



**EXPLORING CONSTRUCTIONS OF MASCULINITIES
AND THEIR INFLUENCE ON SEXUAL PRACTICE, HIV
RISK AND HEALTH-SEEKING BEHAVIOURS OF YOUNG
MEN IN MALUKAZI/MALAGAZI INFORMAL
SETTLEMENT IN DURBAN**

**Submitted in fulfilment of the requirements for the degree of Doctor
of Philosophy in the Faculty of Humanities & Social Sciences**

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DECLARATION

I, **Ngcobo Seluleko Eric** declare that

1. The research reported in this thesis, except where otherwise indicated, is my original research.
2. This thesis has not been submitted for any degree or examination at any other university.
 - (a) Part of this thesis has been accepted for publication as a chapter titled "*Amajita: Masculinity and Sexual Risk Among Young Men in a South African Informal Settlement*" in a book entitled "*Young Masculinities and Sexual Health in Southern Africa*" (Ngcobo, Govender and Wenche, 2024) in a book titled: *Young Masculinities and Sexual Health in Southern Africa* edited by Bhana, Skovdal and Govender, expected to be published by Routledge in 2025.
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Signed 

Date: 06 January 2025

Supervisor

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Prof. Kaymarlin Govender


17/06/2025

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ABSTRACT

Introduction: This study explores the role masculinity plays in shaping HIV-related risks and the health-seeking behaviours of young men residing in Malukazi, an informal settlement located in Durban, South Africa. Traditional notions of masculinity often influence health behaviours, including perceptions of HIV-related risk and healthcare utilisation. Understanding the intersection between masculinity and HIV-related risks and health-seeking behaviours is crucial for the development of targeted context-specific interventions meant to address the HIV epidemic among young men in informal settlements of South Africa.

Methods: The study adopted a qualitative approach, which involved in-depth interviews face-to-face and focus-group discussions with 23 young men aged 15-25 from Malukazi. Three focus group discussions (FGD) and 17 individual interviews (IDI) were conducted. Thematic analysis was employed to analyse, interpret and present the data.

Findings: The findings indicate that masculine attributes are associated with being ‘*umjita*’, a *tsotsitaal* concept meaning a young man and ‘*amajita*’, meaning a group of young men that significantly shaped young men's health-seeking behaviours in Malukazi. Risky sexual behaviours, such as engaging in MSR/MSP and inconsistent condom use, were perceived as integral to *Amajita*'s identity and masculine prowess and are an important need to prove one's masculinity to *Amajita*. Moreover, the stigma surrounding HIV and AIDS and fear of emasculation were found to deter young men from seeking HIV testing and healthcare services.

Conclusion: The findings highlight the critical role masculinity plays in shaping HIV risks and health-seeking behaviours among young men in Malukazi. Addressing the traditional norms of masculinity is essential as it promotes HIV prevention and care initiatives tailored to address the needs of this vulnerable population. There is a need to conduct research with the aim of providing an evidence base to develop and implement Interventions that challenge harmful gender norms, empower young men so that they adopt healthier behaviours and provide culturally sensitive healthcare services that prioritise confidentiality and respect. Addressing the intersection of masculinity with HIV-related risks and health-seeking behaviours can help advance efforts being made to mitigate the impact of the HIV epidemic among young men residing in informal settlements such as Malukazi.

Keywords: *Amajita, Masculinity, HIV risks, health-seeking behaviours, young men, informal settlements, Durban, South Africa.*

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ACRONYMS

ABC:	Abstain, Be Faithful, Condomise
AIDS:	Acquired Immune Deficiency Syndrome
ARVS:	Anti-Retro Viral
COREQ:	Consolidated Criteria for Reporting Qualitative Research
FGD:	Focus Group Discussion
HIV:	Human Immunodeficiency Virus
IDI:	Individual Interviews
KZN:	KwaZulu-Natal
MSM:	Men who have sex with men / Men Sleeping with Men
NSP:	National Strategic Plan
PI:	Principal Investigator
SABSSM:	South African National HIV Prevalence, Incidence, Behaviour and Communication Survey
STD:	Sexually Transmitted Disease
STI:	Sexually Transmitted Infection
UKZN:	University of KwaZulu-Natal
UNICEF:	United Nations Children's Fund

TERMS AND DEFINITIONS

Mjita (root word)	: A colloquial term referring to a young man - (umjita- singular) (amajita- plural)
Tsotsitaal	: A colloquial mixture of languages mainly spoken by men in townships as a sign of streetwiseness.
Isoka	: Praise for womanizer
Isifebe	: A harsh term referring to women involved with multiple men as a 'bitch'
Isitimela	: Train, meaning group sex or gang rape sex in the context of this study
Skoon	: Unprotected sex

CHAPTER 1

INTRODUCTION TO THE STUDY

1.1 INTRODUCTION

This chapter presents the study's background and motivation. This study investigated the role played by masculinity in influencing sexual behaviours, HIV-related risks and health-seeking behaviours among young men. It particularly refers to young men living in Malukazi, an informal settlement in Durban, South Africa. This chapter discusses the rationale for conducting this study by showing that negative masculinities heighten men's vulnerability to engaging in high-risk sexual behaviours while, at the same time, men seldom access health care, resulting in high HIV-related mortality in men. In addition, this chapter highlights that men have been neglected from HIV-related research and interventions despite men proving to experience more disproportionate HIV-related deaths compared to women. There is a need to investigate and produce evidence that explores masculinities and how they influence men's vulnerabilities to high-risk sexual behaviours, leading to HIV infections and AIDS-related deaths amongst men. By doing so, this study will add to the evidence base to inform masculinities-focused interventions tailored to men's needs to alleviate HIV infections and increase men's access to health care, including HIV-related services. This chapter concludes by providing an outline and layout of the thesis.

1.2 BACKGROUND OF THE STUDY

The HIV pandemic still poses a significant threat to humankind globally (Rousseau, 2016; Cornell et al., 2021). When this study was conceptualised in 2019, global statistics indicated that 36.9 million people were living with HIV (PLHIV), and this has since increased to 39.9 million in 2023 (UNAIDS, 2018;2024). Males constituted approximately 49% of PLHIV globally in 2019 (UNADIS, 2018); however, this number has declined to 47% in 2023

(UNAIDS, 2024; Unicef, 2024). Studies show that global attempts to end the HIV/AIDS epidemic are yielding positive results, showing a 39% decline in HIV incidents globally since the year 2010 (UNAIDS, 2023). However, men have shown slower progress than women in taking advantage of the global HIV cascade (Medina-Marino et al., 2023). Consequently, statistics have proven that men are doing poorly in preventing new HIV infections globally, accounting for 56% of HIV incidents compared to women and girls at 44% in the year 2023 (UNAIDS, 2023). This stark contrast in HIV incidents showing men outnumbering women in new infections and the slowed progress of men in both HIV prevention and care is attributed to the neglect of men in both HIV research and interventions (Dovel et al., 2016), which has been deemed the greatest gap in HIV preventative interventions and care (Cornell et al., 2021; Medina-Marino et al., 2023).

The high HIV infections in men remain a critical missed opportunity in the HIV cascade, with researchers calling for urgent consideration and tailoring of interventions to accommodate men (NSP, 2023; Medina-Marino et al., 2023). Men access health care and HIV treatment to a lesser degree compared to women (Cornell et al., 2021; Medina-Marino et al., 2023; UNAIDS, 2024). Women and young girls continue to outnumber men in accessing HIV care services such as HIV testing (Phiri et al., 2022; WHO, 2024). When HIV results are positive, women and girls have been shown to perform better in accessing and adhering to anti-retroviral therapy (ART) (UNAIDS, 2024). The report by UNAIDS highlights that in the global population of PLHIV, 83% of women, compared to 72% of men, accessed ARVs (UNAIDS, 2024). This remains a global concern as it contributed to the missed 2020 global goals of ending AIDS for the future generation by achieving 90-90-90 where 90% of PLHIV know their status, access ART and have a suppressed viral load and has since been updated to the 95-95-95 goals to be reviewed in 2025 (Abdool Karim & Abdool Karim, 2022; Frescura et al., 2022).

In 2023, the World Health Organisation (WHO) (2024) reported that men are not accessing HIV-related health services and account for high AIDS-related mortality worldwide. In the 15 years and above age group, men accounted for 57% (320 000) of (560 000) global AIDS-related deaths (WHO, 2024). This results in more AIDS-related deaths among men (Phiri et al., 2022). A study by Zissette and colleagues (2016) and a report by UNAIDS (2020; 2023) assert that men outnumber women in global HIV incidents, suggesting that there will be an increase in men living with HIV. This study further indicates that there is a high risk of men progressing from HIV to AIDS due to their lack of access to HIV care (Zissette et al., 2016). Evidence

points to a lack of HIV-related testing, delayed commencement of treatment when the disease has developed, and a lack of adherence to Anti-retroviral (ARV/ART) therapy and treatment as worsening men's vulnerabilities to AIDS-related deaths (Dovel et al., 2016; Druyts et al., 2013; Shand et al., 2014; UNAIDS, 2024; WHO, 2024). The lack of health care access and poor ART initiation, treatment and adherence for men explains men's heightened vulnerabilities to AIDS-related deaths. One important outcome of ART is the improved quality and longevity of life for PLHIV, with researchers stating that "*a person living with HIV has a similar life expectancy to an HIV-negative person, providing they are diagnosed in good time, have good access to medical care, and are able to adhere to their HIV treatment*" (Hayes, 2023, p.1). Conversely, the outcome of not taking ARVs is an increased viral load leading to AIDS and AIDS-related death. The lower rate of HIV healthcare access in men compared to women is witnessed in HIV/AIDS-related deaths. Global statistics show a 56% decline in women and girls AIDS-related mortality compared to a lesser decrease of 47% for men between 2010 and 2023 (UNAIDS, 2024).

Despite this evidence, research and interventions on HIV and AIDS have been criticised for primarily focusing on women and children and neglecting men (Dovel et al., 2016; Cornell et al., 2021; Phiri et al., 2022; Medina-Marino et al., 2023). This is in stark contrast as the evidence indicates heightened vulnerability to HIV infections and lower HIV service access, resulting in higher HIV/AIDS-related mortality for men compared to women (WHO, 2024; UNAIDS, 2024; Unicef, 2024). There is a need for extensive research tailored to understanding men's vulnerabilities to inform HIV interventions for men (Bor et al., 2015; Dovel et al., 2016; Shand et al., 2014; Cornell et al., 2021; Phiri et al., 2022; Medina-Marino et al., 2023). However, this requires context-specific evidence for a comprehensive understanding of masculinities, norms, beliefs and behaviours that worsen men's vulnerability to high sexual risk behaviours and HIV infections while at the same time discouraging them from accessing health care. Men's behaviours as a group remain under-researched and understood through Western perspectives and theories (Connell & Messerschmidt, 2005; Ratele, 2014; Mfecane, 2020). This study considers the importance of context by focusing on the young men population at the Malukazi informal settlement in Durban, SA. This context remains important for two reasons; firstly, it allows the researcher to explore young men and masculinities, a population neglected by HIV research (Medina-Marino et al., 2023). Findings on masculinities and how they influence sexually risky behaviours add to the evidence for future research on theorising about local masculinities in SA and evidence-based interventions. Secondly, the context of

informal settlement has been shown to increase vulnerabilities of HIV due to poverty and a lack of healthcare access, amongst other factors (HSRC, 2024). Thus, this study is a timely contribution to understanding men's vulnerabilities related to high-risk sexual behaviours. The following section summarises the context of HIV and men in SA.

1.2.1 SOUTH AFRICAN HIV CONTEXT AND MEN

South Africa (SA) is located in the Sub-Saharan Africa (SSA) region, which accounts for a high proportion of PLHIV globally (UNAIDS, 2023; 2024). The SSA region contributes approximately two-thirds (65%) of the global population of PLHIV (UNAIDS, 2024). Estimates show that in 2021, SSA accounted for 67% of the worldwide population of PLHIV (Moyo et al., 2023), which has decreased to 65% in 2023 (UNADIS, 2024). The region also accounts for approximately 45% of global HIV incidents and 44% of AIDS-related deaths (Moyo et al., 2023). While the SSA region has seen significant progress in HIV prevention and care, there remain essential gaps, particularly among men (Cornell et al., 2021; Medina-Marino et al., 2023), children and key populations (UNAIDS, 2024).

SA holds the title of the world's largest HIV epidemic in the world (Allinder & Fleischman, 2019; Allinder, 2020; HSRC, 2024). South Africa has the highest number of PLHIV in the SSA region (UNAIDS, 2024). Statistics show that approximately 7.8 million (12.7%) South Africans are living with HIV (Britz, 2024; HSRC, 2024). The HIV pandemic in SA continues to be an issue, despite the country's effort in trying to combat the spread of HIV by adopting the National Strategic Plan for HIV, TB and STIs 2017–2022, which aimed at fast-tracking improved access to ARVs, healthcare and decreasing HIV infection by reaching out to vulnerable population groups (NSP, 2012). The National Strategic Plan (NSP) (2012-2016) (2017-2022) has been updated to 2023-2028, urging continued targeting of vulnerable groups and the consideration and inclusion of targeted outreach for men (NSP, 2023). South Africa has also implemented the 90-90-90, now 95-95-95 strategy to combat the epidemic (UNAIDS, 2019). This strategy aims to ensure that 95% of HIV-positive South Africans know their status, 95% of HIV-positive people are on ARVs, and 95% of HIV-positive individuals are taking ARVs to ensure a suppressed viral load by the year 2030 (NSP, 2012; 2023; UNAIDS, 2019;2022).

The country has witnessed significant improvement in fighting the HIV pandemic (Akullina et al., 2020; HSRC, 2024), with a 51% reduction in HIV incidents from 2010 to 2022 (NSP, 2023). Despite these improvements, men perform poorly on HIV testing, ART initiation, adherence and viral load suppression, which resulted in unmet 90-90-90 goals (Simbayi et al., 2019; HSRC, 2020; Smith et al., 2021). In evaluating the 90-90-90 goals for 2020, studies report that 78% of adult men living with HIV were aware of their HIV status compared to 89% of women (Simbayi et al., 2019; Smith et al., 2021). Only 67% of men living with HIV were on treatment compared to 72% of women, and 82% of men were adhering to ART and were virally suppressed compared to 90% of women (Simbayi et al., 2019; Smith et al., 2021). Contrary to global evidence showing men as outnumbering women in new HIV infections (UNAIDS, 2023), in SA, women account for 64% of new infections (UNAIDS, 2024). Since the revision of the 90-90-90 into 95-95-95 goals, women outperform men in ART coverage being higher for women 95% (68 - >98) compared to men 94% (67 - >98) resulting in higher viral load suppression amongst women 74% (52 - 94) compared to men 62% (44 - 80) (UNAIDS, 2024). The continued shortfall of men in HIV testing, ART access and adherence accounts for a significant part of the country's missed targets towards the 90-90-90 goals of ending the HIV pandemic (Cornell et al., 2021)

South Africa missed the 63% reduction target set in the 2017-2022 NSP goals to accomplish 100,000 fewer HIV infections by 2022 (NSP, 2023). Only a 31% HIV incident reduction was attained, resulting in SA falling short of the global target of a 75% reduction in HIV incidents by the year 2020 (NSP, 2023). Instead, evidence shows that in the period between 2010 and 2020, HIV infections increased in youth (Akullina et al., 2020; HSRC, 2018). This shortfall in HIV reduction is highlighted by a study on the age shift of HIV incidents in KZN, which points out that “*the burden of HIV infection (HIV prevalence) has more than doubled in those >age 25*” (Akullina et al. 2020, p.1). Other reports signalled high HIV incidents in the 15-24 years age bracket as early as 2018, stating that they contributed more to the incidences of HIV than any other age group, with its 2017 annual new infection rate standing at 1% (HSRC 2018). Some of the reasons attributed to the HIV incident reduction shortfall include the lack of healthcare access, lower HIV testing uptake and lower adherence to ART by men (Adeagboi et al., 2024), which resulted in a high national wife shortfall in meeting HIV targets (Medina-Marino, 2023).

In the early 2000s, SA research and intervention paid more attention to women and children due to their heightened vulnerabilities to HIV infections worsened by patriarchal norms that put men in dominant positions and allow men to dictate how sex is done (Maharaj & Munthre, 2006). Other factors that worsened women's and children's vulnerabilities were poverty, gender-based violence, and intergenerational sex, among others (Muula, 2008; van der Riet et al., 2019; Govender, 2023). Men in this era of HIV were perceived as perpetrators rather than victims of the pandemic. Consequently, women and children have remained the focus of HIV research and interventions (Dovel et al., 2016). Despite this focus, the SA HIV pandemic remains an issue. Evidence suggests that the sidelining of men in HIV-related research and interventions has contributed to the long-standing HIV pandemic (Cornell et al., 2021).

