they should do and what they actually do. This resonates with findings from a study that cited peer influence as an important factor in sexual risk-taking among students (Ngidi et al., 2016). Peer groups were perceived to be where young men attain knowledge about how they are supposed to behave and where individuals were pressured to act according to expected group norms (Swain, 2006). In this regard, we argue for more sexual and reproductive health centered on the young men's needs. We need to move away from blaming young men for the HIV epidemic, particularly in relation to their female counterparts, and promote their protection, prevention, and treatment in the HIV cascade.

Not much empirical evidence is available on best practices in terms of approaches and interventions on managing intersections between masculinities and sexual behaviors among young men at institutions of higher learning in South Africa. Lessons from the study, however, suggest several principles to promote positive forms of masculinities and health-protective behaviors: (a) a high degree of self-reflection and space to rehearse new behavior; (b) tapping into young men's sense of responsibility and positive engagement as partners; (c) incorporating new information and ideas into the rite of passage processes and traditions that historically served as positive forms of social control; (d) engaging families, peer groups, university institutions, and social networks to promote positive forms of masculinities and safer sexual behaviors; and (e) mobilizing the university communities around the immediate vulnerabilities of young men.

There are some limitations related to the qualitative nature of the study. Although in some respects focus groups offer a supportive environment to participants, the group context may also create a sense of discomfort or distress especially when discussing sensitive issues such as sexual behaviors. The group setting might have prompted some of the participants to express their views based on socially accepted norms of “what it means to be a man” to conform and impress other male participants in the group (Stern et al., 2015). Other study participants may have been in spaces with people they might have known, which might have been influenced their answers. Hence, some participants might have not answered honestly because of fear of judgment by others. Nevertheless, FGDs were conducted by an experienced moderator who could counteract discomfort or distress and their impact when and if they do arise.

The sample size and qualitative methods utilized for this study do not allow for generalizability of the findings. However, the qualitative element of the study (i.e., smaller groups) allowed for rich narratives to come to the fore. Nonetheless, expanding this line of inquiry to a larger sample, among other men from other universities and men from other racial groups, might provide an even deeper understanding of the dynamic nature of masculinities in such contexts. The strength of the focus group approach is the possibility for participants to develop ideas collectively, bringing forward their own priorities and perspectives grounded in their actual experience. Therefore, our study contributes to the literature toward understanding the interactions between masculinities and sexual behaviors of young Black men in a university setting.

## Conclusion

The university setting is a very important space for the transition of many young people from dependency to independence. This environment and phase can make or break young people. It is therefore critical that these institutions of higher learning play a critical role in promoting positive gender norms around what it means to be a young man or woman. Institutions of higher learning should broaden gender policies and their implementation to recognize the gender-specific needs and realities of young men and to support strategies for their meaningful involvement in the promotion of positive masculinities and healthy sexual behaviors while acknowledging that they are not a homogeneous group. This includes investing in male-friendly HIV prevention strategies and reaching young men with messages that promote changing of inequitable gender norms and risky sexual behaviors.

## Authors' Note

I hereby submit the paper entitled “The intersections between masculinities and sexual behaviours among young men at University of KwaZulu-Natal, South Africa” to be considered for publication as



an original article in Sage Open. I confirm that this work is original and has not been published elsewhere nor is it currently under consideration for publication elsewhere. Sinakekelwe Khumalo is now affiliated to Department of Anthropology and Development Studies, University of Zululand, South Africa.

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### Ethical Approval

Ethical approval was solicited from UKZN's Humanities and Social Sciences Research Ethics Committee (HSSREC) (Protocol number: HSS/0255/018D).

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### References

- Addis, M. E., Reigeluth, C. S., & Schwab, J. R. (2016). Social norms, social construction, and the psychology of men and masculinity. In Y. J. Wong & S. R. Wester (Eds.), *APA handbooks in psychology. APA handbook of men and masculinities* (pp. 81–104). American Psychological Association.
- Barker, G., & Ricardo, C. (2005). *Young men and the construction of masculinity in sub-Saharan Africa: Implications for HIV/AIDS, conflict, and violence*. <https://promundoglobal.org/wp-content/uploads/2015/01/Young-Men-and-the-Construction-of-Masculinity-in-Sub-Saharan-Africa-Implications-for-HIV-AIDS-Conflict-and-Violence.pdf>
- Bernales, M., Cabieses, B., & MacDonald, J. (2016). The urgency of a sociocultural approach to adolescent men's health risk behaviours. *The Lancet*, 387, P1815.
- Bhana, D., & Mayeza, E. (2019). "Cheese boys" resisting and negotiating violent hegemonic masculinity in primary school. *Norma*, 14(1), 3–17.
- Bhana, D., & Pattman, R. (2011). Girls want money, boys want virgins: The materiality of love amongst South African township youth in the context of HIV and AIDS. *Culture, Health & Sexuality*, 13(8), 961–972.
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77–101.
- Brooms, D. R., Clark, J., & Smith, M. (2018). Being and becoming men of character: Exploring Latino and Black males' brotherhood and masculinity through leadership in college. *Journal of Hispanic Higher Education*, 17(4), 317–331.
- Brouard, P., & Crewe, M. (2012). Sweetening the deal? Sugar daddies, sugar mummies, sugar babies and HIV in contemporary South Africa. *Agenda*, 26(4), 48–56.
- Burr, V., & Dick, P. (2017). Social constructionism. In B. Gough (Ed.), *The Palgrave handbook of critical social psychology* (pp. 59–80). Palgrave Macmillan.
- Fentahun, N., & Mamo, A. (2014). Risky sexual behaviors and associated factors among male and female students in Jimma zone preparatory schools, South West Ethiopia: Comparative study. *Ethiopian Journal of Health Sciences*, 24(1), 59–68.
- Fleming, P. J., DiClemente, R. J., & Barrington, C. (2016). Masculinity and HIV: Dimensions of masculine norms that contribute to men's HIV-related sexual behaviors. *AIDS and Behavior*, 20(4), 788–798.
- Hamlall, V. (2018). Heterosexual relationships among young Black men in the construction of masculinity at a South African university. *Social Dynamics*, 44(2), 306–321.
- Jewkes, R., & Morrell, R. (2010). Gender and sexuality: Emerging perspectives from the heterosexual epidemic in South Africa and implications for HIV risk and prevention. *Journal of the International AIDS Society*, 13(1), 1–12.
- Lynch, I., Brouard, P. W., & Visser, M. J. (2010). Constructions of masculinity among a group of South African men living with HIV/AIDS: Reflections on resistance and change. *Culture, Health & Sexuality*, 12(1), 15–27.
- Macia, M., Maharaj, P., & Gresh, A. (2011). Masculinity and male sexual behaviour in Mozambique. *Culture, Health & Sexuality*, 13(10), 1181–1192.
- Mackenzie, C. S., Roger, K., Robertson, S., Oliffe, J. L., Nurmi, M. A., & Urquhart, J. (2017). Counter and complicit masculine discourse among men's shed members. *American Journal of Men's Health*, 11(4), 1224–1236.
- Maldonado, V. E. M., Torres, L. M. T., & de Sáez, M. J. N. (2013). Focus Group discussion as tool to study gender relations in urban community members. *Enfermería global*, 12(1). [https://scielo.isciii.es/pdf/eg/v12n29/en\\_enfermeria2.pdf](https://scielo.isciii.es/pdf/eg/v12n29/en_enfermeria2.pdf)
- Malinga, M., & Ratele, K. (2016). "It's cultivated, grown, packaged and sold with a price tag": Young Black men's consumption of media images of love, happiness and constructions of masculinity. *Culture, Society and Masculinities*, 8(2), 100–117.
- Marcell, A. V., Wibbelsman, C., Seigel, W. M., Blythe, M. J., Adelman, W. P., Breuner, C. C., & Pinzon, J. L. (2011). Male adolescent sexual and reproductive health care. *Pediatrics*, 128(6), e1658–e1676.
- Mohajan, H. K. (2018). Qualitative research methodology in social sciences and related subjects. *Journal of Economic Development, Environment and People*, 7(1), 23–48.
- Ngidi, N. D., Moyo, S., Zulu, T., Adam, J. K., & Krishna, S. B. N. (2016). Qualitative evaluation of selected social factors that impact sexual risk-taking behaviour among African students in KwaZulu-Natal, South Africa. *SAHARA-J: Journal of Social Aspects of HIV/AIDS*, 13(1), 96–105.

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- Okoror, T. A., Falade, C. O., Walker, E. M., Olorunlana, A., & Anaele, A. (2016). Social context surrounding HIV diagnosis and construction of masculinity: A qualitative study of stigma experiences of heterosexual HIV positive men in Southwest Nigeria. *BMC Public Health*, 16(1), Article 507.
- Peltzer, K., & Promtussananon, S. (2005). HIV/AIDS knowledge and sexual behavior among junior secondary school students in South Africa. *Journal of Social Sciences*, 1(1), 1–8.
- Ratele, K. (2014). Hegemonic African masculinities and men's heterosexual lives: Some uses for homophobia. *African Studies Review*, 57(2), 115–130.
- Ratele, K., Shefer, T., Strebel, A., & Fouten, E. (2010). "We do not cook, we only assist them": Constructions of hegemonic masculinity through gendered activity. *Journal of Psychology in Africa*, 20(4), 557–567.
- Ricardo, C., Barker, G., & Pulerwitz, J. (2006). Gender, sexual behaviour and vulnerability among young people. In R. Ingham & P. Aggleton (Eds.), *Promoting young people's sexual health* (pp. 73–90). Routledge.
- Shefer, T., Kruger, L.-M., & Schepers, Y. (2015). Masculinity, sexuality and vulnerability in "working" with young men in South African contexts: "You feel like a fool and an idiot . . . a loser." *Culture, Health & Sexuality*, 17(2), 96–111.
- Shefer, T., Stevens, G., & Clowes, L. (2010). Men in Africa: Masculinities, materiality and meaning. *Journal of Psychology in Africa*, 20(4), 511–517.
- Shefer, T., & Strebel, A. (2012). Deconstructing the "sugar daddy": A critical review of the constructions of men in intergenerational sexual relationships in South Africa. *Agenda*, 26(4), 57–63.
- Singh, T. R. (2019). *Race, class, gender and sexuality: A case of a South African university campus* [Doctoral thesis]. <https://researchspace.ukzn.ac.za/handle/10413/17727>
- Skovdal, M., Campbell, C., Madanhire, C., Mupambireyi, Z., Nyamukapa, C., & Gregson, S. (2011). Masculinity as a barrier to men's use of HIV services in Zimbabwe. *Global Health*, 7, Article 13.
- Stern, E., Clarfelt, A., & Buikema, R. (2015). The use of sexual history narratives to assess processes of hegemonic masculinity among South African men in the context of HIV/AIDS. *Men and Masculinities*, 18(3), 340–362.
- Swain, J. (2006). Reflections on patterns of masculinity in school settings. *Men and Masculinities*, 8(3), 331–349.
- Talbot, K., & Quayle, M. (2010). The perils of being a nice guy: Contextual variation in five young women's constructions of acceptable hegemonic and alternative masculinities. *Men and Masculinities*, 13(2), 255–278.
- van Staden, A., & Badenhorst, G. (2009). Reviewing gender and cultural factors associated with HIV/AIDS among university students in the South African context. *Curationis*, 32(4), 19–28.
- Watson, J. (2015). Multiple mutating masculinities: Of maps and men. *Angelaki—Journal of the Theoretical Humanities*, 20(1), 107–121.
- Zuma, K., Shisana, O., Rehle, T. M., Simbayi, L. C., Jooste, S., Zungu, N., Labadarios, D., Onoya, D., Evans, M., Moyo, S., & Abdullah, F. (2016). New insights into HIV epidemic in South Africa: Key findings from the National HIV Prevalence, Incidence and Behaviour Survey, 2012. *African Journal of AIDS Research*, 15(1), 67–75.

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763 **From chapter 2 and 3**

764 Chapter 2 indicated the intersection of masculinities and sexual behaviours of young Black male  
765 students at the University of KwaZulu-Natal. Chapter 3, therefore focuses on the intersectionality of  
766 cultural norms and sexual behaviours of young men at the University of KwaZulu-Natal. As such it  
767 highlights the context in which young men are socialized with the aim of understanding their sexual  
768 behaviours. This manuscript provides information about the second objective of this study. Objective  
769 2 of this study: To explore the cultural norms associated with Black male students' sexual behaviours.  
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771 The PhD student's role in this paper: Sinakekelwe Khumalo conceptualised the study, conducted data  
772 collection of the study, analysed the data and drafted the manuscript.

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**CHAPTER 3: INTERSECTIONALITY OF CULTURAL NORMS AND SEXUAL  
BEHAVIOURS: A QUALITATIVE STUDY OF YOUNG BLACK MALE STUDENTS AT A  
UNIVERSITY IN KWAZULU-NATAL, SOUTH AFRICA**

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students at a university in KwaZulu-Natal, South Africa. *Reproductive Health*, 17(1), 1-10.



RESEARCH

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# Intersectionality of cultural norms and sexual behaviours: a qualitative study of young Black male students at a university in KwaZulu-Natal, South Africa



Sinakekelwe Khumalo<sup>1,2\*</sup> , Myra Taylor<sup>1</sup>, Tawanda Makusha<sup>2</sup> and Musawenkosi Mabaso<sup>2</sup>

## Abstract

**Background:** Sexual risk behaviours that occur among young men are based on dominant notions and practices that prevail in cultural contexts. As such, understanding the intersection of cultural norms and sexual risk behaviours among young men is very important.

**Methods:** The study used a qualitative design and conducted four focus group discussions with 36 male students who were purposively selected from different levels of study at the University of KwaZulu-Natal. Data were analysed through line-by-line coding, and grouped into emerging themes and sub-themes facilitated by the use of Atlas.ti.

**Result:** The findings emphasize that socialisation agents such as the family, peers and community play an important role in prescribing acceptable and unacceptable sexual behaviour of young men. Some of the young men seemed to adhere to prescribed gender norms of what it means to be a man while some rejected them for alternative versions of being a man. In the context of the university environment, these findings reveal that male students cannot make informed decisions regarding condom use when they are intoxicated, and thus expose themselves to sexually transmitted infections and other risks.

**Conclusion:** University sexual risk reduction programs should be developed considering the specific cultural context, using strategies that empower young men to challenge the widely accepted cultural norms that may predispose them to sexual risks.

**Plain English summary:** Sexual behaviours and cultural norms are interconnected, it is through culture that people learn how to behave and understand the world around them. In many cultural contexts, young men are taught from a very young age how to behave based on dominant notions of what it means to be a man in that particular context. As such, in some cultural context sexual risk-taking such as having multiple sexual partners and unprotected sex are perceived as normal behaviour for men. Some young men embrace such normalised sexual behaviours which often has negative implications on their future. This study explored the influence of cultural norms on the sexual behaviour of young men. This qualitative study was conducted at the University of KwaZulu-Natal. Four focus group discussions were conducted among first-year students to postgraduate students who were between the ages of 18 to 30 years. Our findings revealed that there other influences on the sexual behaviours of the young men, which included family,

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community and peers. It also emerged that gender norms regarding what it means to be a man still prevailed which some of the young men in the study adhered to, notably such notions seemed to be rejected by some of them. The university setting appeared to be space where a lot of sexual risk-taking took place, which potentially exposed the young men in the study to many sexual risks. In conclusion, targeted programs for the university setting should aim to challenge gender norms that expose young men to sexual risks.