The sidelining of men in SA has resulted in adverse outcomes where men experience more AIDS-related deaths, which has been explained as an outcome of men's lack of healthcare access and adherence to ART (NSP, 2024). The National Strategic Plan (NSP) for HIV, TV and STI for the year 2023 to 2028 states that "*men account for only a third of South Africa's 210 000 new HIV infections in 2021. However, they account for more than half of the approximately 51 000 HIV-related deaths in the same period*" (NSP, 2023, p.2). Despite women accounting for more HIV prevalence and incidence in SA, it has been shown that men suffer a higher HIV and AIDS-related mortality rate compared to women (HSRC, 2018; StatsSA, 2018; HSRC, 2023; NSP, 2024). For reasons such as the lack of or delayed access to health care, men are vulnerable to other HIV comorbidities, such as TB, which is deadly when untreated (NSP, 2023). This is a significant concern as the NSP reports that 53% of TB patients are also co-infected with HIV (NSP, 2023). A report on SA men and TB indicates that men are 70% more likely to contract and die from TB disease compared to women (Kubjane & Johnson, 2023). This highlights a need to invest in targeting men in the HIV cascade in SA. Consequently, the NSP calls for a prioritised consideration and inclusion of men in HIV interventions (NSP, 2024).

1.2.1.1 Masculinities and HIV vulnerabilities

Globally, men's health-seeking behaviours and daily lives are negatively influenced by masculinity (Macionis & Plummer, 2008). Connell, a pioneer in masculinity theorisation, argues that men across the world experience masculinities and that this concept can be regarded

as being non-monolithic and is experienced differently in different contexts (Connell & Messerschmidt, 2005; Macionis & Plummer, 2008). However, research consistently shows that men in deprived socio-economic environments value sexual prowess and engage in high-risk sexual behaviours as a means of ascertaining their masculinities (Peltzer, 2010). According to Connell (1995), risky behaviours can be understood as part of a façade to claim masculinities and dominance without genuine socio-economic resources to support it.

Men experience heightened HIV-related risks by upholding negative masculine ideals that encourage risky sex behaviours. Masculinities are encapsulated in varying socially constructed narratives and hierarchies, which largely influence men's behaviours and how they seek healthcare assistance (Lynch et al., 2010; Dageid et al., 2012; Sikweyiya et al., 2014; Zissete et al., 2016). The dominant narratives that have been found to have a detrimental impact on men's health-seeking behaviours are discourses that portray machismo masculinities of men as strong and leaders without any weaknesses (Connell, 1995). These high-risk, behaviour-based dominant narratives of masculinities have made men unwilling to show their weaknesses by seeking help even when necessary. Several studies have shown that masculine norms and narratives depict men as controlling, independent, and strong (Walker, 2006; Shai et al., 2012; Shand et al., 2014). These narratives have resulted in pathways that normalise increased risky behaviours, such as having multiple sexual partners, normalised preferences of unprotected sex, less HIV testing and reduced health-care-seeking behaviours (Shai et al., 2012; Shand et al., 2014; Magnusson et al., 2019; Manyapelo et al., 2019; Crandall, & Evans, 2019).

A study by Pettifor and colleagues (2005) and another by Barnighausen and colleagues (2010) documented the reasons for South Africa's high HIV prevalence and incidence, which they attributed to risky behaviours influenced by patriarchal male dominance over women and other hegemonic non-conforming men. This dominance is termed hegemonic masculine identities, which form part of the reasons for the increased prevalence and incidences of HIV among men (Connell & Messerschmidt, 2005). Hegemonic masculine dominance is drawn from hegemonic masculinity coined by a sociologist, Raewyn Connell (Connell, 1987; 1985). Hegemonic masculinities are societal practices and norms that legitimise men's dominance over women and other marginalised men (Connell, 1995). In describing hegemonic masculinities, Connell (1995) argues that these are norms that promote certain traits such as assertiveness, physical strength, and dominance of men and require the opposite for women.

SA literature shows that dominant masculine ideals in SA worsen men's vulnerability to sexually risky behaviours and HIV infections (Gibbs et al., 2015; Hatcher et al., 2022). In SA, evidence suggests that sexual prowess and multiple sexual partners are admired masculine traits in varying communities and that these norms are socially reinforced by praises such as regarding such men as '*isoka*' (Hunter, 2004; Lynch et al., 2010; Ntuli, 2012; Ngidi et al., 2016). For example, a respectable and popular South African figure, former president Jacob Zuma, has shown that in addition to global hegemonic masculine ideals of socio-economic dominance, men who engage in legally sanctioned polygamy and extra-marital affairs are admired in SA (Wicks, 2018; Mphande, 2024). Studies done across SA indicate that masculine norms promote sexual prowess and virality among men (Hunter, 2004; Meth, 2009; Habebe, 2010; Ntuli, 2012; Gibbs et al., 2015). Evidence suggests that both young (Govender et al., 2011) and adult men (Vincent, 2008; Lynch et al., 2010; Ratele, 2016) who did not show expected dominant masculine behaviours experienced social exclusion.

The social reinforcement of hegemonic dominance is linked to SA masculine behaviours that worsen HIV infections and the lack of health care access amongst men (Ngcobo & Shumba, 2023). Studies argue that seeking help is associated with being weak, damaging their masculine identity (Lynch et al., 2010), which is against attributes of men's masculine hegemonic dominance (Connell, 2005; Ratele, 2014; Gibbs et al., 2015). The drivers of risky sexual behaviours are sexual norms shared by young men, as reported in previous studies that young men preferred unprotected sex (Ngcobo & Shumba, 2023). Evidence shows that young men engaged in uniform high-risk sexual behaviour due to peer-approved norms and behaviours that are important for young men's peer-approval of masculinity (Selikov et al., 2009; Govender, 2011; Govender et al., 2019; Stern et al., 2015). Several other reasons explain why young people choose to have unprotected sex despite the high risk of HIV infection and unwanted pregnancies. Studies show that despite the availability of preventative methods such as condoms, men dislike using condoms, which is also accompanied by peer pressure, lack of education, violence and control being the reasons for these continued risky behaviours (Peltzer & Pengpid, 2015; Raselekoane et al., 2016; Seutlwad et al., 2012). Studies depict hegemonic masculinity as the foundation of men's vulnerability (Shai et al., 2012; Shand et al., 2014).

1.2.2 THE CONTEXT OF INFORMAL SETTLEMENT

A substantial amount of research on HIV shows that the pandemic is concentrated in specific locations, thus necessitating the need for this context-specific research and interventions, as demonstrated by the SABSSM IV and VI (HSRC, 2018; 2023). The highest African male HIV-related death rates in South Africa have been recorded in the Eastern Cape and KwaZulu-Natal Provinces (StatsSA, 2018; WHO, 2015). The high mortality rates manifesting in the male population need immediate attention and intervention (Bor et al., 2015; Dovel et al., 2016; UNAIDS, 2017). This is not coincidental, as these provinces account for the highest HIV infections in the country, with Gauteng- 21%, KZN- 19%, and Eastern Cape 16% (NSP, 2023). This context-specific evidence shows that in tailoring research and interventions to target men, there is a need to consider socio-economic context and their impact on HIV infection, healthcare access and the quality of health amongst men. A national survey conducted in South Africa on HIV prevalence and incidence continues to indicate that the HIV pandemic is highly concentrated in poor African neighbourhoods, as shown by the SABSSM IV and VI (HSRC, 2018; 2023). This study fosters an understanding of the factors that increase men's vulnerability to HIV in Malukazi, KwaZulu-Natal. By zooming in on young men in a low socio-economic environment, this study considers context specificity and attempts to close the gap by providing new evidence on factors associated with risky behaviours and HIV infection from the experiences and perspectives of young men residing in Malukazi.

Projections in South Africa suggest that one in four young men will be HIV positive before their 60th birthday (UNAIDS, 2017). Current evidence suggests that poor socio-economic contexts, such as rural and informal settlements, will remain disproportionately affected by the HIV pandemic (HSRC, 2024). There continues to be an alarming gap in research and HIV interventions tailored to masculinities and men (Cornell et al., 2021; Giguere et al., 2021; UNAIDS, 2020; Ngcobo, 2024). This, in addition to high mortality among men, highlights the importance of understanding the factors that make young men prone to HIV from the perspectives and experiences of young men from Malukazi informal settlements, and, therefore, understanding the factors resulting in high mortality rates in men after being infected with HIV.

1.3 PROBLEM STATEMENT

HIV and AIDS remain a significant public health concern in KwaZulu-Natal, South Africa. Evidence highlights that even though HIV disproportionately affects women, it however results in higher mortality rates among men (UNAIDS, 2018; 2023). Despite widespread awareness campaigns being conducted and access to healthcare services, HIV infection and mortality rates show a persistent gender disparity as women are more susceptible to infection, with men experiencing higher mortality rates (UNAIDS, 2020). Evidence suggests that men's masculinities influence their vulnerability to high-risk sexual behaviours that lead to HIV infections and delayed HIV-related healthcare access, resulting in men experiencing high mortality (Lynch et al., 2010; Dageid et al., 2012; Sikweyiya et al., 2014; Zissete et al., 2016).

In a study the researcher conducted in 2018 to investigate young parents' experience of early childbearing in Durban, it emerged that young fathers gave narratives of norms and standards that increased their risk of early childbearing and HIV infection (Ngcobo & Shumba, 2023). The study reported that despite the availability of condoms, young men preferred engaging in unprotected sex, particularly with women who were virgins, beautiful, wanted by other guys across the community, and those who were trusted by the young men (Ngcobo & Shumba, 2023). In turn, this allowed men to boast about their sexual prowess and their access to beautiful and admired women. Other studies have recorded the gravitation towards high sexual risk behaviours by men elsewhere in SA. For example, Seutlwad and colleagues (2012), Peltzer and Pengpid (2015), and Raselekoane and colleagues (2016) report that young men dislike the use of condoms. This finding highlights a high risk of HIV infection and early childbearing in young men as a result of their shared masculine norms that promoted multiple sexual partners, sexual prowess and unprotected sex referred to as 'skoon' in Ngcobo and Shumba (2023). Masculine norms and behaviours that put young men at risk were found to also provide young men with a sense of control in their relationships and a sense of respect from other young men.

This study seeks to qualitatively explore the definition of masculinities in Malukazi. Hegemonic masculinities have largely been understood from a Western perspective, and the pioneers of the concept, R.W Connell and colleagues, have called for context-specific understandings of masculinities; see the theoretical framework (Connell & Messerschmidt, 2005). In addition, this study sought to explore how understandings of masculinity influence

sexual practice and HIV-related risk behaviours among men in Malukazi, KwaZulu-Natal. This study further seeks to understand how interventions can be developed to address the unique challenges being faced by men in accessing HIV prevention and treatment services.

1.4 JUSTIFICATION OF THE RESEARCH

Studies indicate that the disparity in HIV research and interventions, sidelining men, needs to be addressed (Giguere et al., 2021; Medina-Marino al., 2023). An understanding of the underlying factors contributing to this gender disparity is essential as it fosters the development of targeted interventions tailored to address the unique challenges faced by both men and women in HIV prevention and treatment. In addition, masculine norms and gender roles play a significant role in shaping young people's behaviour, including their attitudes towards health-seeking and risk-taking activities (Sikweyiya et al., 2014; Zissete et al., 2016). Exploring how masculinity influences HIV-related risk and health-seeking behaviours among men can provide valuable insights into the socio-cultural factors driving the HIV epidemic, thus informing the design of effective interventions that are capable of accounting for gender dynamics.

This qualitative investigation allows the researcher to explore in depth the masculinities of young men in KwaZulu-Natal Malukazi informal settlements, their lived experiences, perceptions, and attitudes about their masculine identities and how they influence vulnerability to engage in high-risk sexual behaviours.

This study This evidence will add to the theorisation of masculinities in SA for a context-specific reflection of masculinities (Connell & Messerschmidt, 2005; Mfecane, 2020). In addition, The findings of this study will add to the literature and have significant implications for public health policy and practice. By identifying the specific ways in which masculinity influences HIV risks and health-seeking behaviours among men, policymakers and healthcare providers can develop interventions tailored to address gender norms and promote positive health-seeking behaviours among men. By doing so, this will ultimately contribute to the reduction of HIV transmission and mortality rates in KwaZulu-Natal. This study will add to the evidence base by informing evidence-based masculinities-focused interventions that are context-specific and sensitive to the culture of men in the South African context. This study uses a qualitative approach to explore the impact of masculinity on the factors that make men

prone to HIV infection, such as the lack of healthcare access and low adherence to ARV, thus leading to a high mortality rate. Thus, the justification for this research lies in addressing an urgent public health issue, exploring the role of masculinity in shaping individuals' HIV-related behaviours, and has the potential to inform targeted interventions designed to address the unique needs of men in the context of HIV and AIDS in KwaZulu-Natal.

In exploring young men's masculinities and vulnerabilities to high-risk sexual risk behaviours. Qualitative research methods, such as interviews or focus-group discussions, enabled this study to capture the nuances and complexities of how masculinity intersects with HIV-related risk and health-seeking behaviours, providing rich data useful for developing contextually relevant interventions.

1.5 THE STUDY'S AIMS AND OBJECTIVES

This study aimed to explore how constructions of masculinity influence sexual behaviours, HIV risk and health-seeking behaviours among young men living in the Malukazi informal settlement in Durban, South Africa. The research aimed to gain a deeper understanding of the social pressures and gender norms that drive young men's sexual decision-making and health practices in this context.

1.5.1 OBJECTIVES OF THE STUDY

- To understand masculine attributes related to romantic relationships and sexual behaviours and how this places men and their sexual partners (women) at risk of HIV infection
- To explore dominant risky sexual behaviours held as masculine and practised by young men as part of their masculine identities
- To explore the influence of masculinity on health-seeking behaviours, access to health services and uptake of health services
- To ascertain the methods used to enforce and reinforce masculine attributes and sexual risky behaviours
- To determine the opportunities and constraints of changing sexual behaviour to reduce HIV risk.

1.5.2 RESEARCH QUESTION

- What are the masculine attributes that are shared and seen by young men as an important part of their manhood?
- What are the reasons associated with the causes of HIV-related risks from young men's perspective?
- What role does masculinity play in influencing the health-seeking behaviours of young men?
- What mechanisms are used by men to reinforce masculine attributes and risky behaviours?
- What are the factors hindering current efforts meant to reduce HIV?

1.6 THESIS OUTLINE

Chapter 1: Introduction to the Study

This introductory chapter provides the background to the study and outlines the study objectives, research questions and the motivation for conducting the study.

Chapter 2: Literature Review

This chapter is a scoping review of the literature on masculinities factors that exacerbate men's vulnerabilities to HIV infections and transmission. It systematically searches and reviews the studies carried out on masculinities and young men in South Africa between the years 2009 and 2019, focusing on publications done in this 10-year span. In so doing, the researcher is able to locate the gap this study seeks to fill. This study answers the question: What masculine factors drive HIV infection and transmission in young men in South Africa? This question was answered by systematically reviewing qualitative studies on the topic and producing a meta-synthesis report that grounds the focus of the study.

Chapter 3: Theoretical Framework

The chapter provides a general overview of the theoretical underpinnings employed to understand young men's masculinities and health-seeking behaviours in contemporary South Africa. The Connellian Hegemonic Masculinities theory is used as the theoretical framework, supported by the Ecological Systems conceptual framework, in order to understand masculine ideals putting young men at risk of HIV, how these ideals are maintained, and how they influence young men's health-seeking behaviours.

Chapter 4: Research Methodology

This chapter describes the methodology employed to elicit and analyse data in this study. It illuminates the qualitative methods used to gather and analyse data. Chapter 4 also describes the research setting, data collection instruments, data collection methods, and data analysis. It also details how rigour and ethical considerations were addressed.

Chapter 5: Locating the Study and the Researcher in Context

This chapter introduces the study context and addresses the researcher's positionality within the study and location within the community. The question of why participants were freely narrating their stories is addressed in this chapter.

Chapter 6: Presentation of findings

The chapter provides insight into the findings derived from the data set. It tabulates a map of emergent themes. The chapter further captures the study's findings through major themes. It eventually discusses these findings.

Chapter 7: Discussion of findings

This chapter provides an integrated discussion of the study's key findings. Overall, it summarises the findings reported in relation to the relevant and current literature. It integrates the findings with the theoretical underpinnings to provide a fuller understanding of young men and masculinities.

Chapter 8: Recommendations and conclusions

The chapter revisits the thesis title to refresh the reader's mind and further discuss the relevance of the theories adopted in this study. It then describes the study's limitations and explores its contribution to the body of knowledge. Finally, it presents recommendations and conclusions drawn from the findings.

1.7 CONCLUSION

This chapter provided the background for the study, grounding this study in global literature. It presents the motivation and rationale for conducting this study. In addition, It outlined the research questions and objectives that guided the study's focus. It gave a detailed summary of the entire thesis. The next chapter presents a meta-synthesis of masculinities and young men in South Africa, focusing on how masculine ideals influence the vulnerability of young men to HIV infections and health-seeking behaviours.

CHAPTER 2

LITERATURE REVIEW: A META-SYNTHESIS

What masculinity-related factors are associated with vulnerability to HIV/AIDS, poor health-seeking behaviours and consequently, mortality of men aged 15 and above in South Africa?

2.1 INTRODUCTION

This chapter is a scoping review of qualitative literature answering the question: **What masculinity-related factors are associated with vulnerability to HIV/AIDS, poor health-seeking behaviours, and consequently, mortality of men aged 15 and above in South Africa?** Please see the scoping review study protocol (annexure 12) on page 250. In answering this question, this scoping review shaped this study by identifying gaps in research and focusing the PhD study on those gaps. We found that there was a lack of research focusing on men and that masculinities have been broadly researched through Western lenses. This study within a study provides insight into the body of evidence on masculinities within SA.

2.2 BACKGROUND

Although the world has experienced a steady decline in fatal communicable diseases, non-communicable diseases have become the leading cause of death (Ritchie, 2018). However, the HIV pandemic, amongst other communicable diseases, is still considered to be posing the greatest threat to humankind (Roisseau, 2016). There has been plenty of research and interventions aimed at combating HIV infection and AIDS worldwide. While these efforts have helped to slow down the spread of HIV, emerging research suggests that men, particularly young men, are increasingly becoming more vulnerable to HIV infection and AIDS-related

deaths (Avert, 2017; Bärnighausen et al., 2014; UNAIDS, 2019). South Africa accounts for a significant proportion of the PLWHIV globally (UNAIDS, 2022) and also forms part of a group of countries experiencing high rates of HIV infections among the youth (Chabalala, 2022). Half of the world's population aged between 15 and 19 years live with HIV and are located in six countries, namely South Africa, Nigeria, Kenya, India, Mozambique, and Tanzania (Avert, 2017).

South Africa has seen a steady decline in new HIV infections (UNAIDS, 2024). However, men's HIV incidence, prevalence, and HIV-related deaths remain unacceptably high (StatsSA, 2018; UNAIDS, 2017). One of the shortcomings of the many interventions meant to combat HIV has been the failure to focus on self-identified heterosexual men (Dovel et al., 2016; Shand et al., 2014). Studies indicate that heterosexual men represent a great gap that needs to be addressed in HIV services in Sub-Saharan Africa (Giguere et al., 2021; Medina-Marino, 2023). South Africa remains with the title of the world's largest HIV epidemic (Allinder & Fleischman, 2019; Allinder, 2020). Current evidence shows that men are underreached by current HIV interventions (NSP, 2023; UNAIDS, 2024). Since 2018, evidence shows that men performed poorly in accessing HIV services, testing, knowing their status, taking ARVs and adhering to ARVs (Jooste et al., 2021; Adeagbo et al., 2024; UNAIDS, 2024). Consequently, men experienced more HIV/AIDS-related deaths compared to women (StatsSA, 2018; HSRC, 2023). In rare cases, when research is directed at men, it often focuses on vulnerable male populations, such as men who have sex with men (MSM) (Rispel et al., 2011; Wagenaar et al., 2012). The national representative data consistently shows that the sidelining of heterosexual men in HIV-related interventions has caused difficulty in mitigating new HIV infections and also results in high mortality amongst South African men, who are two times more likely to die of AIDS-related comorbidities than women (Bärnighausen et al., 2014; UNAIDS, 2019; NSP, 2023).

The neglect of heterosexual men in research and interventions and the resistance to healthcare uptake by men has exacerbated the vulnerability of both men and women to the HIV pandemic (Bor et al., 2015; Dovel et al., 2016; Shand et al., 2014). Despite evidence showing the impact of sidelining men and data showing men's heightened vulnerability to HIV infections and AIDS-related deaths (NSP, 2023), addressing men's vulnerability continues to be a challenge for both research and interventions such as HIV testing and treatment (Medina-Marino et al., 2023). Qualitative studies have documented risky behaviours that are influenced by male dominance over women and other masculine norms being fuelled by patriarchy (Barnighausen

et al., 2010; Pettifor et al., 2005). This is what Connell and Messerschmidt (2005) termed hegemonic masculinities, which are part of the factors preventing men from accessing health care, thus increasing HIV infections and HIV-related deaths amongst men. Research often presents men as perpetrators of, and subjects to blame for, HIV infections, while women and children are seen as victims; thus, the focus of research and intervention tends to zoom in on victims, consequently excluding men (Dovel et al., 2016).

Men's vulnerability to HIV continues despite the country's best efforts to combat the spread of the pandemic by deploying accessible and free HIV testing and counselling (HTC) and accessible and high coverage of antiretroviral (ARV) therapy to the needy South African population (National Strategic Plan, 2012). The country also adopted the National Strategic Plan for HIV, TB, and STIs 2017–2022, which aims to fast-track access to healthcare, improve ARV intake, and decrease HIV infections (National Strategic Plan, 2012). South Africa has also implemented the 90-90-90 strategy, which has since been updated into a 95-95-95 goal for 2030 in an effort to combat the epidemic (UNAIDS, 2019). This strategy aims to ensure that 90% of HIV-positive South Africans know their status, 90% of HIV-positive people are on ARVs, and that 90% of HIV-positive individuals taking ARVs have a suppressed viral load by the year 2020 (UNAIDS, 2019). Upon review of the 2020 goals, the country has not reached its goals. These goals have since revised this strategy into 95-95-95 goals for the year 2030 (UNAIDS, 2022; NSP, 2023).

According to UNAIDS (2022), researching the SDGs to mitigate the AIDS health threat by the year 2030 requires the prioritisation of heterosexual men as a group who have not been accessing HIV lifesaving services (2022). In this report strategizing a framework for the inclusion of men in HIV testing, treatment and prevention in Southern Africa, the UNAIDS (2022) states that men seldom access, initiate and adhere to ARV, resulting in men on ARV being 70% more likely to die than women due to their poor health care access and ART adherence. The neglect of men from HIV research and interventions has been reported as a concern and greatest gap in Sub-Saharan Africa (Cornell et al., 2021; Giguere et al., 2021; Medina-Marino et al., 2023) and worldwide (UNAIDS, 2020). This remains a concern for SA as one of the main shortfalls of HIV interventions in SA has been the sidelining of men in research and prevention interventions that neglect men (Dovel et al., 2016; UNAIDS, 2017). Thus, there is an urgent need to develop an evidence-based intervention for men.

There is a need to understand context-specific masculine factors that make South African men vulnerable to HIV infection and prevent them from accessing relevant healthcare services. In reframing Connell's theory on masculinity, Connell and Messerschmidt (2005) argue for the importance of recognizing masculinities in contexts, adding that while hegemonic masculinities are often understood as a homogenous presentation, men are a heterogenous group that is influenced by global structures and context-specific local circumstances, thus inevitably presenting masculine identities differently. This raises an urgent need to undertake research on South African men in order to ensure that preventative HIV interventions are tailored to satisfy the needs of this population group. This review aims to systematically assess the qualitative studies that define SA context-specific masculinities and document the factors that make South African men prone to HIV infection and, consequently, a heightened vulnerability to AIDS-related deaths. This study sought to uncover the meanings of masculinities and participants' perceptions, views and experiences of how masculine identities shape their experiences of HIV vulnerabilities and access to health care services. This required a synthesis of qualitative studies that captured lived experiences, perceptions, behaviours and meanings associated with masculinities in SA. This review of SA literature locates SA context-specific masculinities within the global literature to have a better understanding of men's vulnerability to HIV. A better understanding of men's vulnerabilities to HIV will help inform the development of grounded interventions tailored to address men's concerns.

2.3 RESEARCHERS INVOLVED IN THE REVIEW

The rigour of systematic search and review of literature relies on preparing clear steps for database search and review (Higgins et al., 2019). To eliminate biases, the search and review are recommended to be done by at least two independent researchers. It also recommends that a third researcher should play a supervisory role, thus limiting biases by ensuring a thorough and independent review of the studies being reviewed for inclusion in the scoping review, inducing themes or theories and matching them, with the third person assisting, from an independent perspective, in resolving conflicts and disagreements arising from the review (France et al., 2019; Higgins et al., 2019; Hoon, 2013; Noblit & Hare, 1988). However, this study was done as an academic requirement, and the Principal Investigator (PI) (student) was

assisted by a master's student who had received similar training in conducting systematic reviews. This study was done under the academic supervision and support of a professor at the University of KwaZulu-Natal and a co-supervisor from the University of Bergen. Additional support in formulating the methodology and literature review was sought from a psychology librarian at the University of KwaZulu-Natal as recommended by review methodologists (Higgins et al., 2019).

2.4 METHODOLOGY

Meta-synthesis is a process by which qualitative data are brought together to obtain a new, nuanced understanding of social phenomena, as described in primary studies (Hoon, 2013). This type of data synthesis follows an organized plan set before the study starts. This allows for the review to leave a clear plan and evidence trail detailing how the study was done (Arksey & O'Malley, 2005; Bettany-Saltikov, 2010; France et al., 2019; Higgins et al., 2019; Hoon, 2013; Noblit & Hare, 1988).

This review adopted Hoon's (2013) seven steps of the meta-synthesis, a methodological framework informed by Noblit and Hare's (1988) methods of systematically conducting review studies. While systematic scoping reviews and meta-synthesis are often regarded as distinct methodologies, they are not always mutually exclusive. They all share a commitment to rigorous research and the reporting of existing literature for different purposes, with varying analytical depths and scopes (Hoon, 2013). Systematic reviews are narrowly exhaustive, critically appraised summaries of evidence. Meta-synthesis focusing on qualitative interpretations and scoping reviews focused on a broader scope, and mapping of key concepts and research gaps (Hoon, 2013). This study does not follow a traditional protocol for scoping reviews. Instead, it adopts a systematic approach to synthesise qualitative literature to unpack evidence and support the exploration of masculinities. It, therefore, should be understood as a scoping narrative review broadly within the spectrum of methodologies that focus on evidence synthesis. The Hoon (2013) meta-synthesis steps are adopted with the exception of building one step that forms a new theory from the synthesis. To ensure the inclusion of relevant and up-to-standard literature, this review adopted a quality appraisal of the final studies that could be included (Walsh & Downe, 2004). The following methodological steps by Hoon (2012) were used to structure this review: (1) Framing the research questions, (2) searching for and locating the relevant studies, (3) delineating the inclusion and exclusion criteria, (4) presenting the study appraisal, (5) extracting and coding

data (6) analysing data: Malpass Translation and (7) presenting a discussion of the review findings. It is important to note that the review steps are not static but an iterative process that allows the researcher to sift through the data and continually add new nuanced understandings.

2.4.1 STEP 1: FRAMING OF RESEARCH QUESTIONS

The first stage of a meta-synthesis involves identifying the focus of the study by formulating an intellectual research question that can be answered through a review of qualitative studies (Hoon, 2013; France et al., 2019; Noblit & Hare, 1988). This literature review aims to answer the following question:

Research Question: What masculinity-related factors are associated with vulnerability to engaging in high-risk behaviours that exacerbate HIV risk amongst young men [aged between 15 and 35 years] in South Africa?

Evidence suggests that risky sexual behaviours heighten men's vulnerability to HIV and also result in high AIDS-related deaths in men, as they seldom access healthcare services (Bärnighausen et al., 2014; UNAIDS, 2022). This broad question was further broken down into two parts, as follows:

- (a) What masculine factors drive HIV infection and transmission in young men in South Africa?
- (b) What hinders men from accessing healthcare services?

The questions this study sought to answer are best explored through qualitative research, where researchers investigate men's experiences, views, and behaviours (Green & Thorogood, 2018). This qualitative literature review aims to assess and summarise current evidence on the impact of hegemonic masculine ideals on men's behaviours and health in South Africa. To my current understanding, at the time of this writing, there appears to be a lack of recently published literature reviews that specifically examine qualitative studies conducted in South Africa that explore how young men conceptualize and perceive their risk of contracting HIV.

2.4.2 STEP 2: SEARCHING FOR AND LOCATING THE RELEVANT STUDIES

Introductory methodologists on meta-synthesis, such as Noblit and Hare (1988), did not provide detailed step-by-step instructions with regard to searching for relevant literature. However, recent researchers focusing on synthesizing qualitative data suggest practical ways of searching for and narrowing searches to ensure that relevant and manageable hits are sought (Hoon, 2013). Hoon (2013) suggests that this step starts with identifying the relevant databases and tailoring the search terminologies to work in those databases (2013). The literature search was meant to identify peer-reviewed studies fit for inclusion in this review and was done on three databases recommended by a social science librarian: PubMed, Sabinet (SA research), and Google Scholar. The first electronic database search was done on Pubmed on the 10th of December 2019. The second search was conducted on the 14th of January 2020 on both Sabinet and Google Scholar. The third search was continually done on the reference lists of the included full-text reviewed articles.

Terminologies suggested by literature as relevant in searching for studies that focus on young men's risk for HIV infection, poor health-seeking behaviours, and high AIDS-related mortality rates were used. Different combinations of terminologies are included in the terms outlined below. The following terms were used in different combinations to search for the relevant articles: "Teen*", OR "young men", OR Adolesc* OR youth OR men, AND Sex* Or risk* OR Vulnarab* OR HIV OR AIDS AND Ethnograph* OR Interview* AND explor* OR Experience* Or Perception* AND Qualitative AND "South Africa", see Table 2.2: Search terms bellow. Studies with key terms such as risky behaviours, men mortality, young men mortality, adolescence, healthcare access, Men, STI/HIV/AIDS Infections, health-seeking behaviours, and South Africa produced a high number of article hits.

This review used the sample, phenomenon of interest, design, and evaluation research (SPIDER) type framework to identify studies and set the inclusion and exclusion criteria (Cooke et al., 2012; Methley et al., 2014). According to Methley et al. (2014), this framework is fit for identifying and setting the criteria for the inclusion of both qualitative and mixed-methods studies. Table 2.1 below illustrates the application of the SPIDER approach to research.

Table 2.1: Spider Framework

Sample	This review primarily focused on studies that reported on South African men’s vulnerability to HIV. Studies that sampled both men and women were included, focusing only on their reporting about male participants.
Phenomenon of Interest	This review aimed at understanding the factors making young South African men prone to HIV infections and AIDS-related deaths.
Design	This review prioritized qualitative studies. However, mixed-methods studies were included with a focus on their qualitative report. Studies of a qualitative nature that employed in-depth interviews, ethnography, case studies, and focus groups were prioritized.
Evaluation	This review focused on studies that sought to explore, describe, and report on participants’ views, beliefs, understandings, knowledge, experiences, attitudes, and perceptions on factors that make young men vulnerable to HIV. This review also highlighted factors hindering men from accessing healthcare services and the uptake of healthcare.
Research Type	This review focused on qualitative studies, although mixed-methods studies were included, with attention being paid to their qualitative part.

(Cooke et al., 2012; Methley et al., 2014)

The SPIDER framework presented in Table 2.1 above identified keywords related to the review question. Wildcards were used to ensure that the search included singular, plural, and extended words related to the review question (Higgins et al., 2019). In addition, closed quotes were used to merge two words into one search term. For example, “qualitative stud*” or “focus group” were used to search for qualitative studies (Higgins et al., 2019). This was not possible with Sabinet and Google Scholar. Therefore, full terms without wildcards were used for these two search engines. At first, all terms were loaded to PubMed at once, resulting in more than seventeen thousand hits being found. A reiterative process of term combination was done to specify the search, and hits dropped significantly. A few relevant study abstracts were reviewed to identify more relevant terms. The terms previously used in the search were relevant and were adopted to structure the search process.