**Keywords:** Culture, Norms, Sexual behaviour, Sexual risks, Male students, University, South Africa

## Background

The intersection between culture and sexual behaviours is very much contested. Studies show that particular cultural norms influence certain sexual behaviours [1–5]. Other scholars disagree on what these cultural norms are, how they sustain sexual behaviour and how they can be changed [6, 7]. However, whilst there is a general agreement that norms influence behaviour, there are several different theories on exactly when and how they do so [8, 9]. Previous research has found that cultural norms that relate to what it means to be a man have a significant influence on young men's sexual behaviours [10]. As such it becomes important to understand the context of cultures and traditions when talking about sexual activities [3]. Sexual activities in many African settings is perceived to be an important expression of men's masculinity as sex is viewed as an activity of fun and fame [5]. Men continue to be praised for their sexual prowess and prevailing beliefs that men's sexual desires are uncontrollable while [11] which thus perpetuate norms such as multiple sexual partnerships among men. According to Morrell, Jewkeys and Lindegger [12] norms related to masculinity are culturally informed and young boys are expected to conform to these set ideals. Researchers also argue that there may be other factors besides cultural norms influencing sexual behaviours, such as individual will, peer pressure, gender and age [13–15].

In this paper, we use the definition put forward by recent work in social psychology, namely that norms are: (a) beliefs about what others in a given group do (that is, what is typical in the group); and, (b) beliefs about what others in a given group approve and disapprove of (that is, what is appropriate in the group) [6, 7, 16–18]. Cultural practices can be powerful drivers of behaviour because these are standards people live by [19]. They are shared expectations and rules that guide the behaviour of people within particular social groups [20]. There are clear expectations that young men have to adhere to as they are constantly judged and assessed as to whether they live up to these expectations [21]. The context becomes important in prescribing and endorsing certain norms and behaviours. Consequently, young men construct their sexual behaviours based on such dominant notions and practices that prevail in their cultural

context. According to [22] young men who were socialised to adopt traditional masculine norms change their masculine ideology when they go to university as they are become exposed to different and liberal cultural practices which exist within higher education institutions. There is a large body of research indicating how socialisations produce different forms of masculinities [23–26]. Barker and Ricardo [21] stated that among young men in Africa versions of masculinities are multiple, with the conflicting understanding of what it means to be a man.

The way we were raised influences our behaviours whether negative or positive. As such, it becomes more important to understand the context where behaviours are constructed and shaped. The explanation of male students' sexual behaviours can be determined through understanding the meaning and influence that they attached to the cultural norms related to sexual behaviours. Thus, an understanding of the context within which individuals become socialized enables a better understanding of why individuals act and behave in certain ways [27–30]. For individuals to assume their social roles, socialization into particular cultural practices and beliefs needs to take place [31, 32]. As socialisation is reliant on institutions such as the family, community, peers, schools and churches [28, 33]. Individuals thus become integrated into the cultural norms of society through socialization [34]. The norms are positioned by communities and other social agents to influence certain behaviours.

In this paper, we explore the intersectionality of cultural norms related to sexual behaviours among Black male students in Black male students at the University of KwaZulu-Natal, South Africa.

## Methods

A qualitative research methodology was used to explore the cultural norms and sexual behaviours among young men attending an institution of higher learning at the University of KwaZulu-Natal (UKZN) in South Africa. The qualitative research approach was found useful for this study as it stresses the way people interpret and make sense of their lived experiences [35, 36]. Qualitative methods enabled the study to yield rich data in exploring



the influence of cultural norms on the sexual behaviours of young men.

#### Study site and participants

The study was conducted at (UKZN). The university comprises of five campuses namely Howard College Campus, Westville Campus, Pietermaritzburg Campus, Edgewood Campus, and the Nelson Mandela School of Medicine. The rationale for selecting UKZN as a study site was because of its attraction for a large number of students from diverse social and cultural backgrounds across South Africa and other parts of sub-Saharan Africa. This cross-cultural diffusion made UKZN a rich study site. The study was conducted at Howard College Campus because it is the largest and home to most of the faculties at the institution. This study was conducted in September 2018 to November 2018.

#### Study procedure

The study employed a purposive sampling technique to recruit Black male students who were between the ages of 18–30 years. The inclusion criteria were that all participants had to be Black (regardless of ethnicity), identify themselves as male, and had to be studying at the university (both undergraduate and postgraduate students were included). The participants were recruited from the four Colleges at the Campus, namely College of Agriculture, Engineering and Sciences, College of Health Sciences, College of Humanities and College of Law and Management studies. To recruit the participants, the researcher (SK) designed posters and flyers with the study description and contact details of the researcher. With permission granted by the university, the researcher distributed these posters and flyers across the campus. A total number of 16 male students initially responded, and snowball sampling was used to recruit additional participants.

#### Instruments

Focus group discussions (FGDs) were used to collect the data. A total of four FGDs were conducted with a total of 36 male participants who were between the ages of 18–30

(see Table 1). Majority of our participant came from rural areas with a few coming from urban areas. This method was found to be useful as it enabled the researcher to capture dynamic perceptions, understanding, beliefs and attitudes of young men through group interactions [37, 38]. This method also allowed the researcher to understand how young men construct their sexual behaviours and how dominant cultural norms that exist in their families, community and among peers influences their behaviour in the space of the university.

The focus group discussions covered a range of topics related to dominant sexual practices and cultural norms. Some questions asked about the general norms that existed among the communities where the young men come from, norms that existed within their families and among peers. We asked questions specifics questions such as (i), In your community, what are the sexual behaviours that are acceptable for men, (ii) What is the acceptable age for initiation of sexual intercourse, (iii) What are your views on multiple sexual partnerships and (iv), Are there any traditional practices in your culture that teach and educate men about sex and sexual behaviours.

#### Data analysis

All FGDs were conducted in English, audio-recorded and transcribed. Data were analysed thematically, guided by a thematic analysis framework [39]. The first author read and re-read all the transcripts to familiarize herself and get a better sense of the narratives of the participants. After familiarisation with transcripts, codes were generated as guided by the study questions and produced through the use of *Atlas. ti 8*. Further categorisation of codes into emerging themes was conducted by the first, second and third authors focusing on the connections between the emerging themes until consensus was reached.

#### Ethical consideration

Ethical approval was obtained from UKZN's Humanities and Social Sciences Research Ethics Committee

**Table 1** Description of focus group

Focus group discussion (FGD)	Level of study	Ages	Ethnicity	Sample size (N = 36)
FGD 1	First-year students	18–21	Zulu and Xhosa	10
FGD 2	Second-year students	19–23	Zulu and Xhosa	8
FGD 3	Third-year students	23–29	Zulu, Tswana, Sotho, and Xhosa	10
FGD 4	Post-graduate students (honours, masters and PhD)	24–30	Zulu, Xhosa, Venda and Sotho	8

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(HSSREC) (Protocol number: HSS/0255/018D). The study information sheet was read to all participants and they were also given study information sheets containing details about the study. All participants were requested to sign an informed consent form before they were enrolled in the study. The study information sheet and consent form explained the maintenance of confidentiality for any information provided during the FGDs for the purposes of this study. Participants were informed that their real names would not be used at any point in the study and only pseudonyms would be used where necessary. Participants were also reminded of their rights to withdraw from the study at any time, in case they felt uncomfortable or if they felt that the study was an inconvenience to them and that such withdrawal from the study would not have any negative repercussions for themselves or their studies.

### Findings

Four pervasive themes emerged from the young men's narratives on the influences of cultural norms on their sexual behaviours. These comprised (1) social background and upbringing, (2) cultural norms and sexual history, (3) gender norms and sexual scripting, and (4) university culture and sexual risk behaviour.

#### Social background and upbringing

The family, peer groups and community setting are important social agents in the upbringing of an individual. Across the focus groups, participants narrated that their environment which constituted their family, peers and community played an important role in the construction of their sexual behaviours. Our data indicated that the sexual norms that prevailed in the families, communities and peer groups of the young men shaped their sexual behaviours and attitudes. One participant stated that:

*"In the community, I was raised in, the majority of the men had multiple sexual partners...so having as many partners as possible was normalised, some men were in polygamous relationships ... but I also had to deal with my family as well. The family values that they instilled in about sexual behaviour were different from the ones I learned from the community". (FGD 3\_3<sup>rd</sup> year student).*

In support of the above statement, another participant recounted:

*"Outside there [in] the community, people would praise you. But at home bringing different girls would never be tolerated" (FDG 2\_2<sup>nd</sup> year students). This statement shows the different and com-*

*peting norms that are prevalent in the community setting as opposed to those that are within the family. One other participant in the same group noted:*

*"In my family, multiple sexual partners were frowned upon... it [was] just immoral and not the manly thing to do because of the way they look[ed] at it ... you know they are very traditional in terms of family values and so on. So you have to have one partner [which] you are committed to so that there could have a real potential so that you could start a family with that person, carry the family name forward...every man in the family got married at a very young age, so you knew that you could not get involved with many women." (FDG 2\_2<sup>nd</sup> year student).*

This highlights the important role played by the family in the construction of sexual behaviour as it provides role models and set standards of appropriate sexual conduct of young men. Apart from the family, there was general agreement among the participants that peers played a significant influence on their sexual behaviours. One participant stated: "A guy needs to have many girlfriends and makes sure he sleeps with them" (FGD 2\_2<sup>nd</sup> year student).

This was supported by one participant in a focus group with Postgraduate students who narrated:

*"All of my friends were already drumming [having sex] honestly, so I asked them how to do it [sex]. It was trial and error for me and my friends in the beginning but after some time, we were teaching others and moving from one girl to next" (FGD 4\_Post-graduate student).*

This is because for many young men sexual experience is perceived as a social and cultural rite of passage through which every young man has to pass.

Interestingly, a few participants who came from religious backgrounds, considered their religious beliefs very influential. The participants were of the view that their religious upbringing provided them with a set of moral standards that did not sanction premarital sex as it was considered a sin. The following account captures one of the participant's views (FGD 3\_3<sup>rd</sup> year student):

*"I'm from a strong Christian family so what [I] was taught [was that] sex before marriage is a sin. So that's why even now as a young man I'm abstaining from it until I get married."*

As the participant recounted this, majority of the participants were shocked and some mocked him. This occurred with all the participants who admitted to being virgins, across all the focus group discussions. Virginity



was perceived as shameful and as something that each young man needed to get rid of, to avoid humiliation. Hence another participant in the same group of second-year students recounted:

*"Like some of my brothers in this room I come from a very strong Christian family my grandfather is a pastor, my father is also a pastor as well, so I did not follow some of the teachings. Even though I went to a Christian school where we used to stand in a line as young men and we would be proud to be virgins. When I left school I carr[ie]d those sexual norms to boarding school and I was a laughing stock. You could not be 16 years old and a virgin so it was not a comfortable thing. As proud as I was then, I made sure that I lost my virginity" (FGD 3\_3<sup>rd</sup> year student).*

The narrative highlights that even with a strong religious background, for many young men the pressure to live up to dominant prescribed sexual norms was overpowering. As such, personal beliefs, behaviours and attitudes were not consistent, as they were constantly being influenced by other norms that existed in their communities and among their peers.

#### Cultural norms and sexual history

The young men in the study discussed in detail their own unique sexual life experiences, and this discussion enabled some young men to reflect on their subjective sexual histories. For some of the participants, their first sexual experience seemed to have shaped their understanding and the meaning that they attached to their sexual practices to date. Some young men reported that their first experience of sex was often accompanied by pressure that was exerted on them by external forces such as peers and by prevailing social norms in their communities. One participant noted.

*"I grew up in a community where having sex and a girlfriend as a young man was expected...There is a stigma attached to being a virgin. As a man where I come from, all of my friends had already had sex, I knew I had to have sex as well". (FGD 4\_Postgraduate students).*

This suggested that for some of the participants their first sexual experience was motivated by curiosity and modelling of the male figures in their lives. This placed in question their readiness and understanding of what they were doing.

This was further emphasised when a majority of the young men reported their sexual debut by the age of 15, for some even at the age of 11, with no condom use reported at their first sexual encounter. The following

extract depicts a participant's experience who recounted his first sexual encounter (FGD 4\_Postgraduate students):

*"I started when I got this girl who already had sex, so I didn't have a problem it was easy for me because she already had experience with other guys, we did it [had sex] in the bush because we could not do it at home. I was very quick, I remember I did not even use protection at that time. I did not even know about condoms and stuff. Even though I had not had sex before, I did watch porn and I also learned from other guys and older brothers on what to do, like the withdrawal method...but I could not do it, it was too nice".*

Given the prevalence of HIV among the age group of 15–24 in South Africa, the above narration highlights troubling issues. Firstly, the lack of knowledge regarding safer sexual practices. Secondly, the sexual risks involved in such behaviours, which for this participant like many other participants, were during their first sexual experience. Thirdly, getting sexually intimate without the use of protection with a woman who previously had other sexual partners, opened up risks for onset exposure to sexually transmitted infections and lastly, the mentioning of the withdrawal method suggested that there was more attention on preventing pregnancy, rather than HIV and other sexually transmitted infections.

The beliefs, knowledge and values that are attached to sexual behaviour by an individual are based on the dominant sexual scripts that are prevalent in a particular cultural context. This was evident among young men from traditionally circumcising communities, as they stated that they were taught about responsibility which included safer sexual practices during initiation. However, some misconceptions were prevalent in such contexts. Participants reported that many people in their communities believed that a man who was circumcised could not be infected with HIV and other sexually transmitted infections. Moreover, such normalised beliefs around circumcision also promoted non-condom use for them and many other people in their communities. This is depicted in the following:

*"Back at home we do have conversations about safe sex practices, they say we should get circumcised so that we can have sex without the use of a condom. The general belief from a lot of people back at home is that a man who is circumcised has small chances of getting infected with HIV". (FGD 1\_1<sup>st</sup> year student).*

This revealed the extent to which the social context shapes the perceptions and attitudes of young men in how they perceive sexual risk. With the use of condoms,



the narrative above highlights how prevailing norms, understanding and knowledge regarding condom use, influenced how, when and whether these young men used condoms. Moreover, the narratives also indicated the lack of knowledge about circumcision and the continued use of protection post circumcision in such settings. In many African families, discussion about any sexually related topics is forbidden. However, for some of the participants when they recounted their sexual history they indicated that, when they started engaging in sexual activities, their fathers played an important role in educating them about the use of condoms.

*"I remember when I started having sex, I was around the age of 15 or 16. My father told me that he suspects that I might be having sex or that I will be having it at some point, so he told me to be safe and always use a condom every time I had sex with a woman". (FGD 4\_Postgraduate student). This was considered surprising to hear by some of the young men in the group, who openly stated that talking about sex with their parents was seen as culturally inappropriate. The common belief in their communities according to the young men was that sex talk was reserved for adults only.*

#### Gender norms and sexual scripting

In the African culture, the understanding of gender tends to be viewed according to specific norms and expectations, into which young men and young women are socialised at a very early age. The expectations are structured and constructed by culture and society, and they shape the sexual behaviours of both men and women. They further influence how young men and young women interact and navigate in sexual relationships. Our data illustrate the extent to which the constructions of gender norms have impacted on the sexual behaviours of the young men in the study. The recurring description of the gender norms that some young men in the study were taught at a young age was that a man is a "leader" or "head". Such socialisation cemented notion and understanding that made many of the young men to believe that they always had to control women and their sexual interactions with women. A young man in his first year of study narrated:

*"The way society sees a man is through his actions and in terms of doing all the things that are expected of a man to do in terms of societal norms". (FGD 1\_1<sup>st</sup> year student).*

In their narrations in the group discussions, it became clear that for some of these young men, their understanding of gender roles was linked to the performance

of observable behaviours that were dominant in their cultural context. This, in turn, informed their behaviour and the need to adhere to socially constructed expectations by all means. On the other hand, there appeared to be individuals who felt the need not to conform to the expected gender roles and adopt alternative versions of "being a man". For some of these young men, their understanding of gender norms was distinctly different. They did not want to prescribe to gendered norms and cultural ideals, where emotions are perceived as weakness, and violence and aggression were viewed as a strength. They aspired to express their manliness in alternative ways. This was particularly evident among participants who were part of the Honours' and Masters' focus group discussion.

*"There are things that were taught when I was growing up about what it means to be a man, some of these things did not make sense to me. For example, having multiple sexual partners was portrayed as the norm. I have adopted a different way of being a man, which is totally different from the normalised norm". (FGD 4\_Postgraduate student).*

However, some of the young men did not reject the dominant gender norms. For example, this was evident when one participant in a group discussion stated that "A girl who has many sexual partners is regarded as a 'bitch'. He further explained: "They [referring to people in his community] do not see her in a good way...In most cases, the guys will just go to her and sleep [have sex] with her and without commitment. Our elders have warned and advised us against such girls as they are considered not 'wife material' (FGD 1\_1<sup>st</sup> year students).