A build-up search system was created, and each line of SPIDER was combined with OR and later merged with the rest of the lines from the SPIDER, as shown in Table 2.1 above. SPIDER = 1 and 2 and 3 and 4 and 5 lines of search terms were combined and produced reasonable hits. Consultations with the librarian improved truncation, and similar outcomes were obtained from the search. The search focused on each study’s title, abstract, and keywords. PubMed and Google Scholar were selected on the basis of their familiarity with both the journal's content and friendly search engines vital for a systematic literature search. In contrast, Sabinet was selected due to its exclusive South African publications and Google Scholar.

Table 2.2: Search terms

Sample	Phenomenon of Interest	Design	Evaluation	Research type
Teen*	“risk* sexual behaviour*”/ risk*	Ethnograph*	Explor*	Qualitative
“young men” /men	HIV/ AIDS	Interview*	Experience*	“qualitative studies”
Adolesc*	sex*	“Focus group*”	perception*,	“Thematic analysis”
Youth	Vulnerability	“Case stud*”	Knowledge	
Men	“Health Seeking behaviour*”		Feeling*	
	“Masculin* (ideals/ norms)”			
	“Men Mortality”			

(Methley et al., 2014)

Data extracted from the identified studies were organized into a data extraction table and discussed by the reviewer and two supervisors. The data extraction table included terms such as **first author, study design, study setting, the aim of the study, and relevant findings.**

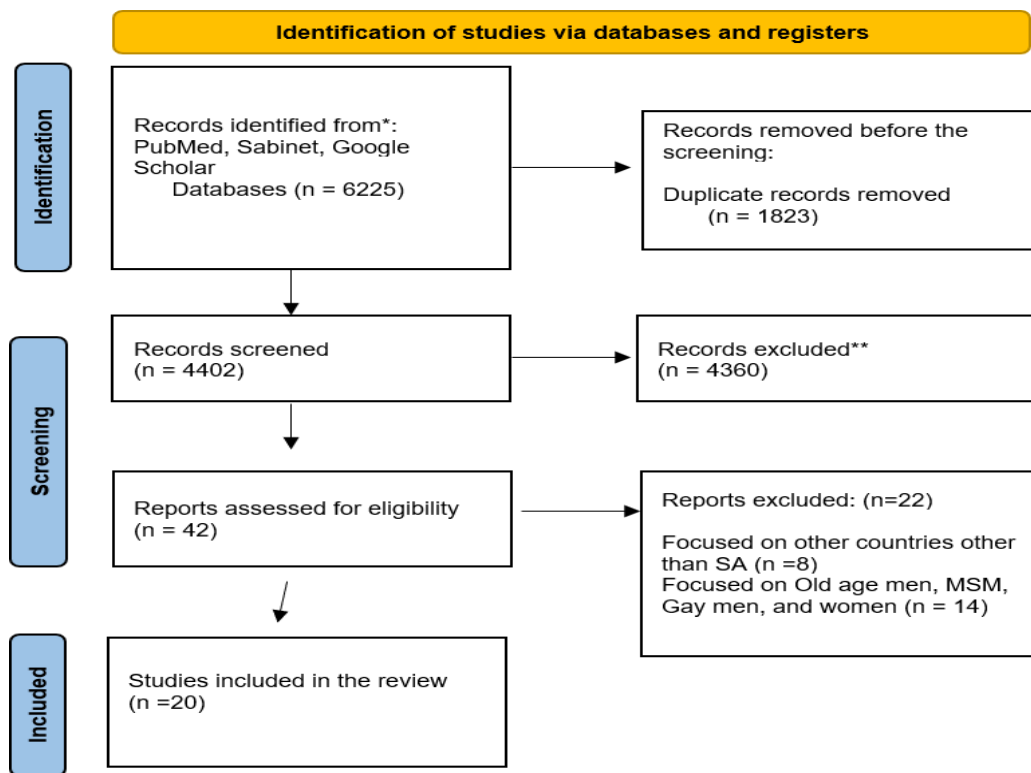
2.4.3 STEP 3: RELEVANT STUDY SELECTION

A total of 6 202 potentially relevant studies were identified from the databases, and 23 others were identified from manuscript references, resulting in 6225 studies being obtained. In Step 3, the inclusion and exclusion criteria were applied. One thousand eight hundred and twenty-three duplicates were removed. This was followed by a title and abstract screening, which resulted in four thousand four hundred and two manuscripts being excluded due to misaligned topics with the review question. Only 42 studies were found to be potentially relevant to this review, and the full-text was retrieved and reviewed. Three of these studies were requested from the University of KwaZulu-Natal Library due to the unavailability of the full text in the searched database. Eight studies were excluded because they focused on African countries other than South Africa, and fourteen other studies were excluded because they focused on MSM, females only, Older than 35-year-olds, and countries other than South Africa. Studies that did not include South African men self-identifying as heterosexual were also excluded.

2.4.3.1 Inclusion and exclusion criteria

This stage allowed the researcher only to review studies that were relevant to the research question being answered (France et al., 2019; Hoon, 2013; Noblit & Hare, 1988). This review only included studies conducted across South Africa, including rural, urban, township, and informal settlements. Only research articles published in peer-reviewed journals within the ten years spanning from 2009 to 2019 were included to ensure that the reviewed literature would be up-to-date, reliable, and relevant. This timeframe was chosen because of the relevance and recency of the literature when this study was conceptualised and conducted in 2019. The literature from studies done within a decade was accessible and manageable for the efficient process of conducting this study. This review focused on studies published in English for the sake of practicality. This review intended to include studies that sampled the youth (those aged between 14 and 35). However, due to the limited research on the topic, this review also included studies that mixed youth participants with those aged up to >35 years of age (Chikovore et al., 2016; Dageid et al., 2012; Fleming et al., 2016; Klaas et al., 2018; Lynch et al., 2010; Stern et al., 2015; Sikweyiya et al., 2014; Van Heerden et al., 2015; Zissette et al., 2016;). The review also included two studies with unspecified ages due to relevant results and confidence in the studies after the quality of the studies was assessed through COREQ (Mambanga et al., 2016; Vincent, 2008). Studies solely focusing on participants over 35, grey literature, and non-English written manuscripts were excluded

Diagram 2.1: PRISMA diagram of included studies



2.4.2 Included studies

A total of 20 qualitative peer-reviewed studies published in South Africa between 2008 and 2019 were included in this review synthesis. All the included studies were qualitatively designed. Thirteen studies focused on men, while six included both men and women as their samples. While this study focused on studies that sampled young men (age 14-35), studies that included these ages and beyond were included. Thirteen studies (59%) included those that were sampled from the African population, while one study mixed Africans and Indians and another one mixed Africans and Coloureds. The rest were not specific about the demographics of their samples. Studies included in this review were sampled from diverse communities across the provinces in South Africa. The sampling process for the included studies occurred in various settings, rural areas (Table 2.3: 2, 7, 13, 14, 15, 19), urban (Table 2.3: 1, 13, 11, 12), townships (Table 2.3: 5, 8, 16), informal settlements, (Table 2.3: 4), mix of rural and urban (Table 2.3: 6), peri-urban (Table 2.3: 5) and unspecified areas in Eastern Cape, KwaZulu-Natal, Mpumalanga, Gauteng and Limpopo Provinces (Table 2.3: 3, 9, 17, 18, 20).

2.4.4 STEP 4: QUALITY OF INCLUDED STUDIES

The validity of the synthesis is dependent on the quality of the primary studies included in the review (Hoon, 2013). For this reason, this study adopted an appraisal as part of the methodological steps to ensure the inclusion of quality relevant studies. This review used the SPIDER framework to identify the relevant studies. In addition, the consolidated criteria for reporting qualitative research (COREQ) checklist was adopted to ensure that the included studies were of good quality (Booth et al., 2014). While these two methods were utilized to raise the quality of this review's findings by setting a criterion that would ensure that the included studies reported trustworthy findings (Booth et al., 2014), some of the studies included in this review failed to meet some COREQ guidelines. For example, most studies hardly reported the relationship between the researcher and the participants. Also, most studies did not account for the researcher's characteristics. However, all the studies included in this review reported their study methodologies. All the studies reported their theoretical frameworks, participant selection methods, the study's setting, and data collection and analysis methods. Two reviewers reviewed the manuscripts, and an agreement was reached that the data from the reviewed manuscripts was well presented. These were taken as reliable indicators of the transparency and trustworthiness of the studies (Babbie & Mouton, 2001; Booth et al., 2014; Neuman, 2014). Lastly, only studies relevant to the aims of this review were included.

2.4.5 STEP 5: EXTRACTING AND CODING OF DATA

This step includes reading and re-reading included studies to establish their main findings (Noblit & Hare, 1988). In this step, the researcher designed a data extraction form that tabled the study's author, type of study, study setting, sample, aims and relevant findings to the review question. While South Africa is a diverse country with men of heterogeneous experiences, this review identified similar trends of behaviourism. Studies suggest a cluster of behaviours that different South African communities perceive as masculine (Chikovore et al., 2016; Dageid et al., 2012; Van Heerden et al., 2015; Zisette et al., 2016; Vincent, 2008). This reaffirms Connell's revised view that masculine ideals are shared globally, with important specific ideals, beliefs, and behaviours being context-specific (Connell & Messerschmidt, 2005). In rethinking the concept of hegemonic masculinities, the Connellian Masculinities Theory suggests that in

order to fully understand masculinities and, therefore, respond with a proper understanding of the masculine-fuelled social issues, there is a need to focus on the local context in which those issues are embedded (Connell & Messerschmidt, 2005). These local masculine ideals are constructed through socio-cultural, interpersonal interactions within specific communities. Data obtained from this review suggest the existence of local masculine ideals and masculine behaviours that exacerbate young men's vulnerabilities to engaging in risky behaviours that result in heightened susceptibility to contracting HIV and AIDS.

Table 2.3: Reviewed studies

NO	1 st Author & year	Qualitative Design	Setting	Sample	Aim	Relevant findings
1	Govender, 2011	Ethnography	School (working-class boys) KZN	58 (Indian and Black) (Grade 10-11), males. Age: 17-19	To examine the day-to-day construction of school-boys masculinities in post-Apartheid South Africa	There was a need to conform to hegemonic masculinities in multiple ways, including idealizing and engaging in risky behaviours to prove heterosexuality and conform to masculine ideals shared by boys at school: <ul style="list-style-type: none"> Financial independence, cars, girlfriends, and sex.
2	Klaas, 2018	In-depth interviews	Levubu Farm, Limpopo	22 farmers, (African) 7 males and 15 females; Male participants: 42% of participants were aged between 20 and 35, and 58% were below 50.	To explore and describe gender roles in the spread of HIV among farm workers	Men are perceived as naturally superior, and culture reinforces this superiority notion by allowing men to make decisions at home; with their financial power and their 'provider' role, men overpower women attract and engage with multiple sexual partners. The study found provider violence (marital rape), financial dependency, and multiple sexual relationships.
3	Lynch, 2010	Focus Group Discussions	Tswane Areas,	13 males (Black), Age: 35-45.	To explore masculinity construction by a group of Black South African men who self-identified as heterosexuals living with HIV	Culture influences the expression of masculinity; the community pressures men to conform to the ideas of a 'real man' and continues to pressure them to attain conformity. Men are strong and delay asking for help to avoid looking weak. Failure to conform, they suffer harsh consequences (a problem to be fixed): <ul style="list-style-type: none"> Financial provider, heterosexual relationship, children, and power of decision.
4	Gibbs, 2014	Three Focus-group discussions and 19 In-depth interviews	Urban informal settlement at eThekweni, KZN	44 males (3 groups) and 19 males (interviews), (African) Age: 18-27 (majority under 25 years of age).	To explore constructions of respect and masculinity identity by Africans in two urban informal settlements	A respectable man is one who is financially independent with a family that he provides for. Men in the informal settlement do not meet this requirement, as they are often unemployed, thus resort to violence against women and other men and multiple sexual partners: <ul style="list-style-type: none"> Poor men- violence and control over sexual partners and multiple sex partners to prove manhood.

5	Ragnarsson, 2009	In-depth interviews	Peri-urban, outskirts of Cape Town	20 males, African Median age: 28.7	To explore and describe social and sexual network characteristics in peri-urban communities	Economic independence was perceived as an important characteristic of manhood, income being important in developing sexual networks. Multiple sexual partners – status amongst friends also elevates a man’s status perception by women. Unemployment: use of other means to gain respect, including violence and crime.
6	Sathiparsad, 2010	Twelve 12 focus-group discussions	3 Rural Ugu District schools and three Umlazi Township schools, KZN.	72 male (school-going age) Age: 15-20 years	To examine relationships between health education, HIV/AIDS, and sexual risk behaviours	Manhood is linked to sex. The need to prove manhood precedes safety. Condom use is viewed as a barrier to pleasure.
7	Monday, 2015	In-depth Interviews	48 communities in four countries (South Africa, Zimbabwe, Tanzania, and Thailand), focusing on South African men from eight communities in Vulindlela in rural KZN	126 both Male and Female Age: 18-24 years and 25 to 32 years	To understand rural KZN men’s perspectives of HIV infection risks and how they manage these	Men are expected to be untrustworthy and engage in multiple sexual relationships. Men endorsed this thinking as a shared norm.
8	Ragnarsson, 2010	In-depth, open-ended interviews	Peri-urban community in Cape Town	20 males Median age: 28.7	To explore the construction of masculinities and men’s perceptions of women and their relationships	Player: Money (economic status) and materials are important. Multiple sexual relationships enhanced social status. Having women (girlfriends) is seen as a marker of financial and sexual independence. Women’s response to money and materials reinforces the need for men to display wealth. Men are perceived as biologically built for many sex partners. There is strong peer pressure for multiple sexual partners. There is a failure to conform, which calls for ridicule and questioning of one’s masculine identity.
9	Stern, 2015	Narrative interviews	Six sites across Eastern Cape, KZN, Mpumalanga, and Gauteng Provinces	50 males across races and cultures Age: 18-24 years, 25- 54 years and 55 years and above	To illustrate men’s experiences of pressurized sex in heterosexual contexts	At the age of 6 or 7, young men become aware of masculine norms and the importance of sex in proving manhood. Sex itself is not as important as proving masculinity to friends and peers. The need to prove masculinity and feel like a ‘real man’ precedes the physical enjoyment of sex. Child abuse (rape) may not be reported as it is perceived as a chance to prove one’s manhood through bragging to friends about the sexual encounter. This includes enormous pressure to prove manhood to friends and pressure to engage in multiple sexual relationships. Hence, there is: <ul style="list-style-type: none"> • pressure from friends and family members to prove manhood • threat to cheat or leave used to solicit sex from women
10	Selikow, 2009	Eight focus-group discussions	Four (4) secondary schools in Cape	64 male and female participants	To understand how negative pressure increases the risk of	Sex allows adolescents to belong to a group. Sex is closely linked to masculinity, as men may be more inclined to engage in sex unwillingly than be shamed by their friends for abstinence.

			Town Metropolis	divided into groups of M (male), F (female), and B (both) Age: 13-14 years	sexual behaviour among adolescents in Cape Town	Multiple sex partners enhance a boy's status. Men impregnate women to showcase their sexual activity.
11	Ngidi, 2016	In-depth interviews and focus-group discussions	Durban University of Technology, KZN	26 participants, 18 female and 8 male Age: 15-24 years	To explore social factors underlying risks of HIV infections amongst students	There was peer pressure to conform and belong to a social group. Men engaged in early sexual activities and frequent sexual practices due to fear of being ostracised from peer groups. Sex was associated with elevated status and a requirement for masculinity. Sexual violence was used when sex was denied to men. Failure to conform resulted in exclusion, belittling, and discredit.
12	Meyer, 2017	Case study: Open-ended, unstructured and semi-structured interviews and focus-group discussions.	Magaliburg	7 males Age: Adolescents	To explore masculine identity development amidst the father's absence and the influence of colonization in a religious and culturally specific context	Money was closely linked to manhood- men were perceived as breadwinners. Wealth and manhood are affirmed through being involved with pretty young women. Sex and multiple sex partners confirm manhood and masculinity. Economically marginalized men resorted to violence and controlled sexual partners to affirm manhood. Violence towards other men was used to defend honour.
13	Van Heerden, 2015	Focus-group discussions	Vulindlela, uMgungundlovu District, KZN	20 (10 male and 10 female) Men's average age: 27.9 (18-37).	To better understand barriers preventing men from participating in home-based counselling and testing.	The severity of the illness influenced the decision of whether or not to visit healthcare practitioners. Men feared personal information being leaked to the community and threatening their social identities. Fear of testing HIV positive potentially leads to loss of sexual partners and status in the community, fear of exclusion, and discrimination.
14	Dageid, 2012	In-depth interviews and focus-group discussions	Semi-rural community in Limpopo	23 male Age: 22-73	To explore the disclosure process and how this process is negotiated in the context of masculinity construction	The expectation that men are strong and healthy results in men delaying HIV diagnosis and treatment. The masculine expectation for multiple sexual partners worsens men's vulnerability and non-disclosure. The financial provider role is more valued by men than their health. Fear of HIV-positive results led to: <ul style="list-style-type: none"> • Loss of health, job, status, and provider role.
15	Chikovore, 2016	In-depth interviews and focus-group discussions	KwaHlabisa, KZN	20 (10 male and 10 female) Age: 17-64	To examine the influence of masculinity on engagement with HIV	Men feel healthy upon distancing themselves from the feminine-related environment (a clinic was seen as feminine and weak). Fear of positive results: There was potential discrimination by partners and the community.

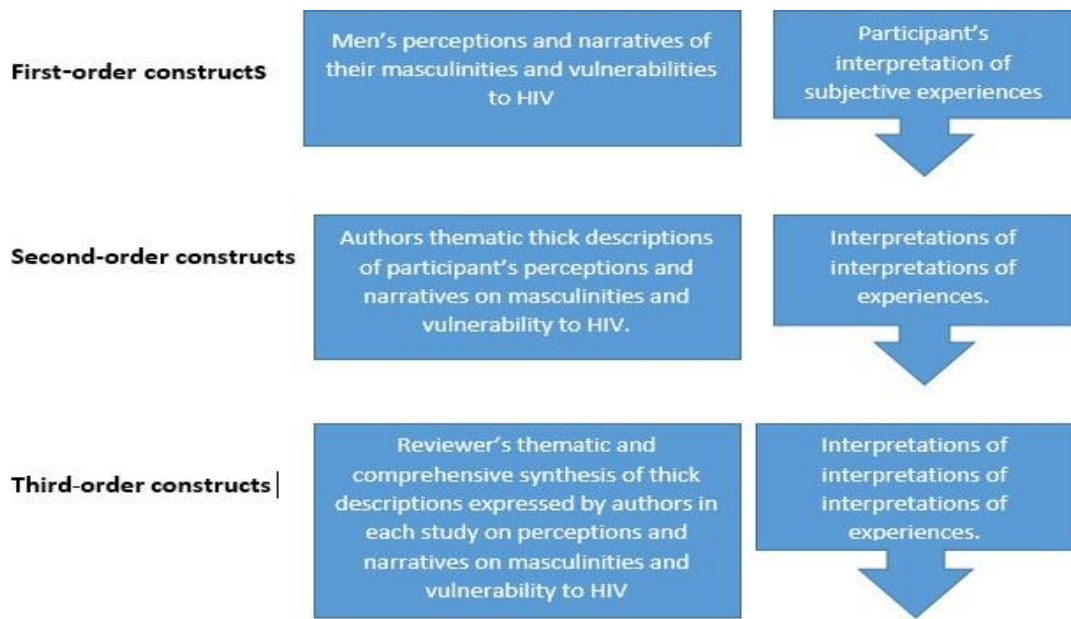
					care within UTT and TAsP trials	
16	Zisette, 2016	In-depth interviews	UMdoni Municipality peri-urban township, Ugu District, KZN	21 male Age: 24-80: 42 years average age.	To examine how masculinity influences healthcare access, use and identify opportunities for interventions	There was delayed HIV testing, resulting in: <ul style="list-style-type: none"> Rationalizing symptoms as non-threatening sicknesses, not HIV. The anticipated potential impact of HIV-positive results in the need to fulfil the role of male- provider role to one's family, thus: <ul style="list-style-type: none"> Avoid HIV testing as it may lead to positive results and life results. Fear of sexual partner loss and traditional medicine is closely linked to manhood. Due to delayed testing and ARV access, HIV advances and leads to AIDS-related death.
17	Sikweyiya, 2014	In-depth interviews	Johannesburg and Mthatha	18 male Age: 18-49	To explore how HIV impacts men's lives and their construction of masculinity	HIV compromises men's ideals as they cannot engage with multiple sexual partners and must look weak attending clinics. A diminishing masculine identity leads to feelings of hopelessness and helplessness, including: <ul style="list-style-type: none"> Loss of women and relationships Being accepted by partners plays a significant part in preserving men's identities. Traditional healers linked to masculinity and preservation of men's identity: <ul style="list-style-type: none"> This results in delayed HIV tests and a lack of medication adherence.
18	Mambanga, 2016	Semi-structured interviews	Vhembe District, Limpopo	15 males Age not specified	To explore factors contributing to men's reluctance to seek HCT in primary healthcare facilities in Vhembe District	Men use women's health and HIV testing to verify their possible HIV status. Masculinity is confirmed through cultural circumcision and the use of traditional healers. Fear of rejection, exclusion and discrimination: <ul style="list-style-type: none"> From communities results in HIV testing reluctance
19	Fleming, 2016	In-depth interviews	Rural Limpopo and Eastern Cape	60 males Age: 17-75 years (Median, 37).	To explore masculine-related barriers to HIV testing, care and treatment and how participating in OMC impacted on these	Perception by others is important: <ul style="list-style-type: none"> Fear of being seen as weak conflicts with masculine notions of men being strong. HIV threatens masculine identities, thus: <ul style="list-style-type: none"> Clinics are feminine and emasculate men, making them feel and be perceived as weak. Exclusion from masculine practices such as having a job and multiple sex partners.
20	Vincent, 2008	Narrative documentary sources	East London, Eastern Cape	Sample unspecified.	To understand the culture and social meaning shift in respect of attitudes pertaining to sex and traditional circumcision school socialization of Xhosa youth	Sex is a right to men. Masculinity is defined by the number of sexual partners and the ability to control them. Violence is used to control women. Circumcised men are superior and make decisions in communities and families. There is peer pressure to gain respect; thus, circumcise and have sex. Failure to conform results in ridicule and psychological trauma, harassment, social shunning by peers and elders, and ostracism of both the man and his family. Alcohol and drugs are used to ease the pressure.

2.4.6 STEP 6: DATA SYNTHESIS: MALPASS TRANSLATION

The synthesis of extracted data underwent translation in order to give a collective understanding of all the included studies. This synthesis was done through Malpass' translation method (Malpass et al., 2009). Translation synthesis applies a constructionist view of primary study data and aims at reconstructing the data to form new understandings (Hoon, 2013; Noblit & Hare, 1988). According to Noblit and Hare (1988), this meta-synthesis data analysis method embraces a translation of concepts from one study to another to draw cross-case new understanding and conclusions.

The translation process involves producing a new understanding of data through the comparison of the included studies' metaphors, themes and concepts (France et al., 2019; Hoon, 2013; Noblit & Hare, 1988). According to Noblit and Hare (1988, p.40), this process "*requires the assumption that the studies can be "added" together, that is, they are clearly studies about some similar things*". A sweeping review of all the selected articles was done, and upon reading all the articles, comparable themes were identified. The analysis was broadly guided by themes and Malpass' notion of first, second, and third-order constructs to understand accumulated data (Malpass et al., 2009). The first-order construct is based on the articles' presentation of original data collected through interviews with research participants. The second-order construct is the author's interpretation of the ideas and views of the participants (Malpass et al., 2009; Tong et al., 2014).

Diagram 2.2: Malpass' first, second and third-order constructs



Malpass et al. (2009)

This review cross-compared second-order constructs to develop new interpretations of data from the reviewers, which represents the third-order constructs (Malpass et al., 2009). This review creates a new understanding of secondary data by using a translation process that allows for transferring concepts and ideas across different studies (Malpass et al., 2009; Tong et al., 2014). Third-order constructs were created through a reiterative process where concepts that emerge from transferred ideas reflect meanings carried by the original articles. New and more in-depth interpretations of findings were reported in this review. Figure 2.3 shows the relationship between the importance of masculine ideals, how they are constructed and reinforced, and their influence on young men's adoption of risky behaviours that exacerbate their vulnerability to HIV infections and AIDS-related death among South African men.

2.4.7 STEP 7: DISCUSSION

Themes were identified, and the documented findings of this review were derived from identified themes that were categorized into third-order constructs as follows: (a) Building a 'real man': Expected behaviours, (b) Belonging: Communities, Families and Peer roles in enforcing masculine ideals and pressure (c) Voluntary and involuntary participation and (d) Disobedience and consequences: Ill-treatment of hetero-non-conforming men.

2.5 FINDINGS OF THE REVIEW

The data synthesis resulted in second-order constructs presented through themes and subthemes shown in the following table.

Table 2.4: Second-Order Constructs: Theme tables

Theme	Sub-theme
1. Sociobehavioral risky behaviours	(a) Money, power, Control and Violence
	(b) Multiple sexual partners
	(c) Sex and power
	(d) Sexual abuse of men versus the need to prove manhood
2. Delayed Healthcare Access	
3. Pressure to Perform Masculinities	(a) Pressure to conform to community-preferred masculine ideals
	(b) Family pressure to ‘manhood’
	(c) Friends’ pressure to ‘manhood’
Voluntary and involuntary conformity to masculinity ideals	

2.6 SOCIOBEHAVIORAL RISKY BEHAVIOURS

Multiple intersectional factors were found to increase men’s vulnerability to HIV. The term “risky behaviours” was often used to refer to a variety of behaviours that increased men’s susceptibility to HIV-related infections and deaths. These risky behaviours include but are not limited to **violence** (Gibbs et al., 2014; Ragnarsson et al., 2009; Ragnarsson et al., 2010; Sathiparsad et al., 2010; Klass et al., 2018), **multiple sexual partners** (Govender, 2011; Gibbs et al., 2014; Lynch et al., 2010; Mindry et al., 2015; Ragnarsson et al., 2009; Sathiparsad et al., 2010; Klass et al., 2018), **unprotected sex** (Govender, 2011; Mindry et al., 2015; Sathiparsad et al., 2010; Selikow et al., 2009; Stern et al., 2015), **drug and alcohol abuse** (Sathiparsad et al., 2010). The pressure to conform to shared hegemonic masculinity ideals was found to increase risky behaviours amongst men. The pressure emanated from the men’s communities (Klass et al., 2018; Lynch et al., 2010; Mindry et al., 2015; Ragnarsson et al., 2009; Vincent, 2008), families (Vincent, 2008; Stern et al., 2015), peers, and friends

(Govender, 2011; Ragnarsson et al., 2009; Ragnarsson et al., 2010; Sathiparsad et al., 2010; Vincent, 2008). While South Africa is a diverse country, evidence shows that irrespective of the men's cultural and socio-economic backgrounds, the need to prove manhood and masculinity to the community, family, and friends surpasses men's need to lead healthy and safe lifestyles. Across studies and as expected from a diverse population, masculinities present in different forms, with similar outcomes such as highly risky behaviours and vulnerability to HIV infection.

2.6.1 MONEY, POWER, CONTROL AND VIOLENCE

Multiple studies noted that men value the ability to provide financially (Gibbs et al., 2014; Lynch et al., 2010; Ragnarsson et al., 2009; Ragnarsson et al., 2010). Being in sexual relationships was better controlled when women were financially dependent on men as this rendered women powerless and unable to make decisions (Klass et al., 2018; Lynch et al., 2010; Ngidi et al., 2016; Ragnarsson et al., 2010; Sathiparsad et al., 2010). Financial independence is closely linked with community, family, and peer expectations of a man (Gibbs et al., 2014; Govender, 2011; Klass et al., 2018; Lynch et al., 2016; Ngidi et al., 2016; Ragnarsson et al., 2009; Ragnarsson et al., 2010; Selikov et al., 2009; Stern et al., 2015). Men who were seen as providers were naturally granted respect and power in communities, families and groups of friends (Ragnarsson et al., 2009). Money-providing men who had the power to make decisions (Klass et al., 2018) also had the power to take full responsibility for decision-making in their sexual relationships (Meyer, 2017; Stern et al., 2015).

South Africa is currently experiencing high unemployment rates, resulting in men finding new ways of gaining respect from their communities, families, and friends (Gibbs et al., 2014; Ngidi et al., 2016; Ragnarsson et al., 2009). In a country where, historically, the majority of women were unemployed, although this is slowly changing, men are still expected to provide for their families in most communities (Gibbs et al., 2014; Klass et al., 2018; Lynch et al., 2010; Ragnarsson et al., 2009). However, these gender roles are evolving, and the changing dynamics can lead to men feeling overpowered and marginalized, especially in circumstances where communities expect men to be the financial providers (Klass et al., 2018; Ragnarsson et al., 2010). A study exploring orphaned adolescents' development of masculine identities without fathers found that men who were unable to provide were subjected to disrespect and loss of dignity (Meyer, 2017). In another study exploring the perception of unemployed men, the

participants narrated that unemployment resulted in men losing their space in communities. The following was said:

“They view him as a useless man. Like someone you cannot depend on or look up to. They would ignore him, not take him seriously and look down upon him, or as someone that does not exist in the community” [Mboniswa, 23] (Gibbs et al., 2014, p. 5).

This threat to men’s masculine identities has resulted in men exploring alternative means of enforcing and keeping their manhood status even without financial independence. Violence and control of sexual partners have been adopted to re-gain power over women and reinforce men’s status in their communities (Gibbs et al., 2014; Govender, 2011; Klass et al., 2018; Lynch et al., 2010; Ngidi et al., 2016; Stern et al., 2015; Vincent, 2008). Violence against women ranged from emotional violence, where men intimidated women to have sex by threatening to dump them (Govender, 2011; Stern et al., 2015), to physical violence and forcing women to have sex with them (Gibbs et al., 2014; Klass et al., 2018; Vincent, 2008). Violence against women reportedly made women and men more vulnerable to HIV infections, as it is closely linked to sexual violence (Klass et al., 2018; Vincent, 2008;). A study by Strebel (2006) investigated the construction of masculine identities in townships and reported violence towards other men, with crime also being committed to uplift men’s egos and their masculine identities. The findings of this study also point out that men would instead commit crimes and go to prison to prove that they were ‘real men’ rather than be perceived as ‘less of a man’, feminine, or ‘gay’. It was reported thus:

“To some boys going to prison is what they are used to, and it is how they prove that they are tough, that they are not sissies, they know that they will get out soon, so a person just wants to prove that he is ‘intsizwa’ [a macho man] ... You become a VIP if you frequently go to prison ... if you have never been to prison you are nothing” (Participant 18- 24 Comm A) (Strebel, 2006, p. 522).

The findings of this review point out that while sex, money, power, and multiple sexual partners are commonly found to be requirements for manhood across communities (Gibbs et al., 2014; Govender, 2011; Klass et al., 2018; Lynch et al., 2010; Meyer, 2017; Mindry et al., 2015; Ngidi

et al., 2016; Ragnarsson et al., 2009; Ragnarsson et al., 2010; Sathiparsad et al., 2010; Selikov et al., 2009; Stern et al., 2015; Vincent, 2008), the masculine value placed on these factors differs with individuals' ages and socio-economic statuses. For example, in low socio-economic status communities, such as informal settlements where men are poor, sex and multiple sexual partners were idealized. These characteristics of a man enhanced men's social status (Gibbs et al., 2014; Klass et al., 2018; Ngidi et al., 2016; Stern et al., 2015; Ragnarsson et al., 2009) whereas, in middle-class communities, money, cars and showing off wealth boosted men's status, which resulted in females being attracted and men's pursuit of multiple sexual partners and sex (Govender, 2011). These ways of boosting men's status were largely rooted in the need to secure multiple sexual partners.