The reason behind such notions might be because culturally, women are expected to remain virgins until marriage, whilst expecting men to be knowledgeable about sex. There also appeared to be a dichotomy in the teaching received by young people.

*"When girls are taught that they should behave and not have sex until marriage, whilst we are encouraged to have sex...it becomes tricky for me, who must we have sex with? They have to teach us good behaviour as". (FGD 4\_Postgraduate student).*

In many cultural settings in Africa, more emphasis regarding appropriate behaviour has always targeted women, while giving little focus on appropriate behaviours among young men. Reflecting on this was one of the participants in (FGD 2\_2<sup>nd</sup> year students) who recounted:

*"A man with many sexual partners is a real man! It means his penis is working for real, he is a real bull. I cannot say the same thing for a woman, a woman*



*who does the same is a slut [the majority of participants were in agreement with this]. A woman needs to control herself, like (she) has to control her sexual feelings."*

The above statement points to the symbolic meaning that is attached to sexual prowess and sexual virility among these young men. This is quite evident in many cultural settings where men who cannot function sexually are often emasculated [40, 41]. Hence, hypersexual behaviours are used as a demonstration of manhood and to attain respect and power from other men.

#### University culture and sexual risk behaviour

Research has shown that entering university is one of the important steps in one's life course and is associated with many changes in lifestyle such as experimenting with alcohol and drugs because of newfound independence [42]. This has critical implications for sexual behaviour especially for young people in the university space. Similarly, Our findings suggested that alcohol seems to influence young men's sexual behaviour. There was a general agreement among the participants that they were unlikely to use a condom when they have been drinking. This is highlighted by the following statement:

*"When you are intoxicated it makes it difficult to think, alcohol takes away rationality. When you put alcohol on the table, obviously you are not going to use a condom...You will be in a rush... no one thinks when they are in a rush". (FGD 2\_2<sup>nd</sup> year student).*

The university became a space for these young men to sexually explore without getting into committed relationships. The participants spoke about unplanned sexual encounters as widely accepted in the university setting, thus showing the normalization of risky sexual behaviours. Participants stated that such unplanned sexual encounters were more common when they were intoxicated. In the same vein, across all the focus group discussions, a majority of the participants reported on unsafe sexual practices such as non-condom use and the use of lubrication during unprotected sex to prevent friction and tear of the vaginal area, because of the belief that they would not get infected with HIV since the vaginal area would be well lubricated. These findings are troubling especially because such practices put these young men at risk of contracting HIV and other sexually transmitted infections. Third-year students recounted the following:

*"It is a norm here in university to randomly sleep around with no strings attached, I have friends that would tell you that they have slept with a random girl on campus, and they would even point you to*

*some of the girls when we are in lecture rooms. It has become normal....It is no longer scary". (FGD 3\_3<sup>rd</sup> year student).*

Particularly troubling about the above statement is that the university space has been represented as an enabling environment for risk-taking, where momentary pleasure outweighs the consequences. More disturbing was that the risk-taking reported commonly involved the consumption of alcohol, thus perpetuating risky sexual behaviours such as unprotected sex and inconsistent condom use among young people. Our data also showed the presence of transactional sex among this group of young men where alcohol was exchanged for sexual favours from women. A postgraduate student explained: *"When we go to the club I make a girl happy by buying her booze [alcohol], I will be happy because she will make me happy by sleeping with me". (FGD 4\_Postgraduate student).* In their narration, it was evident that this expectation from women was implicit, but it was a common expectation to which according to the participants, women adhered to.

#### Discussion

In South Africa as in other settings university students comprise a large population of young people, but there is relatively little research focusing on the cultural factors influencing sexual risk-taking behaviour especially among Black male students in institutions of higher learning [43–45]. The assessment of narrated forms of sexual risk behaviours and contextual factors are a vital step toward designing effective strategies and interventions [44]. This is particularly important because students are potential role models and future leaders in an increasingly changing society. There is a need to recognize the role of cultural influences on risk-taking sexual practices that pose a serious health concern for the student population [46].

[47] Our findings support the fact that it is through socialisation that an individual learns about acceptable and unacceptable norms, which include norms of sexual behaviour [32, 48].

Sexual behaviour among male students to a large extent is influenced by society, immediate family, communities and peers. These findings are in line with the sexual script theory that states that sexuality is shaped through experiences, and meanings are developed through social encounters within a historical period [47, 49]. The values taught in the family, the interaction of these young men within the social-context of the university, and the infusion of different social and cultural backgrounds cannot be disregarded.

In a context that exerts pressure on young men to be sexually active, religious family background did not



provide significant moral frameworks in influencing and shaping the sexual decisions of young men. This coincides with the study by Van Staden and Badenhorst [50], who reported that many students become sexually active as they move away from their homes and enter a developmental phase during which experimentation and risk-taking with a variety of sexual practices occur. Notably, but not surprising was the role played by peers in influencing the desire for some of the young men to engage in sexual activities. This finding concurs with a study conducted by [51] that reported on peer influence as a predisposing factor for risky sexual behaviour, particularly among men. The authors further argue that the role of peer influence should not be downplayed [51].

The role of fathers in educating young men about safer sex practices emerged from our findings, although such findings are contrary to dominant cultural norms. As in many African families, parents have been known to withhold important information about sexual activities and further promote messages of caution, fear and shame [52]. Findings from our study report the important role played by some fathers in educating their young men about safer sex practices. This warrants for more studies to be conducted on understanding the role that fathers can play in educating young boys at an early age about sexuality education, particularly among Black traditional families.

The study findings revealed the double standards existing in some cultures, where the dominant gender norms seemed to favour men more than women. For instance, the majority of the participants endorsed norms that allowed men more sexual freedom while prohibiting the same for women. This was not surprising as young women in the African culture are socialised to be subservient to men and accept male control over everything, including in sexual intimacy even to their detriment [5]. Gender norms continue to favour and protect men while further abusing and oppressing women especially in some African cultures [3].

Alcohol consumption was reported to play a vital role in facilitating sexual encounters for some participants in the study. The consumption of alcohol was revealed to contribute to risky sexual behaviours since participants reported on unprotected and inconsistent use of condoms when intoxicated. These findings are consistent with a study conducted by Chanakira et al. [45] that showed that alcohol was perceived as a social lubricant by most students, which often led to risky sexual behaviours. The findings further revealed that young men exchanged alcohol for sex with young women. This was troubling because of the reported sexual risk-taking which included non-condom use and random 'hookups' because of intoxication. Moreover, the findings further

highlight the vulnerability of young women and what they can be subjected to when they accept such transactions. Some women have been sexually abused when drunk in university settings, however, they never report this because of fear, stigma and victimization [51].

## Conclusion

Although this study was undertaken at a single tertiary education facility in South Africa, the results are of concern and suggest that further studies need to be undertaken at other institutions, both within South Africa and in other countries where similar socio-cultural values may exist, in order to develop appropriate interventions. This study has some limitations. For example, under normal circumstances, participants may have fear in narrating their behaviours and conducts openly. Therefore, focus group discussions would have been much better if they were coupled with in-depth interviews. However, these were university student at a high academic level and were free to talk openly due to the liberal attitudes adopted within the space of the university. We do, however, recommend that future studies should utilise other alternative methods to minimise social desirability bias. The small sample size means the groups might not be a good representation of the larger population.

Our findings have been able to substantiate previous studies [21, 45, 53, 54] that young men's sexual behaviours are influenced by different forms of norms that exist within their cultural backgrounds. These norms were revealed to shape the sexual behaviour, sexual interest and sexual beliefs of the participants in the study. It is also important to note that some of the young men in the study rejected the normalised risk-taking among men, and opted for alternative versions of being a man. This confirms that although social structures prescribe gender norms, however, individuals make gender a reality through their everyday behaviour, which can either support or undermine established gender structures. Finally, the misconceptions and lack of knowledge regarding safer sex practices among young people still seem to prevail and need even more urgent attention.

We thus recommend that health promotion programs at an institution of higher learning should enable young people to resist existing harmful expectations and further facilitate changing the expectations around them especially expectations that put young people's health at risk. As such, unearthing the relationship between young people's cultural norms and sexual behaviours is critical to intervention design tailored for this group of population. Furthermore, the results suggest the necessity of sex-education programmes for university students considering the low proportion of students entering university with basic sex education.

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**Authors' contributions**

The conceptualisation of the study: SK. Data collection: SK. Formal analysis: SK. Methodology: SK, TM, MM, MT. Supervision: MM, MT. Validation: MM, TM, MT. Write up: SK, MM, TM, MT. All authors read and approved the final manuscript.

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**Availability of data and materials**

The data supporting the findings of the article belongs to the University of KwaZulu-Natal and are currently being used for the Ph.D. of the lead author. This data will be shared on request from the lead author upon completion of her Ph.D.

**Ethics approval and consent to participate**

Ethical approval was obtained from UKZN's Humanities and Social Sciences Research Ethics Committee (HSSREC) (Protocol number: HSS/0255/018D). All participants were requested to sign an informed consent form before they were enrolled in the study.

**Consent for publication**

Not applicable.

**Competing interests**

The authors declare that they have no competing interests.

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**References**

- Eaton L, Flisher AJ, Aarø LE. Unsafe sexual behaviour in South African youth. *Soc Sci Med*. 2003;56:149–65.
- Juma M, Askew I, Alaii J, Bartholomew LK, Van Den BB. Cultural practices and sexual risk behaviour among adolescent orphans and non-orphans: a qualitative study on perceptions from a community in western Kenya. *BMC Public Health*. 2014;14(1):1–9.
- Lawoyin OO, Kanthula RM. Factors that influence attitudes and sexual behavior among constituency youth workers in Oshana Region. *Namibia Afr J Reprod Health*. 2010;14(1):55–69.
- Ubillos S, Paez D, González JL. Culture and sexual behavior. *Psicothema*. 2000;12(SUPPL 1):70–82.
- Uwah C, Wright S. Socio-cultural identities, perceptions of sexuality/sexual behavior and cultural contexts as determinants of HIV and AIDS prevalence in southern Africa. *World J AIDS*. 2012;2:17–23.
- Mackie G, Moneti F, Denny E. What are Social Norms? How are they measured? San Diego; 2015. <https://www.polisci.ucsd.edu/~gmackie/>. Accessed 6 Jun 2020.
- Mollen S, Rimal RR, Lapins MK. What is normative in health communication research on norms? A review and recommendations for future scholarship. *Health Commun*. 2010;25(6–7):544–7.
- Yamin P, Fei M, Lahlou S, Levy S. Using social norms to change behavior and increase sustainability in the real world: A systematic review of the literature. *Sustain*. 2019;11:20.
- Smith JR, Louis WR. Group norms and the attitude-behaviour relationship. *Soc Personal Psychol Compass*. 2009;3(1):19–35.
- Lynch I, Brouard PW, Visser MJ. Constructions of masculinity among a group of South African men living with HIV/AIDS: Reflections on resistance and change. *Cult Health Sex*. 2010;12(1):15–27.
- Ricardo C, Barker G. Men, masculinities, sexual exploitation and sexual violence. Washington, DC: Instituto Promundo and ICRW; 2009.
- Morrell R, Jewkes R, Lindegger G. Hegemonic masculinity/masculinities in South Africa: culture, power, and gender politics. *Men Masculinities*. 2012;15:11–30.
- Mfecane S. Towards African-centred theories of masculinity. *Soc Dyn*. 2018;44(2):291–305.
- Landry M, Turner M, Vyas A, Wood S. Social media and sexual behavior among adolescents: is there a link? *JMIR Public Health Surveill*. 2017;3(2):e28.
- Bingenheimer JB, Asante E, Ahiadeke C. Peer influences on sexual activity among adolescents in Ghana. *Stud Fam Plann*. 2015;46(1):1–19.
- Bicchieri C. The grammar of society: the nature and dynamics of social norms. Cambridge: Cambridge University Press; 2006.
- Cialdini RB, Kallgren CA, Reno RR. A focus theory of normative conduct: a theoretical refinement and reevaluation of the role of norms in human behavior. *Adv Exp Soc Psychol*. 1991;24(3):201–34.
- Fishbein M, Ajzen I. Predicting and changing behavior: The reasoned action approach. Taylor & Francis; 2011.
- Avruch K. Cross-Cultural Conflict Confl Resolut. 2009;1:45–57.
- McDonald RI, Crandall CS. Social norms and social influence. *Curr Opin Behav Sci*. 2015;3:147–51.
- Barker G, Ricardo C. Young men and the construction of masculinity in sub-Saharan Africa: Implications for HIV/AIDS, conflict, and violence. Washington, DC: World Bank; 2005.
- Hamlall V. Heterosexual relationships among young black men in the construction of masculinity at a South African university. *Soc Dyn*. 2018;44(2):306–21.
- Langa M, Smith RL. Exploring the notion of adolescent masculinity in a private multi-racial school. *New Voices Psychol*. 2010;6(2):76–91.
- Allen Q. 'Tell your own story': manhood, masculinity and racial socialization among black fathers and their sons. *Ethn Racial Stud*. 2016;39(10):1831–48.
- Amin A, Kägesten A, Adebayo E, Chandra-Mouli V. Addressing gender socialization and masculinity norms among adolescent boys: policy and programmatic implications. *J Adolesc Health*. 2018;62(3):53–5.
- Mincey K, Alfonso M, Hackney A, Luque J. Understanding masculinity in undergraduate African American men: a qualitative study. *Am J Mens Health*. 2014;8(5):387–98.
- Gibbs A, Jewkes R, Sikweyiya Y. "I Tried to Resist and Avoid Bad Friends" The Role of Social Contexts in Shaping the Transformation of Masculinities in a Gender Transformative and Livelihood Strengthening Intervention in South Africa. *Men and Masculinities*. 2018;21(4):501–20.
- Graaff K. Masculinities and gender-based violence in South Africa: a study of a masculinities-focused intervention programme. Berlin: Stellenbosch University; 2017.
- Morrell R. Of boys and men: Masculinity and gender in Southern African studies. *J South Afr Stud*. 1998;24(4):605–30.
- Wallace D. "It's a M-A-N Thang": Black male gender role socialization and the performance of masculinity in love relationships. *J Pan African Stud*. 2007;1(7):11–22.
- Vincent L. "Boys will be boys": Traditional Xhosa male circumcision, HIV and sexual socialisation in contemporary South Africa. *Cult Health Sex*. 2008;10(5):431–46.
- Shoveller JA, Johnson JL, Langille DB, Mitchell T. Socio-cultural influences on young people's sexual development. *Soc Sci Med*. 2004;59(3):473–87.
- Ragnarsson A, Townsend L, Ekström AM, Chopra M, Thorson A. The construction of an idealised urban masculinity among men with concurrent sexual partners in a South African township. *Glob Health Action*. 2010;3(1):5092.
- Idang G. African Culture and Values. *Phronimon*. 2015;16(2):97–11.
- Etikan I, Musa SA, Alkassim RS. Comparison of convenience sampling and purposive sampling. *Am J Theor Appl Stat*. 2016;5(1):1.
- Mohajan HK. Qualitative research methodology in social sciences and related subjects. *J Econ Dev Environ People*. 2018;7(1):23.

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37. Mack N, Woodsong C, Macqueen KM, Guest G, Namey E. Qualitative Research Methods: A Data Collector's Field Guide. Research Triangle Park (NC):Family Health International. FLI; 2005.
38. Kite J, Phongsavan P. Insights for conducting real-time focus groups online using a web conferencing service. Vol. 6, F1000Research. 2017. <https://www.blackboard>. Accessed 21 Jul 2020.
39. Braun V, Clarke V. Using thematic analysis in psychology. 2006. p. 1–41.
40. Malebranche DJ, Fields EL, Bryant LO, Harper SR. Masculine socialization and sexual risk behaviours among Black men who have sex with men: a qualitative exploration. *Men Masc*. 2009;12(1):90–112.
41. Fields EL, Bogart LM, Smith KC, Malebranche DJ, Ellen J, Schuster MA. "I always felt I had to prove my manhood": Homosexuality, masculinity, gender role strain, and HIV risk among young Black men who have sex with men. *Am J Public Health*. 2015;105(1):122–31.
42. Mavhandu-Mudzusi AH, Tesfay-Asgedom T. The prevalence of risky sexual behaviours amongst undergraduate students in Jigjiga University. *Ethiopia Health SA Gesondheid*. 2016;21:179–86.
43. Stewart-Brown S, Evans J, Patterson J, Petersen S, Doll H, Balding J, et al. The health of students in institutes of higher education: An important and neglected public health problem? *J Public Health Med*. 2000;22(4):492–9.
44. Ngidi ND, Moyo S, Zulu T, Adam JK, Krishna SBN. Qualitative evaluation of selected social factors that impact sexual risk-taking behaviour among African students in Kwazulu-Natal, South Africa. *SAHARA-J J Soc Asp HIV/AIDS*. 2016;13(1):96–105.
45. Chanakira E, O'Cathain A, Goyder EC, Freeman J V. Factors perceived to influence risky sexual behaviours among university students in the United Kingdom: a qualitative telephone interview study. *BMC Public Health*. 2014;14(1):1055.
46. Heeren GA, Ili JBJ, Ngwane Z, Mandeya A, Tyler JC. A randomized controlled pilot study of an HIV risk-reduction intervention for sub-Saharan African University Students. *AIDS Behav*. 2013;17(3):1105–15.
47. Fazli Khalaf Z, Low WY, Ghorbani B, Merghati KE. Perception of masculinity amongst young Malaysian men: A qualitative study of university students. *BMC Public Health*. 2013;13:1.
48. John NA, Stoebeu K, Ritter S, Edmeades J, Balvin N. Gender Socialization during Adolescence in Low-and middle -income countries: conceptualisation, influences and outcomes. *Innocent Res Br*. 2017;(19):1–63.
49. Jones SL, Hostler HR. Sexual script theory: an integrative exploration of the possibilities and limits of sexual self-definition. Jones & Butman; 2001.
50. Van Staden A, Badenhorst G. Reviewing gender and cultural factors associated with HIV / AIDS among university students in the South African context. *Curationis*. 2009;32(4):19–28.
51. Othero DM, Aduma P, Opil CO. Knowledge, attitudes and sexual practices of university students for advancing peer hiv education. *East Afr Med J*. 2009;86(1):11–5.
52. Asekun-Olarinmoye E, Dairo M, Adeomi A. Parental Attitudes and Practice of Sex Education of Children in Nigeria. *Int J Child Health Hum Dev*. 2011;4(3):307.
53. Njikam PR, Savage OM. Risky Sexual Behaviour, Sexually Transmitted Infections, HIV/AIDS and Health Promotion among Students in the University of Douala. *African Population Studies*. 2005;20(1). <https://doi.org/10.11564/20-1-387>.
54. Ifeanyi Brian AJ, Umeononihu O, Echendu AD, Eke N. Sexual Behaviour among Students in a Tertiary Educational Institution in Southeast Nigeria. *Adv Reprod Sci*. 2016;04(03):87–92.

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848 **From chapter 3 to chapter 4**

849 Chapter 3 of the manuscript documented the role of socializing agents such as the family, peers and  
850 community in prescribing acceptable and unacceptable sexual behaviours of young Black male  
851 students at the University of KwaZulu-Natal. Therefore, chapter 4 outlines the barriers that are  
852 encountered by young Black male students in accessing and utilizing on-campus health services at  
853 the University of KwaZulu-Natal. This manuscript reports on the results of the exploration of the  
854 third objective of this PhD, namely objective 3: To explore the experiences of young men in accessing  
855 university health services.

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858 The PhD student's role: Sinakekelwe Khumalo conceptualized the study, conducted the data  
859 collection for the study, analyzed and interpreted the data and drafted the manuscript.

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**CHAPTER 4: NARRATIVES OF YOUNG BLACK MEN ON BARRIERS TO HEALTH  
CARE AND POOR HEALTHCARE SEEKING BEHAVIOURS AT A UNIVERSITY  
SETTING: A QUALITATIVE STUDY**

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RESEARCH ARTICLE

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# Narratives of young black men on barriers to health care and poor health care seeking behaviours at a university setting: a qualitative study



Sinakekelwe Khumalo<sup>1,2,3\*</sup>, Musawenkosi Mabaso<sup>2</sup>, Tawanda Makusha<sup>2</sup> and Myra Taylor<sup>1</sup>

## Abstract

**Background:** Institutions of higher learning provide education, training, independence and life-long skills for young people. However, for students to achieve their optimal growth and intellectual development they need to be healthy psychologically, mentally and physically. This can be achieved through the development of effective health programs for all university students. This qualitative study was designed to explore Black male students' perspectives and experiences regarding the utilization of on-campus health services at the University of KwaZulu-Natal.

**Methods:** The study population was selected using purposive sampling. Data were collected using four focus group discussions (FGDs) with 36 participants and three key informant interviews. Thematic analysis was conducted to identify the key patterns and themes that emerged from the data.

**Results:** Emerging themes included poor knowledge and awareness, negative perceptions and attitudes, fear and lack of privacy, and negative experiences leading to poor access and utilization of campus health services. The findings suggested a need for more advocacy and awareness campaigns especially among first year students, campaigns for normalization of sexual health, addressing HIV stigma and discrimination, providing youth friendly services to improve students' use of sexual health services, and ultimately, their overall health and well-being.

**Conclusions:** The findings give valuable insights from male students on the barriers and potential solutions to campus health services and highlight where improvements can be directed to increase access and use of health services by the study population.

**Keywords:** Access and utilization of health services, Black male students, university, South Africa

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## Introduction

In South Africa, over one million students are enrolled in universities while 700 000 students are registered at more than 50 technical vocational education training institutions and an additional of 90 000 students are registered at the many private higher education institutions around the country [1]. Institutions of higher learning are places where young people receive their education, training, and develop independence and life-long skills [2]. Promoting health is important for students' academic performance [3]. As such, young people's health must be given the adequate and appropriate attention it deserves [4]. When young people enter the university space, it is unclear if they have been adequately equipped for the many challenges that come with the dynamic environment of tertiary education such as sexual and reproductive health issues [5].

Campus health centres are in a unique position to positively influence students' health behaviours and beliefs [6]. Many programs in institutions of higher learning have focused on providing knowledge, awareness and HIV related practices. However, such programs have been criticized for failing to adequately promote behavior change among university students [7, 8]. The university lifestyle is a shift towards greater freedom from the family life, and the social context of the university lifestyle exposes students to risky sexual behaviours which puts them at a higher risk of sexually transmitted infections (STIs) [9–11].

According to the 2012 South African National Household Survey report, young people age 15–24 were a high-risk group for HIV infection and in particular, young men were less likely to test for HIV or seek treatment [12]. Young people in institutions of higher learning are often considered as a high-risk population, because they are at an increased risk of acquiring STIs due to pressure to engage in high-risk behaviours such as excessive alcohol consumption, casual sex, and inconsistent condom use [13, 14]. Consequently, the promotion of health services utilisation for young people has gained the interest of public health over the years [15, 16].

However, young people continue to face challenges and barriers when seeking health services. The inherent stigma embedded in young people's sexuality and their poor access to sexual health services because of fear of being labelled as promiscuous has a negative bearing on young people's utilisation of health services [17, 18]. The lack of information [19], stigma and discrimination [18], stereotypes [20] lack of services designed for male adolescents [21], the unfriendly attitudes of health care employees [7] are some of the barriers the policy and practice in health facilities [16, 22].

Regarding young people at institutions of higher learning, many university and college campuses offer a range of sexual health services to prevent and treat STIs, decrease the risk of the health consequences of STIs, and promote positive sexual health practices among students [23]. If students encounter challenges and problems while accessing such services, such experiences are likely to influence their attitudes, perceptions and utilization of these services [24]. The campus/university space presents an important opportunity to understand students' knowledge, risk perception and health-seeking behaviours [5, 25]. However, there remains a dearth of evidence-based solutions that aim to improve male student's health seeking behaviour. Addressing access barriers would enable improved access to health care services and students' overall health and well-being [24, 26]. This study explores the barriers faced by young men at the University of Kwa-Zulu Natal in accessing and utilizing on-campus health services. It also provides recommendations for enabling the development of interventions to address these barriers.

## Methods

### Study setting and approach

This is a qualitative study that was designed to gain an in-depth understanding of students' perspectives and experiences of accessing and using health services. The study was conducted from September 2018 to November 2018 at the University of KwaZulu-Natal(UKZN). Participants were black male students who were selected using purposive sampling at UKZN Howard College Campus chosen because of its student composition which is rich in social, economic and cultural diversity. This campus is the largest and home to most of the faculties at the institution. Data were collected using focus group discussions (FGDs) and key informant interviews (KIIs) (see attached [supplementary file](#)).

Recruitment was done through the distribution of posters and flyers with the study description contact details of the researcher (SK). A snowball recruitment strategy was employed to recruit additional participants. The participants for the FGDs were recruited from the four Colleges at the Howard College Campus, namely, College of Agriculture, Engineering and Sciences, College of Health Sciences, College of Humanities and College of Law and Management studies. A total of four FGDs were conducted with a total of 36 male participants. Each FGD comprised of 8–10 participants and took about 90 min to complete. For the FGDs, the inclusion criteria were that all participants had to be Black (regardless of ethnicity), identify themselves as male, had to study at the university (both undergraduate and post-graduate students were included), and had to be between the ages of 18–30 years. The study first collected basic



demographic information such as age and place of residence and then the focus groups were used to explore male students' perspectives and experiences regarding the utilization of on-campus health services and probe barriers faced by young men at the University. Table 1 shows the demographic characteristics of the study sample.

KII were conducted with consenting participants working at the Campus HIV and AIDS Support Unit (CHASU). The unit is a UKZN HIV and AIDS prevention program that provides care, support and treatment services for the university's thousands of students and employees (HIV and AIDS Support Unit, 2015). The program is located in all five campuses of the university and consists of HIV counsellors that are in the campus clinic and health promoters located at the Campus HIV and AIDS Support unit. The unit has several support structures for students such as peer education, women's forum, men's forum, positive living, abstinence forum and lesbian, gay, bisexual, trans, and/or intersex forum. One of the coordinators in the unit assisted with recruiting programme coordinators for KIIs. The KIIs included three coordinators (a health promoter, a men's forum coordinator and a peer educator) from the unit. The key informants were able to reflect on their experiences of working in the unit as well as their interactions with students utilizing their services. All FGDs and KIIs were conducted in English, audio-recorded and transcribed.

#### Data analysis

The FGDs and KIIs were audio recorded, and detailed notes were also taken. The audio recorded FGDs and KIIs were transcribed verbatim. Initially, the first author read all FGDs and the KIIs raw transcripts and developed an initial coding scheme, that was reviewed and refined by the second and fourth authors. The process of coding and analysis was guided by the thematic framework [27]. All audios, transcripts were analysed using the ATLAS.ti, which was used for line-by-line coding and grouping the initial codes into emerging themes.

## Results

The results of the study describe male students' narratives of their perceptions and experiences of utilizing campus health services at the University of KwaZulu-Natal. The main themes that emerged from the FGDs and interviews are grouped under four categories, namely, lack of knowledge and awareness, negative perceptions and attitudes, fear and lack of privacy, and negative experiences leading to poor access and utilization of campus health services.

### Lack of knowledge and awareness

In the FGDs with the male students it became evident that most of them did not know CHASU and the services that were provided by the unit. This was particularly common among the first-year students who indicated they were not aware of any campus health services. Many students acknowledged difficulty in knowing where and how to seek help. Students lack awareness of health services on campus and this makes them vulnerable to distorted and misleading health information.

However, some first-year students did acknowledge that they had seen awareness campaigns held around campus which hugely focused on HIV testing and condom use, however, they reported that they did not attend such awareness campaigns. One of the first-year student participants reported the following:

*"Even when I see the campaigns on campus I hardly go to see what is happening, it is just not for me"* (FGD 1\_1st year student).

One of the programme coordinators indicated that they make efforts to give information about their programs during the first year orientation. However, because some students do not come for orientation they miss out on the information they give out about their programs. Hence, first year student only gets to know about their programs late in the year or when they see them around campus. Nonetheless, the coordinator noted that they make effort to go around students' residence to educate and provide information to students

**Table 1** Demographical characteristics of the sample

Focus group discussion (FGD)	Level of study	Ages	Ethnicity	Sample size (N = 36)
FGD 1	First-year students	18–21	Zulu and Xhosa	10
FGD 2	Second-year students	19–23	Zulu and Xhosa	8
FGD 3	Third-year students	23–29	Zulu, Tswana, Sotho, and Xhosa	10
FGD 4	Post-graduate students (honours, masters and PhD)	24–30	Zulu, Xhosa, Venda and Sotho	8



about their programs. This is highlighted in the following:

*"We normally have a presentation of our programs during orientation. However, the problem with orientation is that many students do not usually come to orientation, because they will be dealing with residential issues or funding, that's why they are absent during orientation. It is only a few students that attend who orientation and they are the ones that are provided with information about our programs. We find that there is always a gap in lack of knowledge about our programs especially for the students who do not attend. So to bridge that gap we go to residence on-campus and off-campus to reach out to educate students of health-related issues" CHASU, KII\_2)*

Another coordinator reported that in their efforts to involve students to be part of their programs, they invite them to be part of their peer education program. In our discussion, it came out that students' interest in the program does not last.

*"The peer education program is one of the most important programs. Once a student becomes part of our peer education program we train them and invite them to workshops in efforts to educate to be good peer educators and peer mentors. It is an exciting program for many in the beginning you can see by their commitment, but somewhere, somehow I think that the love for peer education it does fade away among many of them. They end up not attending and some pull out because they get busy with their school work". CHASU, KII\_1)*

#### Negative perceptions and attitudes

While some participants in the first year group reported their unwillingness to seek health care for fear of being seen walking out of the campus clinic by other students.

*"People will be looking at you, imagine coming out with pills while people are looking at you, they will see you with pills and think of HIV" (FGD 1\_1st year student).*

Such perceptions affected their attitudes toward seeking health care. It also pointed out their lack of interest in engaging with programs advocated by the health unit. Participants who were in their second year of study to the postgraduate level stated that they knew about such services on campus. However, for some, even with their knowledge of the services offered by CHASU, they frowned upon these services because of the negative

connotations attached to the unit by many students. Some participants indicated that they only came to know about CHASU and the on-campus clinic through their girlfriends. With the prevailing stigma associated with the campus health services, a student at postgraduate level indicated that he was more likely to consult with a friend or search online about safer sex practices and major illnesses than utilize the on-campus health services. The following excerpts further explain in detail:

*"I feel like they are going to tell me things that are known already. So, it's like listening to the motivational speakers who will be telling me things I already know of. So, there is no use". (FGD 4\_Post-graduate student)*

Among the second-year students, there appeared to be competing views regarding the utilization of the campus health services. Some of the participants in the group agreed that they visited the unit to get information about condom use, sexually transmitted infections, HIV testing, book for medical circumcision and also attend debates that are held by the men's forum in the unit. They reported that utilizing the campus health services benefited them a lot, as they were able to make informed decisions around safer sex practices and being responsible young men, through talks held by the men's forum and during some of the activation campaigns which are sometimes held on campus.

*I go there to test for HIV testing, sexually transmitted infection and I know that a lot people go there for sexual related information...they are informative a lot (FGD 2\_2nd year student).*

However, other young men in the same group indicated that they did not see the need for going to the unit to access health care service as they knew that they would be able to access sexual health information from the internet and their peers. Some stated that they self-administer the HIV test, hence they did not see a need to utilize the university health services.