2.6.2 MULTIPLE SEXUAL PARTNERS

Many studies reported that having multiple sexual relationships and many girlfriends is an important factor in shaping men's identities (Dageid et al., 2012; Gibbs et al., 2014; Klass et al., 2018; Lynch et al., 2010; Meyer, 2017; Mindry et al., 2015; Ngidi et al., 2016; Sathiparsad et al., 2010; Selikov et al., 2009; Stern et al., 2015; Ragnarsson et al., 2009; Ragnarsson et al., 2010; Van Heerden et al., 2015; Vincent, 2008), as men were reported to be physiologically programmed to be 'Hypersexual' and incapable of having their sexual needs satisfied by one sexual relationship (Klass et al., 2018; Mindry et al., 2015; Ragnarsson et al., 2010; Vincent, 2008). The minimum requirement for boys to gravitate towards the hegemonic masculine ideal was having a girlfriend; those without girlfriends were seen as biologically incompetent (Govender, 2011). 'Real men' were found to be expected to have multiple relationships. A qualitative study conducted on social networks and concurrent sexual relationships in an urban community in South Africa revealed that men categorized their relationships (Ragnarsson et al., 2009) into (a) The main relationship, which includes the woman with whom the man envisions a future and children; (b) Side-chicks, which are long-lasting relationships based on trust with multiple women which serves to boost the man's ego and fulfil his sexual needs, and in this relationship setting, women may know about the main women in the man's life but continue to engage with him. This is where women reinforce the ideology that men need multiple sexual partners; (c) Casual relationships where men engage with women on a once-off basis occurring during certain events or social activities such as parties. Multiple sexual

relationships were used as a shield against heartbreak, as there would always be another girl to continue a relationship with (Ragnarsson et al., 2009). A participant reported that:

“I can make an example about me, because I have eight girlfriends. It is my style... It is for security reasons because if one of your many girlfriends dumps you, then you can easily move to the next one” (Participant) (Ragnarsson et al., 2009, p. 1255)

Men encourage each other to engage in multiple sexual relationships (Gibbs et al., 2014; Klass et al., 2018; Lynch et al., 2010). They also protect fellow men who engage in multiple sexual relationships; for example, a friend would lie to their friend’s main woman about his friend’s whereabouts. In addition, this gives men a sense of manhood and respect from their friends (Ragnarsson et al., 2009). Not every man who engages in these sexual behaviours does so intentionally, but risks of being excluded from the community, family, and peer groups force some men to participate in multiple sexual relationships (Ngidi et al., 2016; Ragnarsson et al., 2010; Selikov et al., 2009; Stern et al., 2015; Vincent, 2008) A participant reported:

“I will take a lot of pressure from the boys. They will tease and make funny jokes and tell me that having one girlfriend is the same as having no one at all. Other people will think that you do not have a game (if not having multiple girlfriends). You do not know how to treat the girls” (Participant) (Ragnarsson et al., 2010, p. 4).

2.6.3 SEX AND POWER

The ultimate goal of pursuing many women is to secure a chance to engage in sexual intercourse (Govender, 2011). Engaging in sexual intercourse of a heterosexual nature was considered a significant characteristic of being a man, irrespective of his age and socio-economic status (Gibbs et al., 2014; Govender, 2011; Klass et al., 2018; Lynch et al., 2010; Meyer, 2017; Mindry et al., 2015; Ngidi et al., 2016; Ragnarsson et al., 2009; Ragnarsson et al., 2010; Sathiparsad et al., 2010; Selikov et al., 2009; Stern et al., 2015; Vincent, 2008). Women are expected to be faithful and monogamous, while men are by ‘nature’ expected to engage in multiple sexual relationships (Klass et al., 2018; Mindry et al., 2015; Ragnarsson et al., 2010; Vincent, 2008). Having unprotected sex with women signified women’s commitment and men’s power. Studies that investigated masculinities pointed out that sex was a valued

marker for manhood that man could not live without. Lack of interest in sexual activities was taken as a sign of abnormality, homosexuality, and physiological inferiority, thus compelling men to prove that they were ‘real men’ (Govender, 2011; Ngidi et al., 2016; Sathiparsad et al., 2010; Selikov et al., 2009; Stern et al., 2015; Vincent, 2008). It was reported that:

“It’s the guys – they are so used to it (sex) they can’t live without it. Yah, the guys want it flesh on flesh – the condom is a disturbance” (Vuka School, urban) (Sathiparsad et al., 2010, p. 162).

2.6.3.1 Sexual abuse of men versus the need to prove manhood

The pressure for men to be hypersexual was found to cloud men’s vulnerabilities to abuse. A study zooming in on heterosexual men’s experiences of sexual coercion found that men faced a dilemma when sexually abused; they could report abuse and be vilified by peers or narrate a story of sexual victory to friends and gain respect from them (Stern et al., 2015). Men often chose the latter and sought approval from their peers. Other studies reported similar findings of men putting aside their feelings and engaging in risky behaviours to gain access to friendship circles and maintain respect from peers (Gibbs et al., 2014; Govender, 2011; Ngidi et al., 2016). Nineteen-year-old Prince narrated:

“She called me, and then she just kissed me. And then I said stop. I don’t wanna do that cause she was not of my age. She was three years older than me. So she asked what kind of guy am I? And then I said, I’m like other guys. She said no” [Prince, 19 years old] (Stern et al., 2015, p. 807)

In the same study, twenty-nine-year-old Syanda described what it meant for him to decide whether to report the coerced sexual encounter to adults or run away from forced sex perpetrated by women, concluding that it was harder to avoid unwanted sexual encounters because of external forces, including friends. The participant narrated:

“I mean, even by the time I was six. If I ran away from a woman offering herself to me, I’d be called gay from the peers at my time” [Syanda, 29 years old] (Stern et al., 2015, p.804)

2.6.4 DELAYED HEALTHCARE ACCESS

Masculine identities are continually constructed and reshaped from a young age to adulthood, and any threat to the adoption of masculine ideals and man's identity in specific contexts and times is frowned upon. Men are expected to be strong, healthy, and providers to their families (Chikovore et al., 2016; Dageid et al., 2012; Govender, 2011; Mambanga et al., 2016; Sikweyiya et al., 2014; Van Heerden et al., 2015; Zissete et al., 2016). A study exploring how masculinity prevents Limpopo and Eastern Cape men from accessing HIV testing, care, and treatment uncovered that the healthcare setting was perceived as a threat to men's lifelong constructed identities (Flemming et al., 2016). Healthcare facilities were closely linked to femininity and being weak, and men refrained from compromising their identities by linking themselves to healthcare facilities and clinics. Flemming et al. (2016) further reported that most men describe healthcare facilities as social spaces for women, and being associated with them results in men experiencing feelings of weakness, helplessness, and embarrassment of men. Men visiting healthcare facilities were naturally perceived as feminine or weak, and this resulted in sick men avoiding healthcare assistance. A participant commented:

"It is just pride and fear. They just feel embarrassed to be known as sick... people will classify them as weak people in the community" [Kgotso, Limpopo, aged 56] (Flemming et al., 2016, p. 1256).

Men's delayed access to health care due to fear of being perceived as weak when seeking assistance and health care illustrates the importance of the community's perception of men. Specifically, men avoid HIV testing and treatment. Positive HIV results were found to pose a threat to men's identities as they were widely understood as the cause of divorces and men's loss of their ability to provide due to sickness, resulting in the loss of identity as a man in the community (Chikovore et al., 2016; Flemming et al., 2016; Meyer, 2017; Sikweyiya et al., 2014; Van Heerden et al., 2015; Zissete et al., 2016). Anticipated potentially life-changing HIV results prevent men from seeking healthcare services in the first place. One participant strongly stated:

"Fear of discrimination by partners prevents men from engaging with HIV testing and disclosure of HIV status. Most men think that they are going to break up with the person

that they were dating, they are going to break up with their wives if they ever explain that they have the virus” [Ntsikelelo] (Sikweyiya et al., 2014, p. 9)

Men’s experiences of illnesses allow them to affirm or compromise their identity. In communities, a dichotomous understanding of healthcare exists, with studies showing that traditional healers are closely associated with masculine identities and being strong (Mambanga et al., 2016; Sikweyiya et al., 2014; Zissete et al., 2016). Similarly to this study’s findings, a study by Flemming and colleagues (2016) found that clinics and hospitals are perceived as feminine and weak. The need to construct and maintain masculine identities prevents men from accessing healthcare facilities, as this portrays them as weak in their communities; in turn, traditional healthcare is heavily used by men (Mambanga et al., 2016; Sikweyiya et al., 2014; Zissete et al., 2016). While this is positive for men’s identities, it leads to delayed healthcare access and defaults in medication (Dageid et al., 2012; Sikweyiya et al., 2014; Zissete et al., 2016). A study exploring the impact of HIV on masculinity construction found that the need to display the importance of culture was crucial for men’s identities, hence the use of traditional medicine (Sikweyiya et al., 2014). It was reported that:

“African [Black] men wouldn’t mind to drinkimbiza [traditional medicine], to induce vomiting and do all these traditional rituals and don’t bother about using the condom because they want to prove that that culture is more important to them than any other thing” [Itumeleng] (Sikweyiya et al., 2014, p. 9).

In addition, the fear of discrimination from communities and emasculation through exclusion from their groups stripped men of their community identity, resulting in exacerbated fear of engaging with the healthcare system and its facilities. Consequently, men maintain their masculine identities through engaging with their social groups and behaving as expected by their communities (Chikovore et al., 2016; Flemming et al., 2016; Gibbs et al., 2014; Govender, 2011; Klass et al., 2018; Lynch et al., 2010; Meyer, 2017; Mindry et al., 2015; Ngidi et al., 2016; Ragnarsson et al., 2009; Ragnarsson et al., 2010; Sathiparsad et al., 2010; Selikov et al., 2009; Sikweyiya et al., 2014; Stern et al., 2015; Van Heerden et al., 2015; Vincent, 2008; Zissete et al., 2016), which in turn results in lack of healthcare access, (Sikweyiya et al., 2014; Zissete et al., 2016), delayed access and lack of adherence to medicine, a progression of HIV

(Chikovore et al., 2016; Flemming et al., 2016; Meyer, 2017; Sikweyiya et al., 2014; Van Heerden et al., 2015; Zissete et al., 2016) and consequently the death of men.

2.7 PRESSURE TO PERFORM MASCULINITIES

This theme zooms in on three pressure levels to perform socially approved masculine behaviours. Communities, families and peers influenced men to varying degrees of conforming to masculinity ideals. In this section, I show how community-level, family level and peer-level pressure dictated men's behaviours. This section focuses on uptake and conformity to negative masculine ideals or toxic masculine norms, which are traditional perceptions of manhood that are harmful to both men and women, which purport men as dominant, reserved violence and stigmatise empathy in men (Ratelke, 2016).

2.7.1 PRESSURE TO CONFORM COMMUNITY-PREFERRED MASCULINE IDEAS

The need to belong in communities, families, and peer groups forces men to conform to hegemonic masculine norms. While the display of hegemonic masculinities and practices across South African communities differs, the need to belong to a social group is seen to be similar across studies. The need to belong plays a central role in persuading men to display behaviours in line with toxic masculine norms (Vincent, 2008; Ragnarsson et al., 2009; Ragnarsson et al., 2010; Lynch et al., 2010; Mindry et al., 2015; Klass et al., 2018). Social groups and communities provide spaces where masculine norms are cultivated and put in place to guide behavioural practices. These norms are then shared and modelled, resulting in patterns of behaviours that may be deemed acceptable or unacceptable in these communities. A study aimed at understanding the socio-cultural meaning of a shift in attitude towards sex and the way the traditional circumcision school socializes Xhosa young men found that failure to conform to hegemonic masculinity ideals could lead to one being perceived as less of a man (Vincent, 2008).

In a similar vein, other studies uncovered that being perceived as being less of a man and not meeting the community's expectations of 'what being a man entails' resulted in men losing respect, being ostracised, and facing varying forms of severe punishment that include social shaming, shunning, and harassment by both peers and adults of the community (Lynch et al., 2010; Ngidi et al., 2016; Vincent, 2008). Studies also show that actions taken to prevent ridiculing can be extreme; for example, in Lynch and colleagues (2010), Ragnarsson and colleagues (2010), and Govender (2011), the participants chose to engage in overt risky behaviours rather than being seen as emasculated. It was reported that:

"In our tradition, if you said you don't want [more than one] wife, it's an insult. That is an insult, and they can throw you out and chase you away" [Group 1] (Lynch et al., 2010, p.20).

Social-shared hegemonic masculine notions were used as an indicator of what constitutes being a man, and failure to achieve this could result in men being perceived as emasculate, feminine, 'less of a man', or 'gay' and ridicule. Evidence suggests that men avoided anything that put them in the spotlight in questioning their masculinity and were influenced to behave in approved masculine behaviours.

2.7.2 FAMILY PRESSURE TO 'MANHOOD'

Families belong to communities that are guided by hegemonic masculine norms. For families, belonging without negative consequences meant their members had to adhere to the ascribed community norms (Ragnarsson et al., 2010). Family members then pressured men to conform to shared masculine ideals. A family member's deviation from community norms meant disrespect and shunning for the family and their disobedient member. Praise and respect for men who behaved 'like other men' were incentives for conforming behaviour. In contrast, punishment such as name-calling and exclusion had to be employed to discipline non-conforming men. Vincent (2008) found that even the family budget was distributed in a manner that forced other family members to perform rituals that were perceived as making one a 'real man'; furthermore, this was shown off in community gatherings, where 'less of a man' received less respect than 'real men'.

“Uninitiated boys will typically not be included in the family budget for new clothing but would simply have clothes be handed down from older family members. When communal feasts are held, uncircumcised men are not allowed near where meat is cooked or prepared: ‘When they give you a piece of meat, it is either thrown at you, or they start by teasing you, calling you a dog’ [Participant 10] (Vincent, 2008, p.442)

2.7.3 FRIENDS’ PRESSURE TO ‘MANHOOD’

Friends and peers were identified as having the most powerful and immediate influence that enforced hegemonic masculinities in men. While in communities and families, conforming meant ‘being seen behaving like other men’, masculinity policing in peer groups adopted a step further, with young men having to prove masculinity to their friends (Stern et al., 2015). While sex itself is an important factor in proving manhood, especially for men who voluntarily conform to masculine norms, for some men, pleasure is obtained upon convincing friends about their sexual encounters; without friends believing that one had sex, one’s masculinity may be subject to questioning (Stern et al., 2015). Sexual activity may be done without sexual pleasure being the ultimate goal but as an attempt to prove to other men that one is not homosexual and to gain approval. Approval of sexual activity was sought by bragging about that sexual act (Stern et al., 2015). This means that telling friends about one’s sexual encounter and intentionally impregnating women proved men’s sexual activities (Selikov et al., 2009). Men’s experiences of being pressured into having sex were characterized by trauma, disappointment, and guilt, with some men also reporting experiencing a sense of pride upon ‘boasting’ about the sexual encounter with their friends [12]. A participant reported:

“Yes, I boasted to my friends later, and they said welcome to the party, now you’re a man” [Sanjay, 31] (Stern et al., 2015, p. 807)

Failure to produce this evidence of sexual encounter resulted in exclusion from peer groups, name-calling, and loss of respect from peers, thus the pressure to perform in accordance with the expectations of friends. Proving one’s sexual virility was an important task for young men (Govender, 2011) and boys as young as six years old (Stern et al., 2015).

“Sishimane – [a boy who does not have a girlfriend], you do not even get a kiss from your girlfriend, you do not get anything, so you will never walk with us [be seen in our company] because you don’t have a girlfriend” [School 4; FG 2, mixed gender] (Selikov et al., 2009, p. 109).

It is clear that some of the men engaging in risky behaviours, putting themselves and others at a higher risk of contracting HIV infections, are forced by the fear of not belonging. The shunning of non-conforming young men and their families from the community and the exclusion of men from their families and friends as they do not portray hegemonic masculine ideals enforces masculine notions that influence men to engage in risky behaviours.

2.8 VOLUNTARY AND INVOLUNTARY CONFORMITY TO MASCULINITY IDEALS

Risky behaviours were found to be enforced and reinforced through voluntary and involuntary conformity to hegemonic masculine ideals. Some men enjoyed tasks and statuses associated with their manhood, and intentionally invested themselves, thus voluntarily embracing hegemonic masculine norms. These men often expressed their beliefs of men being physiologically superior to women and having a stronger biological drive for sexual intercourse than women (Klass et al., 2018; Ragnarsson et al., 2010; Mindry et al., 2015), thus absolving themselves from the reality of risks embedded in multiple sexual partners.

Contrary to voluntary participation, some studies reported that men adopted or were complicit in supporting harmful hegemonic masculine norms because they feared the consequences that might result from non-conformity to those norms (Govender, 2011; Gibbs et al., 2014; Lynch et al., 2010; Ngidi et al., 2016; Ragnarsson et al., 2010; Sathiparsad et al., 2010; Selikov et al., 2009; Stern et al., 2015; Vincent, 2008). Men who were seen as not conforming to the community’s norms often faced punishment and ill-treatment such as ridicule, name-calling, exclusion, isolation and, at times violence from dominant males in the group. Such behaviors helped reinforce the need to adhere to masculine norms that further put them at risk of contracting HIV (Govender, 2011; Gibbs et al., 2014; Lynch et al., 2010; Ngidi et al., 2016; Ragnarsson et al., 2010; Sathiparsad et al., 2010; Selikov et al., 2009; Stern et al., 2015;

Vincent, 2008.). Other men are forced by circumstances to live by these norms. Involuntary conformity resulted from fear of public ridicule. In a study that aimed at narrating stories of heterosexual men who experienced forced sex, a 21-year-old participant recalled his sexual debut, which occurred as a result of pressure exerted on him by his older brother and friends. The participant reported that;

“I did not know what to do; it was the girl who was proactive. She was lying on the bed and told me to undress, and after that, she stripped, and I was so shocked. I did not know what to do. It was like I wanted to go away, but I didn’t have a way to go. Because I want to be a man at that time” [Yongama, 21] (Stern et al., 2015, p. 805)

Men who were perceived as ‘less of men’, emasculate, and feminine were swiftly labelled as ‘gay’ (Govender, 2011; Lynch et al., 2010; Ragnarsson et al., 2010; Vincent, 2008). Men who were labelled ‘gay’ were excluded from communities, families, and friends (Govender, 2011; Lynch et al., 2010; Vincent, 2008). Homosexuality was associated with putting men’s lives at risk, which could escalate to death.