*"I do not see the need for going there. I would not go there to get sexual advice. I can ask my friends or check for information on the internet. For HIV testing, I buy the kit and test myself privately at home". (FGD 2\_2nd year student)*

This suggested that a number of these young men preferred to consult with their friends with regards to health information. This was troubling as it indicated peer approval determined the health-seeking behaviour for these young men. Additionally, searching online



could discourage seeking medical help, as it would prompt self-medication instead of seeking professional help. Self-testing for HIV alone without emotional support from a trained HIV councillor was troubling because it seemed to be driven by fear of consulting, stigma and discrimination.

Discussions with the coordinators revealed that a majority of male students held negative attitudes towards seeking help especially relating to their health.

*"Since I have worked here the male students don't seek for help for any sickness... when we interview them or when we do counselling with them they will tell you that 'let the body of a man heal itself without going to the clinic'"* (CHASU, KII\_2).

This, according to the coordinators was a commonly held belief by most male students. They reported that on many occasions' students and particularly male students would only utilise their services when they were critically ill. This resonated with accounts by some of the participants who reported that they were against seeking help when sick, because of cultural beliefs that a man needed to be strong at all times. The majority of the young men across all FGDs stated that they only went to seek help when "it got serious". Some noted that they had sexually transmitted infections but it took them a long time to get it treated because they felt that it was not serious and that it would go away by itself.

*"For certain problems, I think the only time a man would want to consult another man or a doctor for that matter, it is when things are starting to get out of hand and I can't handle it myself"* (FGD 3\_3rd year student).

#### Fear and lack of privacy

When asked if they went for regular HIV testing, many participants indicated that they only did that if they had a one-night stand without using protection. A participant in the 3rd year focus group stated, *"My girlfriend is the one that tests, so if she is negative it means I am also negative"*. This emerged in all the FGDs, participants held the belief that if their girlfriends tested negative, it meant they were also negative.

This idea by the participants was confirmed by one of the key informants, who stated that male participants were scared of coming to their unit for HIV testing. He recounted that he had an encounter with a male student who came with his girlfriend but did not want to test, stating that.

*"I don't have time and this is not for me and maybe my partner can test and I will hear from her how*

*the test went" or "I am scared to test and will rather not know"* (CHASU, KII\_1).

This was particularly troubling as some of these young men reported having multiple sexual partners and inconsistent condom use. The fear of testing highlighted the lack of information, knowledge and consideration for their partners. During FGDs some students perceived HIV as something that was far from them. The reason again was that most students linked health services to HIV. This was evident during discussions, as one participant narrated.

*"I am afraid of HIV I do not want to lie, I'm afraid of it but there are those people that have bad luck. Not because I am special, but sometimes luck really works [for me] and I'm not used to it"* referring to condoms (FGD 1\_1st year students).

The location of the health services also emerged as a barrier for these young men to access the health services, as they reported that the location was not convenient enough for them. This confirms the idea that the location of health care services has an influence on whether the health care services are utilized.

*"The position of these places is a problem, people will be looking at you as you go in and come out, like when you go to the clinic and you are holding pills people are looking at you"* (FGD 2\_2nd year student).

*"The position is extremely public, which is a problem because people know you on campus even if you don't know the person but someone out there is looking at you. Saying so and so went to the clinic today So there is no privacy with regards to walking in and out"* (FGD 4\_Postgraduate-student).

Participants stated that the clinic was previously positioned in a location that was not visible to people. Hence, they suggested that the clinic be re-positioned to its old location which was not visible to a lot of people. They were then able to walk in and out without being seen by other students. As it currently stands, the clinic is positioned in a busy, populated and noisy location on campus.

*The clinic used to be far away from where it is now, even though it is in a convenient position but everyone can see you walking in and out. It is next to the cafeteria, it is always noisy and busy around there.* (FGD 2\_2nd year student).



### Negative experiences

Some participants described the negative experience with health care workers especially when they visited the campus clinic which then discouraged them from seeking health care services. When asked to elaborate on their negative experiences the common issue that emerged was lack of privacy and judgemental attitudes when they visited the campus clinic.

*"When you go there the service is bad they are rough even when you test and they will be asking you useless questions, like didn't you know that having sex without a condom kills. It is embarrassing"* (FGD 4\_Post-graduate student).

*"it is not like I am bad mouthing them or something, when you go there you will have to explain everything and sometimes you will have to speak to the nurse and there will be other people listening to what you saying... so I prefer visiting clinics back at home nurses there are nice"* (FGD 3\_3rd year students).

Another challenge that emerged as a barrier to young men utilizing the health services was the operational hours of the health services. Participants reported that they finished their lectures late and at times they do not have time in between lectures to go to the clinic or to go to consult with coordinators at the campus health unit. Some reported that by the time they would be done with lectures they would either have to rush to take buses to the off-campus residence and by then most of the campus health service would be closed for the day.

*"There are days when I have to attend the whole day...sometimes I would see the campaigns on campus but because of lectures and sometimes submissions, it becomes hard for me to go"* (FGD 3\_3rd year student).

Some students described the long waiting periods when visiting the clinic as a discouragement for them *"It's not like 30 minutes, it is more than 30 minutes when you go there, you wait for so many hours"* (FGD 2\_2nd year student).

Table 2 shows barriers and potential solutions suggested by male students based on their experiences on campus. These findings are meant to describe the barriers that hinder the utilization of campus health services in order to develop strategies that will enhance and promote the utilisation of campus health services. These findings will also facilitate the improvement of campus health services that are provided by UKZN.

### Discussion

The current study explored the barriers to health care and poor health-seeking behaviours by young Black men at the University of KwaZulu-Natal. The findings revealed that poor access and utilization of health services by male students was influenced by lack of knowledge and awareness, negative perceptions and attitudes, fear and lack of privacy, and negative experiences. The findings also revealed that the level of education at institutions of higher learning does not have an influence on the participants' access and utilization of the health services on campus. These findings underpin the importance of understanding the challenges faced by male students in seeking health care. As such the study has implications for policy and health program planning for institutions of higher learning in the development and implementation of effective programs that appeal to the larger student population.

Like current findings others also found that reasons use and non-use of sexual health services among students were because they had limited knowledge and were unaware that services existed or did not know what was available [28, 29]. Lack of knowledge and awareness about available health services especially among first year students suggest a need for more health care provider interaction with the university community. Students need to be informed during orientation in their first year of the various services that are available at the university. However, another study with similar results found that "first year students felt overloaded with new information during their first-year orientation and found it difficult to remember information related to sexual health services throughout the year" [30]. This highlights the need for continued promotion, advocacy and awareness about available health services on campus.

However, even those who were knowledgeable about the campus health care service, deliberately did not utilise these health services which were freely provided for them. This was attributed to negative perceptions and attitudes towards available services on campus, which also reflects limited sexual health knowledge. This highlight a need for normalization of sexual health especially when it relates to HIV. Most importantly there is a need to change the campus culture that promotes risk-taking behaviours. This calls for radical health promotion and programmes which specifically target male students, to help improve help-seeking attitudes and the uptake of sexual health interventions [31].

In addition, challenges related to fear and lack of privacy included the location of services on campus as it related to the confidentiality associated with



**Table 2** Barriers and potential solutions among male student at Howard Campus Colleges, university of KwaZulu-Natal, South Africa

Themes and barriers	Potential solutions
<b>Lack of knowledge and awareness about health services</b> <ul style="list-style-type: none"> <li>Students especially those in their first year were flooded with lots of information during orientation to remember information about health services</li> </ul>	<ul style="list-style-type: none"> <li>Student representative council to continuously showcase these programs to students</li> <li>Continued promotion advocacy and awareness about available services</li> <li>Integration of health programs with the academic curriculum</li> </ul>
<b>Negative perceptions and attitudes towards health services</b> <ul style="list-style-type: none"> <li>Mainly due to fear related to treatment for STI's and testing for HIV</li> <li>Limited sexual health information</li> </ul>	<ul style="list-style-type: none"> <li>Campaigns to normalize sexual health and help-seeking on campus</li> <li>Need strategies to sensitively engage male students</li> <li>Change campus culture that promotes risk-taking behaviours</li> </ul>
<b>Fear and lack of privacy</b> <ul style="list-style-type: none"> <li>Fear of being seen</li> <li>Location and confidentiality</li> <li>Current campus health services HIV/AIDS</li> </ul>	<ul style="list-style-type: none"> <li>Campaigns to address HIV stigma and discrimination</li> <li>Focus campus health services on sexual and reproductive health</li> </ul>
<b>Negative experiences</b> <ul style="list-style-type: none"> <li>Judgmental or 'having poor attitude</li> <li>Odd working hours</li> <li>Waiting time</li> </ul>	<ul style="list-style-type: none"> <li>Providing youth friendly services</li> <li>Improve service provider work environment</li> <li>Review operational hours</li> </ul>

testing for sexually transmitted infections and as HIV. This points to limited sexual health information. Their concerns with confidentiality were about the potential of being seen by friends and other members of the university community. However, Adams et al. argue that the locations of campus health services were positioned to make it easy for students to conveniently access and utilize their services [19]. Nevertheless, visibility of sexual health services should be coupled with normalizing sexual health on campus. There is also a need to strengthen and improve university communication and counselling strategies as it relates to HIV in general on campus.

In agreement with the current findings other studies showed that the youth in general reported avoiding services or that they had confidentiality concerns due to provider barriers [32]. Most of these studies described providers as judgmental or having a poor attitude [7]. Other frequently mentioned barriers to accessibility, included hours when services were offered coinciding with lectures, and the long waiting periods to receive services [33]. This highlights the need for continued training of service providers to provide improved youth friendly services that could provide students with capability, opportunity and motivation that influence campus health service use.

This study has certain limitations. Firstly, the study represents the voices of young male students from one race and coordinators from only one of the five university campuses. Secondly, the study focused on the Howard College Campus at the University of KwaZulu-Natal and the findings may not be generalised to other universities in the country. Thirdly, FGDs may have introduced a social

desirability bias. Nevertheless, valuable insights have been gained from male students regarding the barriers and enablers of access and utilization of health services among study population.

## Conclusions

This study explored the perspectives and experiences of Black male student's regarding the utilization of on-campus health services at the University of KwaZulu-Natal. The study confirmed that despite the availability of sexual health services at university health centres to promote sexual health, many male students delay or avoid seeking care. The main themes that emerged from the FGDs and interviews included poor knowledge and awareness, negative perceptions and attitudes, fear and lack of privacy, and negative experiences leading to poor access and utilization of campus health services. These findings highlight the need for continued promotion, advocacy and awareness about available services, campaigns to normalize sexual health and help-seeking on campus, as well as campaigns to address HIV stigma and discrimination, and the importance of improving service provider work environment. Identified barriers and potential solutions can be used to design targeted interventions to improve access and utilization of sexual health services on campus among the study population, and ultimately, to promote their overall health and well-being.

## Abbreviations

AIDS: Acquired immunodeficiency syndrome; CHASU: Campus HIV and /AIDS Support Unit; FGDs: Focus group discussions; HIV: Human immunodeficiency virus; KIs: Key informant interviews; STI: Sexually transmitted infections; UKZN: University of KwaZulu-Natal



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Additional file 1.

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## Authors' contributions

SK conceptualised and conducted the study. MM, TM, and MT assessed the findings. SK drafted the manuscript. All authors reviewed and approved the final draft.

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## Availability of data and materials

Data sharing is not applicable to this article as no datasets were generated or analysed during the current study.

## Declarations

### Ethics approval and consent to participate

Ethical approval was obtained from the University of KwaZulu-Natal's Humanities and Social Sciences Research Ethics Committee (HSSREC) (Protocol number: HSS/0255/018D). All methods were performed in accordance with the ethical research policy guidelines and regulation of the University of KwaZulu-Natal Humanities and Social Sciences Research Ethics Committee. The gatekeeper's approval to conduct research with university students was obtained from the university's registrar office. Written informed consent was obtained from all study participants. Participants were informed that their real names would not be used at any point in the study and that only pseudonyms will be used where necessary. In the event that participants felt uncomfortable or felt that the study was an inconvenience to them, they were reminded of their rights to withdraw from the study at any time, and that withdrawal from the study would not have any academic or social penalties.

### Consent for publication

Not Applicable.

### Competing interests

The authors declare that there are no potential conflict of interests with respect to the research, authorship and publication of this article.

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## References

- Tjønneland EN. Crisis at South Africa's universities—what are the implications for future cooperation with Norway? *CMI Brief*. 2017;16(3):1–4.
- Alkhalwaleh A. Utilisation of university health care centre services among university students. *Int J Health Sci Res*. 2017;7(4):340–5.
- Lederer AM, Oswalt SB. The Value of College Health Promotion: A Critical Population and Setting for Improving the Public's Health. *Am J Heal Educ*. 2017;48(4):215–8.
- Rotimi O, Olubukola O, Benjamin FA. Health Behavior of Undergraduates and Service Utilization of University Health Centre. *IOSR J Dent Med Sci*. 2015;14(12):2279–861.
- Evans D, Musakwa N, Nattey C, Bor J, Lönnemark E, Larshans C, et al. Knowledge, risk perception and access to healthcare services for HIV and tuberculosis among university students in Johannesburg, South Africa. *SAJCH South African J Child Heal*. 2018;12(Special Issue):S19–31.
- Griffin MM. The Impact of Campus Health Services on the Attitudes, Perceptions, Beliefs, and Behaviors of Historically Black College and University Students. Walden University Follow; 2019. Available from: <https://scholarworks.walden.edu/dissertations>
- Ndabarora E, Mchunu G. Factors that influence utilisation of HIV/AIDS prevention methods among university students residing at a selected university campus. *SAHARA-J*. 2014;11(1):202–10.
- Ntombela M, Stilwell C, Leach A. Hello tomorrow? Sources of HIV / Aids information used by residential students at the University of Natal. *South African J Libr Inf Sci*. 2013;74(1):73–82.
- Hoque ME. Sexual practices among male undergraduate students in KwaZulu-Natal, South Africa. *South African J Epidemiol Infect*. 2011;26(3):157–60.
- Yang XH, Yuan S, Zhang R, Yu JF, Nzala SH, Wang PG, He QQ. Risky Sexual Behaviors and Associated Factors Among College Students in Lusaka, Zambia. *Archives of sexual behavior*. 2019;48(7):2117–23.
- Bernales M, Cabieses B, Macdonald J. The urgency of a sociocultural approach to adolescent men's health risk behaviours. *The Lancet*. 2016;387(10030):1815.
- Shisana O, Rehle T, Simbayi LC, Zuma K, Jooste S, Zungu N, et al. South African National HIV Prevalence, Incidence and Behaviour Survey, 2012. Cape Town: HSRC Press; 2014.
- Bailey JA, Haggerty KP, White HR, Catalano RF. Associations between changing developmental contexts and risky sexual behavior in the two years following high school. *Arch Sex Behav*. 2011;40(5):951–60.
- White A, Hingson R. The burden of alcohol use: Excessive alcohol consumption and related consequences among college students. *Alcohol Res Curr Rev*. 2013;35(2):201–18.
- da Silva Nascimento B, Spindola T, Pimentel MR, de Almeida Ramos RC, Costa RS, Teixeira RS. Sexual behavior among college students and care for sexual and reproductive health. *Enfermería Global*. 2018;17(49):259.
- Ngwenya N, Nkosi B, Mchunu LS, Ferguson J, Seeley J, Doyle AM. Behavioural and socio-ecological factors that influence access and utilisation of health services by young people living in rural KwaZulu-Natal, South Africa: Implications for intervention. *PLoS One*. 2020;15(4):1–16.
- Alli F, Maharaj P, Vawda MY. Interpersonal relations between health care workers and young clients: Barriers to accessing sexual and reproductive health care. *J Community Health*. 2013;38(1):150–5.
- Tyler A, Haller DM, Graham T, Churchill R, Sanci LA. Youth-friendly primary-care services: how are we doing and what more needs to be done? *Lancet*. 2007;369(9572):1565–73.
- Adams R, Van Der Heever MM, Damons A. Perceptions of clients on awareness and the geographical location of a South African university sexual health clinic. *African J Prim Heal Care Fam Med*. 2017;9(1):1–9.
- Aronson J, Burgess D, Phelan SM, Juarez L. Unhealthy Interactions: The Role of Stereotype Threat in Health Disparities. *lic Heal*. 2013;103:50–6.
- Shabani O, Moleki MM, Thupayagale-Tshweneagae GGB. Individual determinants associated with utilisation of sexual and reproductive health care services for HIV and AIDS prevention by male adolescents. *Curationis*. 2018;41(1):1–6.
- Sherr L, Cluver LD, Toska E, He E. Differing psychological vulnerabilities among behaviourally and perinatally HIV infected adolescents in South Africa—implications for targeted health service provision. *AIDS care*. 2018;30(sup2):92–101.
- Eisenberg ME, Lechner KE, Frerich EA, Lust KA, Garcia CM. Characterizing sexual health resources on college campuses. *J Community Health*. 2012;37(5):940–8.
- Ogundele TA, Abdulkarim IA, Chilamaka Enyinnaya E. Accessibility and Utilisation of University Health Care Services (Jaja) among Undergraduate Students of University of Ibadan, Oyo State. Vol. 1, *American Journal of Psychology and Behavioral Sciences*. 2014.
- Stewart-Brown S, Evans J, Patterson J, Petersen S, Doll H, Balding J, et al. The health of students in institutes of higher education: An important and neglected public health problem? *J Public Health Med*. 2000;22(4):492–9.