“Or if you say you are gay, you want to marry a man, whoa! They can kill you. They can definitely kill you. They are going to reject you, they don’t want you” [Group 1] (Lynch et al., 2010, p.20)

Some of the men engaging in risky behaviours, putting themselves and others at risk of HIV infections, are forced by fear of not belonging. This widespread abuse of men who looked or behaved differently reinforced the need for men to ‘act like other men’, which was found in boys as young as seven years old, teenagers (Govender, 2011; Vincent, 2008) and grown men, which further illustrates masculine ideals that young men are sharing. Men have to mind their actions and behaviours for fear of being excluded from and sidelined by communities and peer groups as their identities are constantly under review and their lack of conformity to masculine notions calls for scrutiny (Govender, 2011; Ngidi et al., 2016; Stern et al., 2015; Vincent,

2008), ridicule, name-calling (Govender, 2011; Sathiparsad et al., 2010; Selikov et al., 2009) and even threats to their lives (Vincent, 2008). Some men reportedly consumed drugs and alcohol in order to gain the courage to engage in these expected behaviours (Sathiparsad et al., 2010), further exacerbating men’s vulnerability to HIV.

2.9 DISCUSSION

This review shows that multiple and intertwined societal, interpersonal, and personal factors influence men’s vulnerabilities to HIV infections and AIDS-related deaths. The reviewed literature points out that masculine ideals and values differ across contexts. However, similarities also exist among South African men. It is worth noting that masculine factors putting men in HIV harm’s way are indistinguishably interlinked and reinforce one another. However, important to note is that masculine factors alone cannot be understood as single-handedly putting men at risk but as a process involving multiple factors influenced by this masculine hegemony and ideals that enforce and reinforce certain behaviours, resulting in men’s vulnerabilities to HIV and AIDS-related deaths. Through the use of Malpass’ understanding of first, second and third-order constructs, this review interprets second-order constructs from the included literature to develop third-order constructs that provide a better understanding of the factors putting men at risk of HIV-related infections and AIDS-related deaths in South Africa. The reviewed studies were condensed into four third-order constructs categorized and discussed as shown in the third-order constructs table below:

Table 2.5: Third order Construct

Third-Order Constructs: Themes	Second-Order Constructs
1. Building a ‘real man’: Expected behaviours	Socio-behavioural risky behaviours Delayed Healthcare Access
2. Belonging: Communities, Families and Peer roles in enforcing masculine ideals and pressure	Pressure to Perform Masculinities
3. Voluntary and involuntary participation	Voluntary and involuntary conformity to masculinity ideals Pressure to Perform Masculinities
4. Ill-treatment of hetero-non-conforming men	Drawn from all second-order constructs

Diagram 2.3: Patterns of Hegemonic Masculinity Enforcement

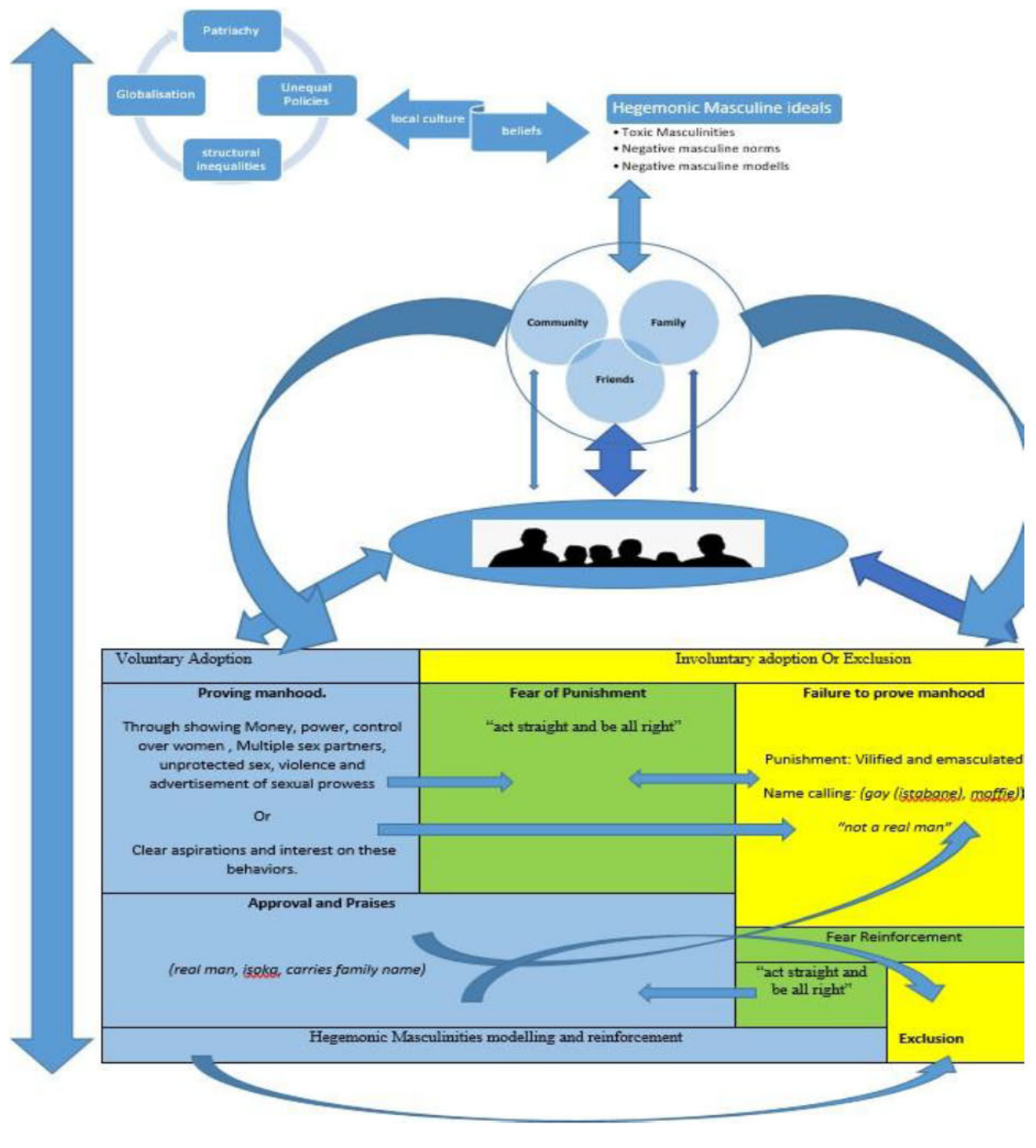


Diagram 2.3: Summary of the interplay between broader society (macro), communities and cultural beliefs (mezzo), and individual families and friends at a micro-level. These three structures reinforce each other in maintaining the perceptions of men, thus maintaining hegemonic masculinities.

2.9.1 BUILDING A ‘REAL MAN’: EXPECTED BEHAVIOURS

Commonalities of expected hegemonic masculine behaviours are found among men of different socio-economic statuses in South Africa, and where differences exist, the end goal of exacerbating vulnerability to HIV infections becomes similar. Globally, men are expected to be providers (Flemming, 2016; Mindry et al., 2015; Ngcobo, 2018; Strebel, 2006; Vincent, 2008). Men take this responsibility as the core pillar of their manhood. On the one hand, men who can afford are likely to use their financial upper hand to attract and control their sexual relationships (Govender, 2011). In a country with a high unemployment rate, men who are financially disadvantaged turn to violence as a way of showing and enforcing their control. Violence against other men proves that a man is powerful (Gibbs et al., 2014; Klass et al., 2018; Ngidi et al., 2016; Stern et al., 2015; Strebel, 2006; Ragnarsson et al., 2009), while violence against women exacts control over sexual relationships and leaves women voiceless (Maharaj & Munthre, 2006; Mjwara & Maharaj, 2018). In a study examining intergenerational relationships based on women receiving gifts and financial assistance from men, it was found that women were more likely to obey men they depended on for financial assistance because of fear of losing support (Toska et al., 2015). These relationships are characterized by unequal power relations, with men controlling when and how sexual intercourse is done, which often leads to engaging in unprotected sex and consequently contracting HIV infections.

Men view multiple sexual partnerships as a necessity, as they keep their masculinities. A study conducted on sexual networks has revealed that men need multiple sexual relationships for different occasions (Ragnarsson et al., 2009). There are degrees of relationships; some are stronger than others, with the main relationship serving purposes of marriage and possible childbearing, while other relationships, though long-lasting and temporal, serve the sole purpose of sexual fulfilment and boosting the man's ego (Ragnarsson et al., 2009). Some studies established that some men believe that they are physiologically programmed to be sexually active, hence the need to engage in multiple sexual partnerships (Flemming et al., 2016; Klass et al., 2018; Mindry et al., 2015; Ragnarsson et al., 2010; Vincent, 2008). These multiple relationships pose a danger to men, as they are often closely linked with unprotected sex and alcohol-influenced encounters.

Relationships alone do not mean that one is a 'real man'; the availability of partners for sexual encounters and sexual intercourse is closely linked to masculinity and manhood (Govender, 2011; Ragnarsson et al., 2009; Vincent, 2008). For young men, proof of sexual encounters, including impregnating a girl, as an additional step towards ensuring one's recognition as a man, which further heightens the risks of contracting HIV-related infections in an attempt to prove their masculinity (Ngcobo, 2018). The pressure young men receive from their peers often results in premature and unwanted sexual experiences. The review shows proof of men intentionally misinterpreting their experiences of sexual abuse as victorious proof of sexual encounters meant to gain respect from their peers despite sexual encounters being coerced by older women (Stern et al., 2015). Other studies conducted by Panday et al. (2009) and Bhana (2015), which reflected on young men's pressure to have sex, argue that young men tended to follow their peer advice in fear of behaving in ways that would result in peer disapproval, bullying and social exclusion. These studies indicate that young men are unlikely to use condoms if peers express negative perceptions, such as that condoms lessen sex. This shows that men prioritised their social acceptance and behaved in ways that were accepted and approved in their communities, families, and peer groups, even if it was at their expense and casting a blind eye to their own experiences of sexual risks (Gibbs et al., 2014; Ngidi et al., 2016).

Healthcare access and use can curtail men's vulnerability to HIV infection, thus preventing AIDS-related deaths. However, healthcare systems are, in themselves, social institutions that invoke people's perceptions, which, in turn, influence their utilization of healthcare services (Gilson, 2003). In the world of hegemonic masculine ideals, modern healthcare use is feminized, while traditional healthcare is perceived as masculine (Flemming et al., 2016). This causes an increase in men who delay healthcare access despite the symptoms of the disease or having engaged in risky behaviours that call for HIV check-ups. Traditional medicine is often used to reinforce men's masculine identities, and it is only when they are gravely sick that men visit clinics and oftentimes, these visits occur when the HIV has developed into full-blown AIDS, often leading to death (Flemming et al., 2016; Mambanga et al., 2016; Sikweyiya et al., 2014; Zissete et al., 2016).

2.9.2 BELONGING: COMMUNITIES, FAMILIES AND PEER ROLES IN ENFORCING MASCULINE IDEALS AND PRESSURE

Belonging is a multifaceted factor that influences men's susceptibilities to risky behaviours and, consequently, vulnerabilities to high sexual risk behaviours. Multiple forces pressure men to execute context-specific behaviours, allowing them to adapt and be accepted as respected members of communities. Perceptions of manhood and behaviours identified as important masculine ideals in the section *Building a 'real man': Expected behaviours* on page 49 were important in communities and enforced by families and peers.

The reviewed literature points out that norms are rooted in communities (Klass et al., 2018; Lynch et al., 2010; Ragnarsson et al., 2009; Ragnarsson et al., 2010; Vincent, 2008), enforced by families (Ragnarsson et al., 2010; Vincent, 2008) and peer groups (Govender, 2011; Selikov et al., 2009; Stern et al., 2015) have a significant influence on men's behaviours and decisions of what constitute a 'real men', thus greatly influencing men's behaviours and decisions relating to healthcare access; consequently, this influences the uptake of healthcare resources (Chikovore et al., 2016; Flemming et al., 2016; Gibbs et al., 2014; Govender, 2011; Klass et al., 2018; Lynch et al., 2010; Meyer, 2017; Mindry et al., 2015; Ngidi et al., 2016; Ragnarsson et al., 2009; Ragnarsson et al., 2010; Sathiparsad et al., 2010; Selikov et al., 2009; Sikweyiya et al., 2014; Stern et al., 2015; Van Heerden et al., 2015; Vincent, 2008; Zissete et al., 2016), which results in lack of healthcare access (Sikweyiya et al., 2014; Zissete et al., 2016), delayed healthcare access and lack of adherence to medicine, and a progression of HIV (Chikovore et al., 2016; Flemming et al., 2016; Meyer, 2017; Sikweyiya et al., 2014; Van Heerden et al., 2015; Zissete et al., 2016).

South African communities are highly diverse, and masculine ideals are constructed, represented, and reinforced in these different communities. In this South African diversity, commonalities in how masculinity is characterized supersede the differences. Communities provide a space for public regulation of preferred masculine norms. Behaviours that conform to and reinforce community-prescribed masculine norms are rewarded (Lynch et al., 2010), while behaviours that challenge or disobey the community's masculine norms are punished (Klass et al., 2018; Lynch et al., 2010; Ragnarsson et al., 2009; Ragnarsson et al., 2010). Rewards and punishment vary with the behaviour being executed. For example, using Malpass'

third-order of construction to interpret a study exploring a Xhosa masculine culture of initiation noted that there is a spectrum of rewards and punishment (Vincent, 2008), with one end of the spectrum providing rewards while the other punishment. Firstly, a man who leads at the initiation does not get the same respect and praise as the ones who are following. Secondly, men who decide not to go for initiation while engaging in other men's behaviours do not get the same disrespect as those who have shown what the community interprets as feminine and gay. A study conducted by Lynch and colleagues (2010) shows similar trends in rewards and punishment, highlighting that communities alone cannot enforce and reinforce masculine behaviours, and that is why they employ families belonging to communities to assist in reinforcing preferred masculinity behaviours at home. The family is described as the microcosm of the community, which works towards ensuring that the community's norms are upheld to standard (Paquett & Ryan, 1990).

Studies show that families expect a boy-child to grow up into a man and have children, and in this process, there are behaviours that the family looks for that prove that the boy-child will grow into the man they want him to be (Ngcobo, 2018; Ngcobo & Shumba, 2023). 'Behaving like other boys' is an umbrella description of behaviours expected from young men, and through rewards and punishment, these masculine ideals are continuously reinforced (Govender, 2011; Klass et al., 2018; Mindry et al., 2015; Ragnarsson et al., 2009). Failure to exhibit expected behaviours results in young men's sexuality and their ability to continue the family's name being questioned, and behaviours that are seen as destroying the family's name are met with harsh punishment (Govender, 2011, 2018; Vincent, 2008;). A study illustrating family pressure narrates how young men ended up impregnating girls because their younger peers had fathered children and their family and community members had started questioning their sexuality (Ngcobo, 2018), thus showing the impact of the pressure the family exerts on young men.

While families have the ability to keep a close eye on young men, they often refrain from outrightly communicating about young men's sexual behaviours. A survey conducted with South African university students found that African parents had difficulty communicating with their children on any topic related to sex and sexuality, arguing that such talk is not only embarrassing but also culturally unacceptable (Mofoka & Oyedemi, 2015). In this case, friends become the closest enforcers of masculine norms, as they are directly involved in monitoring other peers' masculine behaviours and directly ridicule or show respect to their peers depending on how they behave. Culture and morality bar communities and families from closely

questioning young men's sexuality. Thus, communities and families reward blatantly presenting behaviours or what they suspect of those behaviours by praising and showing respect to admired behaviours and punish by social exclusion and disrespect of those showing unwanted behaviours. However, with friends, young men carry the burden of proof; they must prove engaging with behaviours that are regarded as acceptable and masculine in exchange for peer recognition and respect (Govender, 2011; Selikov et al., 2009; Stern et al., 2015). All behaviours that are expected by communities and families from a man must be exhibited by the young man while he engages with his friends (Stern et al., 2015). For example, in all the studies included in this review, amongst other risky behaviours, young men were expected to be sexually attracted to women and be promiscuous as a way of displaying their masculinity.