26. Bourne PA. Socio-demographic determinants of health care-seeking behaviour, self-reported illness and self-evaluated health status in Jamaica. *International Journal of Collaborative Research on Internal Medicine & Public Health*. 2009;1(4):101–30.
27. Braun V, Clarke V. Using thematic analysis in psychology. *Qual Res Psychol*. 2006;3(2):77–101.
28. Carroll C, Lloyd-Jones M, Cooke J, Owen J. Reasons for the use and non-use of school sexual health services: a systematic review of young people's views. *Journal of Public Health*. 2012;34(3):403–10.
29. Bersamin M, Fisher DA, Marcell A V., Finan LJ. Reproductive Health Services: Barriers to Use Among College Students. *J Community Health*. 2017;42(1): 155–9.
30. Cassidy C, Bishop A, Steenbeek A, Langille D, Martin-Misener R, Curran J. Barriers and enablers to sexual health service use among university students: a qualitative descriptive study using the theoretical domains framework and COM-B model. *BMC health services research*. 2018;18(1):581.
31. Raselekoane NR, Morwe KG, Tshitangano T. University of Venda's male students' attitudes towards contraception and family planning. *African J Prim Heal Care Fam Med*. 2016;8(2):1–7.
32. Madlala ST, Sibiya MN, Ngxongo TS. Perceptions of young men at the Free State School of Nursing with regards to teenage pregnancy. *African journal of primary health care & family medicine*. 2018;10(1):1–7.
33. Bender SS, Fulbright YK. Content analysis: A review of perceived barriers to sexual and reproductive health services by young people. Vol. 18, *European Journal of Contraception and Reproductive Health Care*. 2013. p. 159–67.

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950 **From chapter 4 to chapter 5**

951 Chapter 2 outlined the intersections between masculinities and sexual behaviours among young men  
952 while chapter 3 highlighted the intersectionality of cultural norms and sexual behaviours of young  
953 black male students and the barriers to accessing on-campus health services were discussed in chapter  
954 4, as well as possible ways to improve male students' access to and use of health services. Chapter 5  
955 synthesizes all findings from the respective chapters.

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## CHAPTER 5: SYNTHESIS OF RESEARCH FINDINGS

This chapter will provide a synthesis of the study as well as the important findings, which are explored in detail in each of the previous chapters that resulted in publications. It describes the relevant findings from each article and compares them to those from other investigations. The limitations and strengths of the study are discussed. This chapter also presents recommendations and possible policy implications, as well as suggestions for further research.

### 5.1 Overview of the study

Culture has long served as a useful tool for distinguishing between acceptable and unacceptable behaviours (Sanjakdar, 2011). The family, community, peers and society at large are important socialising agents that have a critical influence on the behaviour of men. The context in which young people grow up and are socialised influences their perceptions and beliefs, their goals and their behaviour and frequently determines whether or not they will engage in risk behaviours (Sebele, 2009). Sexual behaviours and masculinities are socially constructed and culturally informed. Norms relating to masculinity and sexual behaviour are not fixed, they are dynamic and constructs vary depending on the social context (Fleming et al., 2016). The dominant construction of masculinities in any given cultural setting plays the most important role in influencing the sexual behaviour of young men (Fleming et al., 2016). Men are not merely passive recipients of socially constructed expectations or cultural socialisation; they are also active participants in the creation and recreation of prevailing masculine norms (Courtenay, 2000; Byaruhanga et al., 2021).

Men's predisposition to participate in risky sexual activities, including not adhering to safer sexual practices is heavily influenced by masculine ideas and expectations (Byaruhanga et al., 2021). The expectations that are prescribed for men place pressure on some young men, inevitably compelling them into partaking in various risk-taking activities to 'prove' their manhood. It becomes more difficult for some young men when they go to university, which is a very different environment to that of "home", and they have a great desire to belong to and be recognized by the social groups that exist on campus. This is achieved through sexual risk-taking to prove their manhood. Empirical research has reported on the association between masculinity and risk-taking behaviour (Masitha, 2012; Morgenroth et al., 2018). This notion is echoed by study findings that reported that having multiple sexual partners increased the status of men among their peers (Nyanzi et al., 2009; Siu et al.,

1014 2013). However, women who displayed the same behaviour are often insulted, shamed and given  
1015 derogatory terms (Uwah & Wright, 2012).

1016

1017 The university environment has been identified as a space for risk-taking. University life can be a  
1018 challenging period for most students. They are away from home for the first time and need to make  
1019 important decisions about their lives and their future away from the comfort of their home and  
1020 guidance from their parents. It is during this period that many young people get the opportunity and  
1021 freedom to explore and experiment. The university setting thus becomes an important period for many  
1022 young people to make lifetime decisions which at times places them at risk. It is during this important  
1023 transitional period that many young people make decisions that affect their current and future health.  
1024 However, the university space has also been reported to be where sexual risk-taking is prevalent, and  
1025 that this includes substance use, unprotected sex, casual sex, multiple and concurrent sexual  
1026 relationships (Harris, 2009; Mutinta et al., 2012).

1027

1028 Young men who define masculinity in terms of risk-taking are more likely to engage in high-risk  
1029 behaviour. The risk behaviour inevitably places young men's health at risk of HIV and other sexually  
1030 transmitted infections. In South Africa, research conducted among young people between the ages of  
1031 15-24 reported the highest risk of HIV infection in this age group (Zuma et al., 2016). It is for this  
1032 reason that this study aimed to explore cultural norms, masculinities and sexual behaviours of Black  
1033 South African male students at the University of KwaZulu-Natal. To achieve this aim, the study was  
1034 guided by three research objectives which culminated into three publications (which are further  
1035 discussed in the synthesis section). The study was qualitative in nature and underpinned by the social  
1036 constructionist theory. Data was collected through the use of focus group discussions with Black male  
1037 students who were enrolled at the University of KwaZulu-Natal. The study thus aimed to explore  
1038 cultural norms, masculinity and sexual behaviour among Black South African male university  
1039 students. The study was guided by three specific objectives these were:

- 1040 • To explore how Black male students construct their masculinities and sexual behaviours.
- 1041 • To explore the cultural norms associated with Black male students sexual behaviours.
- 1042 • To explore the experiences of young men in accessing university health services.

1043

1044

1045 **Masculinities and sexual behaviours**

1046 The first part of the study explored how Black male students construct their masculinities and sexual  
1047 behaviours. The findings of this part of the study were documented in Publication 1 which was titled:  
1048 “The intersections between masculinities and sexual behaviours among young men at the university  
1049 of KwaZulu-Natal, South Africa: “The objective of this first part entailed exploring how Black male  
1050 students construct their masculinities and sexual behaviours. A qualitative research methodology was  
1051 employed to capture young Black men’s perceptions, understanding, beliefs and attitudes in how they  
1052 construct their masculinities and sexual behaviours within a university setting. The study participants  
1053 were Black male students who were enrolled at the University of KwaZulu-Natal from their first year  
1054 of study to postgraduate level and who were between the ages of 18-30. Focus group discussions were  
1055 all held at the University of KwaZulu-Natal, and each group discussion included 8-10 participants.  
1056 The study was underpinned by the social constructionist theory which examines the construction of  
1057 masculinities and sexual behaviours through emphasising the roles of agency, context and subjectivity  
1058 of young Black male students within a university setting (Carroll et al., 2008).

1059

1060 The subjective nature of the qualitative method was found to be important for this study as it aimed  
1061 to better understand the subjective experiences of young Black male students in how the university  
1062 space influences their masculinities and sexual behaviours. This method further enabled the research  
1063 to probe in-depth on how Black male students construct, negotiate and perhaps reject dominant  
1064 notions of masculinities. Our findings revealed that our social worlds play a significant role in  
1065 shaping, reproducing and constructing our behaviours, experiences, feelings and actions. People often  
1066 act and express themselves based on what they have learned and observed in their societies. Societies  
1067 that prescribe what it means to be a man play an important role in how young men construct their  
1068 sexual and masculine identities in order to prove their manhood. Many young men often conform to  
1069 the prescriptions exerted on themselves in order to be socially recognised. Some young men  
1070 consequently place themselves at risk through exerting sexual risk-taking to prove their masculinity.

1071

1072 The university space affords young men the opportunity to interrogate and explore their masculinities  
1073 and sexual behaviours on their own terms away from the supervision of their parents, but where they  
1074 may be susceptible to the pressure of others. In line with previous studies, the current findings  
1075 revealed the role of peers in influencing how young men defined, understood and negotiated their  
1076 masculinities and sexual behaviours (Sebele, 2009; Mutinta & Govender, 2012; Ziki, 2015). The

findings also highlighted the pressure exerted on young men to engage in risky sexual behaviours to prove themselves to their peers. This finding is consistent with previous studies that indicated the influence of peer norms on the sexual behaviours of young people (Wetherill et al., 2010; Jones et al., 2017; Maheux et al., 2020). While a majority of young men ascribed to prevailing notions of hegemonic masculinity, some participants did not aspire to attain such ideals. Hence, they were open to adopting alternative forms of masculinity that resisted and challenged heteronormative masculinity. The study findings further revealed that masculinities are not fixed, rather they are dependent on the time, circumstances and space in which they find themselves. This study finding is in line with findings from previous studies that also showed the fluidity of masculinities (Morrell, 1998; Kehler, 2003; Gibbs et al., 2020; Ammann & Staudacher, 2021).

The social constructionist theory was useful in this study as it was used to “unpack” how young men’s masculinities and sexual behaviours are socially constructed behaviours that are produced and reproduced through social interactions. The theory further assisted in understanding how social structures, such as the university setting, can impact on the enactment and performance of masculinity based on socially constructed expectations. As a result, the university setting must play an important role in fostering positive gender norms about what it means to be a young man or woman. There is thus an important role for the university to bring its gender policies to the forefront of university activities and to challenge the student body regarding implementation of such policies. The university should consider the experiences of young men and support and promote alternative versions of masculinity and healthy sexual behaviours while also recognising that young men are not the same.

1098

### 1099 **Cultural norms and sexual behaviours**

The second part of the study explored cultural norms associated with Black male students’ sexual behaviours. The second publication was therefore titled: “Intersectionality of cultural norms and sexual behaviours: a qualitative study of young black male students at a university in KwaZulu-Natal, South Africa”. The objective of this study was to explore the cultural norms associated with Black male students’ sexual behaviours. The overall aim of this study was to understand how prevailing cultural norms in families, communities and among peers influence the construction of sexual behaviours among young men in the university setting.

1107



1108 A qualitative research methodology using focus group discussions and thematic analysis was also  
1109 employed for the study. The strength of qualitative methodology is in understanding how people  
1110 interpret their experiences and how they use those interpretations to guide the way they live (McLellan  
1111 et al., 2003). In this context, the qualitative methodology allowed for in-depth interrogation of how  
1112 cultural norms inform the understanding and construction of sexual behaviour among Black male  
1113 students. The use of the social constructionist theory facilitated in understanding the individual  
1114 behaviour of the young men in the study is closely related to social scripts that are dominant within  
1115 their settings. In analysing the findings of the study, it emerged that the socialisation of an individual  
1116 at home influences what they deem to be acceptable and unacceptable; this included norms related to  
1117 sexual behaviour. The findings suggest that the behaviours of young men are influenced by cultural  
1118 norms learned through social interaction with their families, peers and their community settings.  
1119 Therefore, it is important that intervention programs aimed at reducing sexual risk-taking in the  
1120 university space take into consideration the complex influences of social agents such as the family,  
1121 community and peers. It is important that the university has taken cognisance of the important role  
1122 played by peers and has introduced peer education programs. This finding is substantiated by (Parker,  
1123 2009) who stated that sexual conduct is shaped within specific social and culturally structured  
1124 interactions. These influences subsequently inform the sexual behaviours of young men when they  
1125 get into the university setting. This is because the university setting offers more opportunities for  
1126 sexual exploration which is often associated with risk-taking than the home environment. This points  
1127 to the importance of students testing for their HIV status and other sexually transmitted infections  
1128 more often.

1129

1130 Some participants recounted that they had sex because it was something that was “expected” of them  
1131 as men. Some acknowledged their first sexual experience was driven by curiosity and emulating the  
1132 dominant sexual norms among the male figures in their lives. Troublingly, the findings also revealed  
1133 a lack of knowledge and misunderstandings regarding safer sexual practices among some of the young  
1134 men. This presents a problem as young people between the ages of 15-24 have been reported to be at  
1135 high risk of HIV infection (Shisana et al., 2012). The study participants fall within this age category.  
1136 Nonetheless, the findings also reported on other young men who contested and rejected the notion  
1137 that viewed sexual activity as a measure of manhood. As such, they adopted more alternative notions  
1138 of manhood that went against hegemonic masculinity. These young men will be among the leaders  
1139 of tomorrow. Thus, the adoption of programs that encourage positive notions of manhood in the  
1140 university setting will promote healthy ideas related to manhood. While debunking harmful ideas

1141 about manhood which are often drivers of negative health risk, gender-based violence and sexual  
1142 violence.

1143

1144 The university setting was reported to be a space where sexual risk-taking was prominent. This sexual  
1145 risk-taking included alcohol use, casual “hook-ups”, non-condom usage and multiple and concurrent  
1146 sexual relationships. These behaviours were regarded as common and normal university culture. This  
1147 culture may have become normal in such spaces, however, it contributes to the spread of sexually  
1148 transmitted infections such as HIV, Herpes Simples Virus, Hepatitis C and other incurable diseases.  
1149 More troubling was that despite the Life skills’ programme in South African schools, these students  
1150 appeared to have insufficient knowledge of their health risks. According to Bhana et al. (2019), this  
1151 is because teaching on sex and sexuality education in South African schools is strongly gendered,  
1152 heteronormative and framed by traditional values. These findings were deemed problematic because  
1153 of the health risk implications. The findings point to the agency of health promotion programs in the  
1154 university environment that will enable young people to reject sexual expectations that put them at  
1155 risk. They also call for the strengthening of Life skills programs in South African schools.

1156

#### 1157 **University interventions on sexual behaviours**

1158 The third part of the study explored the experiences of young men in accessing university health  
1159 services. Publication 3 was titled: “Narratives of young black men on barriers to health care and poor  
1160 healthcare-seeking behaviours at a university setting: a qualitative study”. The objective of this study  
1161 was to explore the experiences of young men in accessing university health services. As with the other  
1162 data collection methods for the previous two study objectives, this study utilised a qualitative research  
1163 design through the use of focus group discussions and key informant interviews at the University of  
1164 KwaZulu-Natal. Guided by the social constructionist paradigm, this study’s focus was to explore the  
1165 barriers which are encountered by young men when accessing and using on-campus health services  
1166 at the University of KwaZulu-Natal. The social constructionist theory was useful in examining the  
1167 narratives of the key informants of the study. The theory was able to help in understanding the role  
1168 played by cultural norms in shaping the masculine and sexual behaviours of young men, which  
1169 influences how they utilise health services in the university. Furthermore, the theory was also able to  
1170 help in exploring whether young men’s health-seeking behaviours are shaped by socially constructed  
1171 masculine ideas that exist within the space of the university and social backgrounds. The study further

1172 aimed to provide recommendations that can enable the development of interventions to address the  
1173 barriers.

1174

1175 Cultural norms relating to masculinity have a huge impact on the health-related behaviours of men.  
1176 The norms can act as barriers to accessing health care services among men (Olanrewaju et al., 2019).  
1177 Through the use of the qualitative methodology, the young men in the study were enabled to share  
1178 their experiences and perceptions regarding health care and the factors that influence their health-  
1179 seeking behaviours. Health seeking cannot be solely attributed to individual choice, however,  
1180 different social factors should be taken into consideration (Rahman et al., 2011). The assistance of  
1181 the social constructionist theory provided understanding of young men's health-seeking behaviours  
1182 and how they interpret illness based on embedded socially constructed masculine norms that are learnt  
1183 by young men during the course of socialisation and social interactions with other people.

1184

1185 The results of the study identified a lack of knowledge and awareness regarding existing health  
1186 services offered at the university, especially among students in their first year. Of the four Colleges  
1187 at UKZN, only the College of Health Sciences provides first-year students with a compulsory  
1188 introduction to HIV, which is part of the first-year syllabus. The students are then introduced to what  
1189 health services are available. There has been a call from various organisations and researchers for the  
1190 integration of HIV and AIDS into the curriculum. However, studies reported that most lectures teach  
1191 about HIV and AIDS solely because of their personal interest in the subject, with no measures in  
1192 place to monitor the impact of such education in the university setting (Helen Mavhandu-Mudzusi et  
1193 al., 2014). Despite many efforts made by health coordinators in the university, there was little interest  
1194 among some of the students to attend health promotion campaigns provided on-campus. A study of  
1195 HIV sero-prevalence and related factors at the University of KwaZulu-Natal (UKZN) indicated that  
1196 HIV prevalence among UKZN students was 2.4 percent, with at least one in every forty students  
1197 being HIV positive (Bangirana, 2017). Therefore, there is a need for the introduction of compulsory  
1198 life skill programs offered to students within the institutions of higher learning. The continued  
1199 increase in HIV infections and behaviours that put university students at risk point to the failure of  
1200 existing interventions and programs within the university community.

1201

1202 Students also seemed to have negative perceptions and attitudes towards health care services. The  
1203 negative perceptions were attributed to the fear and the stigma of students being seen by other students

1204 going into the campus health facilities. Some of the young men expressed that they utilised the campus  
1205 facilities which helped them in making informed decisions regarding safer sexual practices. The use  
1206 of the internet and peers to self-diagnose emerged from the study findings. The danger from the  
1207 aforementioned was that it delayed some of the young men to seek help in time. The young men in  
1208 the study displayed some masculine traits which perceived seeking help as showing weakness and  
1209 being seen as “unmanly” by others (Staiger et al., 2020). This finding highlights the rigidity and harm  
1210 caused by gender norms in how young men think, which ultimately put them and others at risk.

1211

1212 South Africa has the world's greatest HIV epidemic, with a significant proportion of undiagnosed  
1213 young people (15–24 years old) living with the virus (Haffejee et al., 2018). However, some university  
1214 students fail to appreciate their risk. This is highlighted by the findings of the study as it reported on  
1215 the sexual risk behaviours among male students such as multiple sexual partners with no condom use.  
1216 The study also reported on the presence of fear and perceived stigma of going to test for HIV and  
1217 other sexually transmitted infections among some of the male students. Haffejee et al., (2018) stated  
1218 that the perceived stigma to HIV testing can act as a significant barrier because people who believe  
1219 that individuals living with HIV are stigmatised are often concerned about also being stigmatised  
1220 themselves in the event that they test positive. Some participants stated that they did not utilise campus  
1221 services because their positioning in the central area of the university campus prevented privacy. They  
1222 reported that the location was “extremely public”, so they did not want their peers to see them going  
1223 into any of the campus health facilities. Whereas, some participants stated that they did not seek help  
1224 from on-campus health facilities because of the lack of privacy and judgemental attitudes from the  
1225 health care workers. The stigma attached to health care services has been well-documented.  
1226 According to Nyblade et al. (2019), stigma in health services facilities hinders diagnosis, treatment  
1227 and effective health outcomes which are critical in providing quality healthcare and achieving optimal  
1228 health. The study recommends that the identified barriers be considered and potential solutions should  
1229 be used to design targeted interventions to improve access and utilization of sexual health services.

1230

### 1231 **Limitations and strengths of the study**

1232 Since the findings of this study relate to Black male students at one university, the findings cannot be  
1233 generalised to the broader population of young male university students in the country. The qualitative  
1234 methodology used, namely focus group discussion, was carefully selected as likely to provide new  
1235 information but the use of focus group discussions might have driven other participants in the group  
1236 to conform and impress other male participants in the group. Furthermore, some of the participants



1237 may have expressed their ideas based on socially accepted ideals of "what it means to be a man".  
1238 Social desirability could have impacted the participants' responses and the extent to which each  
1239 participant found the information "socially appropriate" could have impacted how the information  
1240 regarding masculinity and sexual behaviour was expressed. Of interest were the similarities and  
1241 differences in each of the cohorts from the different year level of study. Specifically, the participants  
1242 were studying in different colleges and levels of study and reported on varying social and cultural  
1243 backgrounds, allowing for a diversity of opinions in their responses to the discussion topics and  
1244 probes. Despite these limitations, the results from this study add to the literature investigating the  
1245 influence of cultural norms in shaping the sexualities, masculinities and in turn the sexual behaviours  
1246 of young men within the space of the university. It further contributes to the generation in  
1247 understanding how Black African male students specifically in the South African context construct  
1248 their masculinities and emphasizes that they should not be viewed as a homogenous group.

1249

## 1250 **Conclusion**

1251 Young men from many cultural settings can explore their masculinities, sexualities, and sexual  
1252 behaviours in the university setting. A number of factors such as family, peers, community and  
1253 individual decisions influence the cultural norms of young university male students related to  
1254 masculinities, sexualities, and sexual behaviours. These factors shape and inform the behaviours of  
1255 young men in how they enact their masculinities and sexual behaviours. The findings of this study  
1256 point to the impact of upbringing on the behaviour of an individual, whether positive or negative. As  
1257 a result, understanding the context in which behaviours are constructed and shaped becomes  
1258 increasingly critical.

1259 An important finding in the study was the move from normalized versions of masculinities that often  
1260 put young men at risk to more positive versions of masculinities that are non-threatening and  
1261 progressive. For young men in institutions of higher learning who are on their way to being future  
1262 leaders in different sectors of the economy, it is important for them to leave the university space  
1263 having reshaped their preconceived ideas about what it means to be a man. It is further important for  
1264 young Black male students to develop positive masculine identities that not only protect them but  
1265 also other men and women. Our findings also point to the university setting as an important starting  
1266 point to positively influence students' health behaviours and beliefs and equip young men with the  
1267 information to contest and reject expectations that put young men and their counterparts at risk.

1268

## 1269    **5.2 Recommendations and policy implications**

- 1270        • There is a need for the development of interventions that focus on socio-cultural factors that  
1271            influence men's behaviour in a university setting.
- 1272        • There is a need for more targeted and tailored interventions that seek to decrease risky  
1273            behaviours and promote healthy behaviours among male students by challenging different  
1274            versions of hegemonic masculinities that can facilitate working towards a framework of  
1275            positive masculinity.
- 1276        • There is a need to address the challenges and barriers in accessing health services through  
1277            youth and gender-sensitive / male and female friendly programmes.
- 1278        • Alternative approaches are needed for University HIV programming in order to take into  
1279            account socio-cultural norms and notions of masculinity to create more effective HIV  
1280            prevention programs for young men.
- 1281        • It is important for institutions of higher learning to focus on gender issues on campus and  
1282            create an enabling environment for open discussions and dialogues around masculinities and  
1283            manhood.
- 1284        • A needs assessment is needed across different universities in South Africa that will pay  
1285            particular attention to the needs of young men, which can contribute to the structuring of  
1286            programs and services that focus on young men attending university.
- 1287        • To contribute to policies and interventions within the university and other organisations that  
1288            focus on gender issues related to men, the three publications will be shared with them. The  
1289            author will also share the findings with the Campus HIV and AIDS Student Unit. The findings  
1290            of the study will also be disseminated through conference presentations.

1291

## 1292    **5.3 Future Research**

- 1293        • Future research should move away from considering that all men are the same and that they  
1294            share the same characteristics and should focus on their diversity.
- 1295        • A larger robust qualitative study is also needed among other universities in South Africa to  
1296            expand this line of inquiry.
- 1297        • Future research should focus on the inclusion of other races, and sexualities to get deeper  
1298            understanding of the complexities of the construction of masculinities and sexual behaviours.

Future research should also shift away from problematizing Black masculinities in South Africa and across Africa and focus on positive and reimagined masculinities that challenge dominant patriarchal and hegemonic notions of masculinity embedded within socio-cultural norms.

## 5.4 References

- Ammann, C., & Staudacher, S. (2021). Masculinities in Africa beyond crisis: complexity, fluidity, and intersectionality. *Gender, Place and Culture*, 28(6), 759–768.
- Bangirana, A. B. (2017). Sexual Surveillance and Student Sexual Agency: Catholic Moral Teaching and HIV Prevention in a Higher Education Context. *Journal for the Study of Religion*, 30(2), 105–121.
- Bhana, D., Crewe, M., & Aggleton, P. (2019). Sex, sexuality and education in South Africa. *Sex Education*, 19(4), 361–370.
- Byaruhanga, R., Andersson, L., & Govender, K. (2021). Hegemonic masculinity and risky sexual behaviours in kwazulu-natal, South Africa. *African Journal of Social Sciences and Humanities Research*, 4(1), 1–17.
- Carroll, J. A., Adkins, B., Foth, M., Parker, E., & Jamali, S. (2008). My place through my eyes: A social constructionist approach to researching the relationships between socioeconomic living contexts and physical activity. *International Journal of Qualitative Studies on Health and WellBeing*, 3(4), 204–218.
- Courtenay, W. H. (2000). Constructions of masculinity and their influence on men's well-being: A theory of gender and health. *Social Science and Medicine*, 50(10), 1385–1401.
- Fleming, P. J., DiClemente, R. J., & Barrington, C. (2016). Masculinity and HIV: Dimensions of masculine norms that contribute to men's HIV-related sexual behaviors. *AIDS and Behavior*, 20(4), 788–798.
- Gibbs, A., Myrntinen, H., Washington, L., Sikweyiya, Y., & Jewkes, R. (2020). Constructing, reproducing and challenging masculinities in a participatory intervention in urban informal settlements in South Africa. *Culture, Health and Sexuality*, 22(5), 535–550. 1

1327 Haffejee, F., Maughan-Brown, B., Buthelezi, T., & Kharsany, A. B. M. (2018). Perceived HIVrelated  
1328 stigma among university students in South Africa: implications for HIV testing. *African Journal*  
1329 *of AIDS Research*, 17(2), 109–118.

1330 Harris, F. (2009). Deconstructing Masculinity: A Qualitative Study of College Men ’ s Masculine  
1331 Conceptualizations and Gender Performance Deconstructing Masculinity : A Qualitative Study  
1332 of College Men ’ s Masculine Conceptualizations and Gender Performance. *NASPA Journal*,  
1333 45(4), 453–474.

1334 Helen Mavhandu-Mudzusi, A., Netshandama, V., & Rebecca Risenga, P. (2014). Challenges of  
1335 HIV/AIDS education in a South African rural-based university. *African Journal for Physical*  
1336 *Health Education, Recreation and Dance*, 1(1), 188–201.

1337 Jones, J., Salazar, L. F., & Crosby, R. (2017). Contextual Factors and Sexual Risk Behaviors Among  
1338 Young, Black Men. *American Journal of Men's Health*, 11(3), 508–517.

1339 Kehler, M. D. (2004). Masculinities and Resistance: High School Boys (Un) doing Boy. *Taboo: The*  
1340 *Journal of Culture and Education*, 8(1), 97-113.

1341 Maheux, A. J., Evans, R., Widman, L., Nesi, J., Prinstein, M. J., & Choukas-Bradley, S. (2020).  
1342 Popular peer norms and adolescent sexting behavior. *Journal of Adolescence*, 78(July 2019), 62–  
1343 66.

1344 McLellan, E., MacQueen, K. M., & Neidig, J. L. (2003). Beyond the qualitative interview: Data  
1345 preparation and transcription. *Field methods*, 15(1), 63-84.

1346 Morrell, R. (1998). Of boys and men: Masculinity and gender in Southern African studies. *Journal of*  
1347 *Southern African Studies*, 24(4), 605–630.

1348 Mutinta, G., & Govender, K. (2012). The socio-environmental determinants of students’ sexual risk  
1349 behaviour and HIV prevention at the University of KwaZulu-Natal. *Journal of Human Ecology*,  
1350 38(1), 17-29.

1351 Mutinta, G., Govender, K., Gow, J., & George, G. (2012). An exploratory study of the individual  
1352 determinants of students’ sexual risk behaviour at a South African university. *African Journal of*  
1353 *AIDS Research*, 11(4), 353–359.

1354 Nyanzi, S., Nyanzi-Wakholi, B., & Kalina, B. (2009). Male promiscuity: The negotiation of  
1355 masculinities by motorbike taxi-riders in masaka, Uganda. *Men and Masculinities*, 12(1), 73–  
1356 89.



1357 Nyblade, L., Stockton, M. A., Giger, K., Bond, V., Ekstrand, M. L., Lean, R. M., Mitchell, E. M. H.,  
1358 Nelson, L. R. E., Sapag, J. C., Siraprapasiri, T., Turan, J., & Wouters, E. (2019). Stigma in health  
1359 facilities: Why it matters and how we can change it. *BMC Medicine*, 17(1), 1–15.

1360 Olanrewaju, F. O., Ajayi, L. A., Loromeke, E., Olanrewaju, A., Allo, T., & Nwannebuife, O. (2019).  
1361 Masculinity and men's health-seeking behaviour in Nigerian academia. *Cogent Social Sciences*,  
1362 5(1), 1682111.

1363 Parker, R. (2009). Sexuality, culture and society: Shifting paradigms in sexuality research. *Culture*,  
1364 *Health and Sexuality*, 11(3 SPEC. ISS.), 251–266.

1365 Rahman, M., Islam, M., Islam, M., Sadhya, G., & Latif, M. (2011). Disease Pattern and Health  
1366 Seeking Behavior in Rural Bangladesh. *Faridpur Medical College Journal*, 5(1), 32–37.

1367 Sanjakdar, F. (2011). *Living West, Facing East: The (De) Construction of Muslim Youth Sexual*  
1368 *Identities. Counterpoints: Studies in the Postmodern Theory of Education. Counterpoints*  
1369 *Volume 364*. Peter Lang New York. 29 Broadway 18th Floor, New York, NY 10006.

1370 Sebele, M. K. (2009). *A comparative study on high-risk sexual behaviour of male student elite*  
1371 *athletes, male student non-athletes, and male student recreational sports participants at the*  
1372 *University of Botswana* (Masters dissertation, University of the Western Cape).

1373 Shisana, O., Rehle, T., Simbayi, L. C., Zuma, K., Jooste, S., Zungu, N., Labadarios, D., Onoya, D.,  
1374 & Al., E. (2012). *South African National HIV Prevalence, Incidence and Behaviour Survey,*  
1375 *2012*. HSRC Press.

1376 Siu, G. E., Seeley, J., & Wight, D. (2013). Dividuality, masculine respectability and reputation: How  
1377 masculinity affects men's uptake of HIV treatment in rural eastern Uganda. *Social Science and*  
1378 *Medicine*, 89, 45–52.

1379 Staiger, T., Stiawa, M., Mueller-Stierlin, A. S., Kilian, R., Beschoner, P., Gündel, H., Becker, T.,  
1380 Frasch, K., Panzirsch, M., Schmauß, M., & Krumm, S. (2020). Masculinity and Help-Seeking  
1381 Among Men With Depression: A Qualitative Study. *Frontiers in Psychiatry*, 11(November), 1–  
1382 9.

1383 Uwah, C., & Wright, S. (2012). Socio-cultural identities , perceptions of sexuality / sexual behavior  
1384 and cultural contexts as determinants of HIV and AIDS prevalence in southern Africa. *World*  
1385 *Journal of AIDS*, 2, 17–23.

1386 Wetherill, R. R., Neal, D. J., & Fromme, K. (2010). Parents, peers, and sexual values influence sexual  
1387 behavior during the transition to college. *Archives of Sexual Behavior*, 39(3), 682–694.

1388 Ziki, P. (2015). *Factors influencing adoption of high risk sexual behaviour by undergraduate students*  
1389 *at a private tertiary institution in Gauteng Province, South Africa, in the context of the HIV/AIDS*  
1390 *epidemic* (Master Thesis, Stellenbosch: Stellenbosch University)

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## APPENDICES

### APPENDIX A: PHD PROTOCOL APPROVAL LETTER



19 March 2018

**Student No:** 210535743

Ms SK Khumalo  
P O Box 1111  
John Ross House  
4001

Dear Ms Khumalo,

**DOCTOR OF PHILOSOPHY (PHD) PUBLIC HEALTH**

**Title:** Exploring how cultural norms associated with sexuality and masculinity influence sexual behaviour among Black South African male students at University

**Supervisor:** Professor M Taylor  
**Co-Supervisor:** Dr M Mabaso

The above-mentioned application was reviewed and the protocol has been approved for your PhD degree.

**Please note:**

- The study may not begin without the approval of the Biomedical Research Ethics Committee (**BREC**) / Humanities and Social Sciences Research Ethics Committee (**HSSREC**) / Animal Ethics Committee (**AEC**).

Yours sincerely

Michelle Ramlal  
Postgraduate Administration

cc: Professor M Taylor  
Dr M Mabaso

**School of Nursing and Public Health - Postgraduate Office**  
Postal Address: School of Nursing and Public Health, Howard College Campus, Private Bag X54001, Durban 4000, South Africa  
Telephone: +27 (0) 31 260 2499 Facsimile: +27 (0) 31 260 1543 Website: www.ukzn.ac.za

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1414 **APPENDIX B: UNIVERSITY RESEARCH ETHICAL APPROVAL LETTER**

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05 July 2018

Ms Sinakekeiwe K Khumalo 210535743  
School of Nursing and Public Health  
Howard College Campus

Dear Ms Khumalo

Reference number: HSS/0255/018D

Project title: Exploring how cultural norms associated with sexuality and masculinity influence sexual behaviour among Black South African male students at University.

**Full Approval – Full Committee Reviewed Application**

With regards to your response received on 02 July 2018 to our letter of 15 May 2018, the Humanities and Social Sciences Research Ethics Committee has considered the abovementioned application and the protocol have been granted **FULL APPROVAL**. The PI is cautioned to ensure that the compiled list of contact details for the participants is securely stored.


Any alteration/s to the approved research protocol i.e. Questionnaire/Interview Schedule, Informed Consent Form, Title of the Project, Location of the Study, Research Approach and Methods must be reviewed and approved through the amendment/modification prior to its implementation. In case you have further queries, please quote the above reference number.

Please note: Research data should be securely stored in the discipline/department for a period of 5 years.

The ethical clearance certificate is only valid for a period of 3 years from the date of issue. Thereafter Recertification must be applied for on an annual basis.

I take this opportunity of wishing you everything of the best with your study.

Yours faithfully

 Prof S Singh (Chair)

/px

cc Supervisor: Prof M Taylor and Dr M Mabaso  
cc Academic Leader Research: Dr T Mashamba-Thompson  
cc School Administrator: Mrs C Dhanraj

Humanities & Social Sciences Research Ethics Committee  
Professor Shenuka Singh (Chair)/Dr Shamila Naidoo (Deputy Chair)  
Westville Campus, Govan Mbeki Building  
Postal Address: Private Bag X54001, Durban 4000  
Telephone: +27 (0) 31 260 3567/6350/4557 Facsimile: +27 (0) 31 260 4609 Email: [simbona@ukzn.ac.za](mailto:simbona@ukzn.ac.za) / [shenuka@ukzn.ac.za](mailto:shenuka@ukzn.ac.za) / [mohungu@ukzn.ac.za](mailto:mohungu@ukzn.ac.za)  
Website: [www.ukzn.ac.za](http://www.ukzn.ac.za)



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**APPENDIX C: UKZN GATEKEEPERS APPROVAL LETTER**

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27 March 2018

Ms Sinakekelwe Khanyisile Khumalo (SN 210535743)

School of Nursing and Public Health

College of Health Sciences

Howard College Campus

UKZN

Email: [210535743@stu.ukzn.ac.za](mailto:210535743@stu.ukzn.ac.za) [taylor@ukzn.ac.za](mailto:taylor@ukzn.ac.za) [mmabaso@hsrc.ac.za](mailto:mmabaso@hsrc.ac.za)

Dear Ms Khumalo

**RE: PERMISSION TO CONDUCT RESEARCH**

Gatekeeper's permission is hereby granted for you to conduct research at the University of KwaZulu-Natal (UKZN), towards your postgraduate degree, provided Ethical clearance has been obtained. We note the title of your research project is:

*"Exploring how cultural norms associated with sexuality and masculinity influence sexual behavior among Black South African male students at University".*

It is noted that you will be constituting your sample by conducting interviews, and/or focus groups with black African male students on the Howard College campus.

Please ensure that the following appears on your notice/questionnaire:

- Ethical clearance number;
- Research title and details of the research, the researcher and the supervisor;
- Consent form is attached to the notice/questionnaire and to be signed by user before he/she fills in questionnaire;
- gatekeepers approval by the Registrar.

You are not authorized to contact staff and students using 'Microsoft Outlook' address book. Identity numbers and email addresses of individuals are not a matter of public record and are protected according to Section 14 of the South African Constitution, as well as the Protection of Public Information Act. For the release of such information over to yourself for research purposes, the University of KwaZulu-Natal will need express consent from the relevant data subjects. Data collected must be treated with due confidentiality and anonymity.

Yours sincerely














**MR S S MOKOENA**  
**REGISTRAR**

**Office of the Registrar**

Postal Address: Private Bag X54001, Durban, South Africa

Telephone: +27 (0) 31 260 8005/2206 Facsimile: +27 (0) 31 260 7824/2204 Email: [registrar@ukzn.ac.za](mailto:registrar@ukzn.ac.za)Website: [www.ukzn.ac.za](http://www.ukzn.ac.za)

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## APPENDIX D: FOCUS GROUP INFORMATION SHEET



Dear participant,

Hello, my name is Sinakekelwe Khanyisile Khumalo. I am Public health PhD student at the University of KwaZulu-Natal, Howard College Campus. The title of my study is: *Exploring cultural norms, masculinities and sexual behaviour among Black African male students at the University of KwaZulu-Natal (Howard College)*. You are being invited to take part in this study because you deal directly with University male students on this campus. **You will decide whether you want to participate in this study or not. No one can force you to take part if you do not want to.**

The aim of this study is to explore cultural norms, masculinities and sexual behaviours among Black African male university students. The study will be focusing on university male students who are between the ages of 18-30 doing their undergraduate studies (1<sup>st</sup> to 3<sup>rd</sup> year) and postgraduate studies. If you agree to take part in this study, we will ask you to participate in an interview that will take approximately 1½ hours to complete. You will be asked to talk about your experience as a student coordinator in the university and dealing with university male students. You may be unsure about answers to some of the questions but there is no right or wrong answer and any unclear questions will be clarified to you.

Although we will ask for your name, we will not use your name on any records or publications. Instead, the researchers will use pseudonyms to identify each person in the study. A record of your interview will be kept in a locked cupboard, which will be accessed by myself and my supervisors. Your participation in this research study is your decision. You have the right to withdraw from completing the interview at any time.

In the event of any problems or concerns/questions, you may contact the researcher (Ms Sinakekelwe Khumalo email:210535743@stu.ukzn.ac.za, contact number: 031 242 5676 ) or my supervisors Dr Musawenkosi Mabaso email: [mmabaso@hsrc.ac.za](mailto:mmabaso@hsrc.ac.za), contact number: 031 242 5608 or Prof. Myra Taylor email, [taylor@ukzn.ac.za](mailto:taylor@ukzn.ac.za), contact number 031 260 4499. You can also contact the UKZN Humanities & Social Sciences Research Ethics Committee, contact details are as follows:

**Humanities & Social Sciences Research Ethics administration**

Research office, Westville campus

Govan Mbeki Building

Private Bag X 54001

Durban

4000

KwaZulu-Natal, SOUTH AFRICA

Tel: 27 31 2604557- Fax: 27 31 2604609

Email: [HSSREC@ukzn.ac.za](mailto:HSSREC@ukzn.ac.za)

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**APPENDIX E: INFORMED CONSENT**



Dear Participant

I..... (Full names of participants)  
hereby confirm that I understand the contents of this document and the nature of the research project,  
and I consent to participate in the research project.

I have also been well informed about the role that I stand to play if I am to participate in this research study, which is participating in a focus group discussion. I am also aware that participation is voluntary and I can choose to withdraw from the process at any stage without any penalties of my withdrawal. I am aware that all information obtained from me in the course of this research study will remain confidential and that my identity will be well guided in any publication of the obtained information. I agree that the interview process will be electronically recorded and all collected information will be kept confidential. Therefore, I consent to have this interview recorded.

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**Kindly sign bottom both as part of having understood the content of this letter as well as your participation in this study.**

..... **Date:** .....

**Signature of participant**

I understand that the information that I provide will be stored electronically and will be used for research purposes now or at a later stage.

**Consent to be audio recorded**

Signing your name below means you choose to be audio recorded in this research study

..... **Signature of participant** **Date:**.....

\_\_\_\_\_ **Name and signature of**  
**interviewer** **Date**

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**APPENDIX F: PARTICIPANT’S INFORMED CONSENT FORM FOR KEY NFORMANTS INTERVIEWS (KII)**



Dear Participant

I..... (Full names of participants)  
hereby confirm that I understand the contents of this document and the nature of the research project,  
and I consent to participate in the research project.

I have also been well informed about the role that I stand to play if I am to participate in this research study, which is participating in the key informant interviews. I am also aware that participation is voluntary and I can choose to withdraw from the process at any stage without any penalties of my withdrawal. I am aware that all information obtained from me in the course of this research study will remain confidential and that my identity will be well guided in any publication of the obtained information. I agree that the interview process will be electronically recorded and all collected information will be kept confidential. Therefore, I consent to have this interview recorded.

**Kindly sign the bottom both as part of having understood the content of this letter as well as your participation in this study.**

..... **Date:** .....

**Signature of participant**

I understand that the information that I provide will be stored electronically and will be used for research purposes now or at a later stage.



**Consent to be audio recorded**

Signing your name below means you choose to be audio recorded in this research study

.....

**Signature of participant**

**Date:.....**

\_\_\_\_\_  
**Name and signature of interviewer**

\_\_\_\_\_  
**Date**

## APPENDIX G: FOCUS GROUP DISCUSSION GUIDE



### Manhood and Masculinity

1. In the community you are coming from what does it mean to be a man? • What defines a man in your own opinion?

- Is it different from your family's view of manhood? • How is manhood achieved in your own opinion?

- How does society define being a man?

- Before coming to university how were you viewed as a man?

- What are some of the most desirable masculine traits in your community?

- Are men generally able to live up to society's expectations of their masculinity?

- Is it different from your view of manhood now that you are here in university? Probe

(Among your peers, in your family, community)

- How different are you perceived from other men who are not in university?

- What are the challenges faced by young men in terms their masculinity?

- What the possible solutions to these challenges?

### Manhood and sexual behaviour

2. In your community, what are the sexual behaviours that are acceptable for men? In terms of:

- 1645 • What is sexual intercourse?
- 1646 • In terms of sexual behaviour, what defines a man?
- 1647 • Acceptable age for initiation of sexual intercourse?
- 1648 • In the modern world, what is your opinion of men who sleep with other men? (Why do you
- 1649 say so?)
- 1650 • Do men need to be in-love with someone before they have sex with them?
- 1651 • In terms of number of sexual partners
- 1652 • Who determines where, when and how to have sex?
- 1653 • Women negotiating sex and safe sex (probe physical violence, sexual coercion)

1654

### 1655 **Manhood and culture**

1656 3. Early childhood socialisation

1657

- 1658 • What are the prescribed roles for men and women?
- 1659 • What happens if you do not prescribe to the assigned roles?
- 1660 • Who teaches these roles?

1661

1662 4. Are there any traditional practices in y our culture that teach and educate men about sex and

1663 sexual behaviours? If yes,

- 1664 • What are these traditions/culture?
- 1665 • How do they shape and define manhood?
- 1666 • Who is responsible for teaching them?
- 1667 • What impact do they have on you?
- 1668 • What do these traditions say about non-heteronormative ideas? Probe (Being gay or
- 1669 bisexual).

1670

### 1671 **University setting and sexual behaviour**

1672 5. Now that you are in university,

- 1673 • What are your views on sexual behaviours in terms of:
  - 1674 o Acceptable age of sexual intercourse initiation
  - 1675 o Number of sexual partners
  - 1676 o Women negotiating sex and safe sex (probe physical violence, sexual coercion)

1677

1678 **Sexual behaviour programming**

1679 6. What has influenced your sexual behaviour in this university?

- 1680 • What are the types of male sexual behavioural programs that are in place in this university?
- 1681 • Do men your age visit the University services for sexual health advice?
- 1682 • How do men view these programs? Probe (Are they useful, how can they be improved)
- 1683 • What would you recommend to deal with cultural norms associated with sexuality and
- 1684 masculinity?
- 1685 • What are the barriers that hinder men from seeking health advice?
- 1686 • What can be done to enable men to utilise health services?
- 1687 • What is the nature of power structure between men and women? Probe (Advantages one
- 1688 gender has on the other).
- 1689 • Are men and women equal in society? Probe (In the family, University, relationships)
- 1690 • How do you feel about women and men swapping roles? Probe (In terms of providing for
- 1691 the family, childcare, cleaning and cooking)

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1714 **APPENDIX H: KEY INFORMANTS INTERVIEW GUIDE**

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1721 1. What are some of the programmes that are in place to promote healthy sexual practices

1722 among males in the university?

1723 2. From your own experience to what extent are these programmes effective?

1724 3. What are there barriers that hinder the effectiveness of these programmes in a university

1725 setting?

1726 4. How often do male students utilise some of these services?

1727 • Which age groups commonly use the services?

1728 • Is it different from a level of study?

1729 5. What are some of the challenges that your encounter as coordinators in this unit?

1730 Probe: Human resources, funding, space, time

1731 6. In your own view, how do cultural norms associated masculinity influence the sexual

1732 behaviour of male students?

1733 7. What other additional measures would you recommend to deal with these challenges?

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## APPENDIX I: TURNITIN REPORT

Exploring how cultural norms associated with sexuality and masculinities influence sexual behaviours of Black South African male students at the University of KwaZulu-Natal.

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### ORIGINALITY REPORT

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<b>11</b> %	<b>8</b> %	<b>12</b> %	%
SIMILARITY INDEX	INTERNET SOURCES	PUBLICATIONS	STUDENT PAPERS

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### PRIMARY SOURCES

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<b>1</b>	Sinakekelwe Khumalo, Musawenkosi Mabaso, Tawanda Makusha, Myra Taylor. "Intersections Between Masculinities and Sexual Behaviors Among Young Men at the University of KwaZulu-Natal, South Africa", SAGE Open, 2021 Publication	<b>5</b> %
<b>2</b>	reproductive-health-journal.biomedcentral.com Internet Source	<b>4</b> %
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