In communities and families, merely talking about women is regarded as enough proof of being a man. Young men must approach women and engage with them in the presence of their peers, have sexual intercourse with them, and talk about their sexual experiences to gain approval from other peers (Sathiparsad et al., 2010; Selikov et al., 2009; Stern et al., 2015). The proof is obtained through girls talking about boys' sexual prowess (Selikov et al., 2009), though young men brag about their sexual encounters with girls (Sathiparsad et al., 2010; Stern et al., 2015), kissing girls in public (Selikov et al., 2009), or in extreme cases, impregnating girls (Ngcobo, 2018). It is through these multiple ways that masculinity is modelled and reinforced by young men in their daily interactions with each other and the world. Coon and Mitter (2010) and Wood and Jewkes (2006) also highlight similar concerns regarding the pressure exerted on young men for them to conform to group norms, further arguing that social conformity and peer pressure put young men in danger of prematurely engaging in sexual activities. Failure to prove one's masculinity to peers is met with triple punishment coming from friends, families, and the community. This review shows that while some men voluntarily engage in hegemonic masculine norms, others are pressured into hegemonic masculine behaviours by the need for social and peer approval, support, and a sense of belonging.

2.9.3 VOLUNTARY AND INVOLUNTARY PARTICIPATION

Hegemonic masculine behaviours are adopted by communities in which families and individuals reside. In adopting behaviours, there are individuals who naturally feel certain norms and behaviours are masculine and need to be upheld by men. These people voluntarily give in and adopt hegemonic masculinities. This group models and reinforces hegemonic masculine ideals. The people that constitute the second group, though not hands-on, see the behaviours being modelled and do not question them, fearing what would happen if they were seen as 'less of a man'. Those who constitute the last group are forced to adopt hegemonic masculine norms and get punished when they do not engage in them. The latter group comprises straight people who generally do not identify with the hegemonic masculine ideals presented to them. There are also homosexual people who are forced to adopt masculine ideals without questioning them. Many people adopt hegemonic masculine ideals due to fear of exclusion that could undo a life-long built social support and peer acceptance (Govender, 2011; Lynch et al., 2010; Vincent, 2008). A data triangulation study on MSM found that the cultural exclusion of MSM, while forcing men to adopt heteronormative norms, exacerbates drug use and HIV risks among MSM (Lane, 2015).

Men defying masculine ideals are likely to suffer physical punishment, as studies show that when people are suspected of being homosexual, they are often beaten and can even be killed (Lynch et al., 2010; Vincent, 2008). In addition, these men could suffer sexual abuse tied with emotional trauma as they attempt to prove their masculinity to those policing masculine behaviours (Bhana, 2015; Ngcobo, 2018).

2.9.4 ILL-TREATMENT OF HETERO-NON-CONFORMING MEN

Failure to prove that one has reached the bar set for hegemonic masculine behaviours could result in punishment from communities, families, and friends. This forces men to participate in hegemonic masculine behaviours as they stand a chance of losing social support (Govender, 2011; Lynch et al., 2010; Vincent, 2008). In Bhana's (2015) study, young men also reported that they felt forced to have sex to enforce masculinity in the traditional sense and, in addition,

the young men reported having sex to prove their sexual virility and dispel myths of being homosexual. The consequences of disobedience range from being subjected to name-calling, ridicule, exclusion from community activities, ex-communication from families, and sidelining by friends (Bhana, 2015; Chikovore et al., 2016; Flemming et al., 2016; Gibbs et al., 2014; Govender, 2011; Klass et al., 2018; Lynch et al., 2010; Meyer, 2017; Mindry et al., 2015; Ngcobo, 2018; Ngidi et al., 2016; Ragnarsson et al., 2009; Ragnarsson et al., 2010; Sathiparsad et al., 2010; Selikov et al., 2009; Sikweyiya et al., 2014; Stern et al., 2015; Van Heerden et al., 2015; Vincent, 2008; Zissete et al., 2016).

2.10 CONCLUSION

HIV infections and premature AIDS-related deaths are rife among South African men. This review has revealed that this trend of HIV amongst men is influenced by multiple factors that are closely tied to hegemonic masculine ideals. South African men are greatly diverse; nonetheless, this review uncovered the interlinked hegemonic masculine ideals that cut across South African men and beyond. The Government of South Africa has employed multiple healthcare strategies in an attempt to bring HIV-related testing, counselling and free access to ARVs to the South African population in need of such services. These attempts will yield better outcomes if men are integrated into healthcare access and use. The reviewed literature shows that the shortcomings of the current HIV interventions include their lack of special attention to masculine norms and hegemonic masculine ideals, thus impacting men's behaviours that influence their vulnerability to HIV, and this fuels their reluctance to seek healthcare. There is a need to develop and implement evidence-based interventions that will inform the healthcare approach for men.

CHAPTER 3

THEORETICAL FRAMEWORK

3.1 INTRODUCTION

A theory is a general, plausible and scientifically acceptable principle or body of principles offered to explain phenomena (Smith, 2021). It is a belief, policy, or procedure proposed or followed as the basis of an action. The researcher employed the hegemonic masculinities framework drawing from a social constructionist understanding of gender and masculinity. In addition, the ecosystems perspective was adopted to gain a better understanding of the role played by dominant masculinities in men's health-seeking behaviours in the SA context. Researchers are showing a growing interest in masculinities, and theorising about men has evolved and, through the production of new evidence, continues to improve and reflect on men globally. Theories on masculinity and working with men are primarily rooted in Connell's (1982) Hegemonic masculinity theoretical framework. The hegemonic masculinity framework provides a broader understanding of masculine norms, societal expectations of manhood and men's behaviours (Connell, 1995; Connell & Messerschmidt, 2005). According to Connell and Messerschmidt (2005), the Hegemonic masculinity theoretical framework can be used as an umbrella theory that encapsulates other theories that help to understand men and masculinity. The Hegemonic masculinity theoretical framework explains men's hetero-patriarchal uncontested power over women and hetero-nonconforming 'emasculated' subordinate men (Connell & Messerschmidt, 2005). The narratives of societies provide men with the power to dominate women (Butler, 1990). While men are the main subject of hegemonic masculinity (Connell, 1995), women are an integral part of this Framework, as power is exerted over them (Butler, 1990). This chapter traces the development of masculinities theories through criticism and improved understandings, which have contributed to the development of the contemporary hegemonic masculinities concept by R.W. Connell (1987), which remains central in theorising about masculinities and men's behaviours globally. While

this framework constitutes the focus of the study, it is important to show that the progression of understanding of masculinities precedes the Connellian understanding of masculinities.

3.2 PROGRESSION IN THEORISING GENDER AND MASCULINITIES

The conceptualisation of masculinity has undergone iterative evolution since scholars like Connell pioneered the categorisation and terminology in the 1980s. Prior to social approaches and Connellian theorisation, understandings of masculinity have been largely rooted in positivist biomedical perspectives (Robertson, 2008). The positivist biological differences in sex have served as a major foundation for the traditional positivist understanding of masculinity. Gender-specific behaviours were believed to be influenced by biological sex differences, which explained this perspective on gender (Banks, 2004; Clare, 2001). Though these beliefs may be seen as out of date, they provide important insights into the evolution of “gender” roles and masculinity theories and research. Evidence shows that the positivist understanding of biological sex as having an implication on social behaviour continues to inform parts of societies to date. Studies in SA show that men strongly believed that they were biologically predisposed to seek sex and that their biological needs inherently dictated their sexual drive (Klass et al., 2018; Ragnarsson et al., 2010; Mindry et al., 2015). Biomedical theories on sex and gender roles dominate the twentieth-century literature (Hegelso, 1995). The positivist perspective was criticised for dismissing the role of socialisation on gender and behaviour, and the social perspectives on gender filled this gap and later developed into the hegemonic masculinities that dominate understandings of men globally (Connell & Messerschmidt, 2005). The following discussion discusses the transition from the positivist to social constructionist understanding of gender is discussed. According to Hegelso (1995) and Robertson (2008), understanding this transition offers background research evidence and insights into the social study of gender. These conventional views also provide a timeline of the evolution of theories on gender and masculinities.

3.2.1 BIOLOGICAL PERSPECTIVE ON GENDER FROM A POSITIVIST STANDPOINT

For the most part, masculinities have been perceived as biological differences between sexes at birth (males and females) that are opposed to femininity (Robertson, 2008). According to Robertson (2008, p.1), *“masculinity is often understood as the outward expressions of being biologically male; that is, men’s “gender,” the way they are, is conflated with their “biological sex,”* and thus the biologically informed theories on gender and masculinity saw masculinity as nature-informed biological norms that guide men's behaviours. According to the positivist's biological approach to gender and masculinities, men's biology was used to define masculinities and to define men and women in terms of biological differences between the two sexes. According to this biological theory of masculinity, men and women behave differently because of physical, anatomical, and psychological distinctions (Geary, 1998; Miller, 2016; Moynihan, 1998; Robertson, 2008). Positivism posits that these differences attributed to biology can be scientifically measured through hormones, brain structures, and genetics (Clare, 2001; Banks, 2004).

Reproduction, subsistence, and protection are at the core of this classic positivist evolutionist paradigm, which is predicated on the survival of humans and the continuation of mankind (Geary, 1998; Robertson, 2008). The idea that men's and women's physical microsome differences are essential for differential behaviours that support reproduction and the survival of the human species was reinforced by evolutionists like Geary (1998). The biological approach proposes that the male reproductive organs and hormones allow for the production of more sperm cells that could be utilised for more reproduction with multiple women, which helps to explain other characteristics like the role of biological differences in choosing a mate and a higher sexual libido in men (Miller, 2016). Women with limited timeframes to produce reproductive eggs are expected to act with agency in selectively choosing a partner who is fertile in terms of reproduction and able to provide for their offspring (Miller, 2016). The same study argues that men are less picky since they can fertilise as many women as possible and are inherently aggressive to compete with other males for partners and pass on their lineages (Miller, 2016).

The biological theories of gender propose that feminine and masculine roles are shaped by biological factors (Geary, 1998; Miller, 2016; Robertson, 2008). Research that delves into the influence of hormones, like androgens, on gender-specific behaviours indicates that exposure to prenatal androgens can impact behaviour preferences, supporting traditional biological theories of masculinities (Berenbaum, 2002). In addition, evolutionary biology is often

employed to explain differences in masculine and feminine traits, such as spatial abilities and toy preferences (Alexander, 2003; Eals & Silverman, 1994). This belief of gender influenced by chromosomes is used to justify men's behaviours, including aggression, as illustrated by Robertson (2008, p.2) *arguing, "But will [men] abandon their traditional Saturday afternoon shin-kicking and beerswilling in favour of a warm community centre, a slice of lentil bake and a group discussion on better foreskin hygiene? I doubt it. Aggression and foolhardiness are carried on the Y chromosome, and there's not a lot government or anyone else can do about it"*. Physical disparities existing between genders, such as bone mass and muscle composition, are also attributed to evolutionary roles in traditional hunter-gatherer societies (Eals & Silverman, 1995; Geary, 1998; Miller, 2016; Robertson, 2008).

The biological positivist Framework has been faulted for its reliance on biological sex as the primary determinant of gender identity, overlooking other influential factors such as social influence, socioeconomic class and other factors that shape gender understandings and practices (Connell, 1995, 2005). Critics of the biological approach argue that the theory oversimplifies gender, reducing it to genetic and hormonal influences, thus neglecting the impact of socialisation and learning on gender (Miller, 2016; Robertson, 2007). Gender identities are not solely determined by biological sex, highlighting the complex interplay of various factors in shaping gender (Connell, 2005; Connell & Messerschmidt, 2005). Factors like culture, education, and religion significantly shape gender identities, underscoring the importance of social approaches to understanding gender (Connell, 2005).

3.2.2 SOCIAL APPROACHES TO GENDER AND MASCULINITY

The social perspective on gender development posits that masculinity and femininity are shaped by societal norms and values, echoing the feminist view that gendered behaviours stem from the differential treatment of individuals based on their perceived gender (Miller, 2016). Psychological theories, including the Social Learning Theory and the Cognitive Social Learning Theory, highlight how behaviours are learned through socialisation in various settings like homes, schools, and communities (Coon & Mitter, 2010; Else-Quest & Hyde, 2021). Albert Bandura's Social Learning Theory, for instance, underscores the role of behaviour modelling in teaching and reinforcing gender-specific behaviours, such as masculinity in men (Coon & Mitter, 2010; Else-Quest & Hyde, 2021). For example, the use of aggressive toys,

such as guns for boys and soft dolls for girls, creates norms that sanction boys' expressive and aggressive playing while encouraging girls to be 'soft' caretakers (Coon & Mitter, 2010).

In Sociology and Psychology, there have been significant advancements in understanding gender and masculinities from a social perspective (Borkowska, 2020; Miller, 2015; Robertson, 2008). For a nuanced understanding of the historical work that grounds current understandings of masculinities by Connell, this section discusses social approaches, particularly the gender role approach, which offers nuanced insights into how masculinities are socially constructed within societies (Else-Quest & Hyde, 2021; Robertson, 2008). Various academic disciplines, including Sociology, Psychology, and Feminist Studies, have challenged the notion of inherent biological determinants of gender-specific behaviours (Coon & Mitter, 2010; Else-Quest & Hyde, 2021; Miller, 2015; Robertson, 2008). The gender role theories became the ladder for the development of social theories on gender and sexuality; thus, it is used in this section and study as a broader umbrella of theories that have developed in opposition to biologically determined gender.

The Role Theories of Masculinities emerged as an alternative to biological determinism, proposing that behaviours are responses to societal roles and expectations, particularly those assigned to males in communities (Else-Quest & Hyde, 2021; Parsons & Bales, 1956). These roles, such as being strong and aggressive for men and nurturing for women, are reinforced through social norms and interactions, shaping individuals' behaviours (Coon & Mitter, 2010). Studies have shown how societies enforce these roles through implicit and explicit reward-punishment systems, thus influencing individuals' adherence to gender norms (Coon & Mitter, 2010; Else-Quest & Hyde, 2021; Robertson, 2007, 2008;). For instance, research in South Africa revealed societal expectations regarding male promiscuity, with men being praised for such behaviour, while women engaging in the same conduct faced social stigma (Govender, 2011; Selikov et al., 2009; Stern et al., 2015).

According to the Role Theory, gendered roles are internalised through cultural norms and social interactions, leading to distress when individuals fail to meet societal expectations (Pleck, 1995). For instance, traditional societal norms dictate that men exhibit characteristics such as strength, aggression, and financial prowess, while women are expected to embody nurturing roles (Connell, 1987; 1995; 2005; Robertson, 2007; Coon & Mitter, 2010). This distress, which is termed the Gender-Role Strain by Pleck (1995), underscores the health implications of conforming to or deviating from traditional gender roles, with men

experiencing strain due to societal pressures compelling them to conform to masculine ideals. The gender-role strain affects both men and women, as societal expectations regarding economic provision for men and childbearing for women can be too challenging to fulfil (Macionis & Plummer, 2008). Consequently, individuals may experience heightened stress when they fail to meet these societal expectations, and this adversely impacts their well-being (Pleck, 2008; Robertson, 2008).

This conceptual framework suggests that adherence to these societal norms is reinforced through both explicit and implicit mechanisms of reward and punishment (Coon & Mitter, 2010; Else-Quest & Hyde, 2021; Robertson, 2007; 2008). Consequently, praise and shame are utilised to internalise these gendered roles, as evidenced by studies conducted in South Africa to illustrate the differential treatment of promiscuous behaviour between genders (Govender, 2011; Selikov et al., 2009; Stern et al., 2015). Deviation from these norms can lead to what Pleck (1995) terms the gender-role strain, particularly the masculinity gender role strain for men, characterised by physical and psychological burdens associated with conforming to traditional masculine roles (Mahalik et al., 2007; Pleck, 1995).

Evidently, certain societal expectations, such as economic provision for men and childbearing for women, may prove unattainable for some individuals, resulting in heightened stress and anxiety (Macionis & Plummer, 2008). For example, economic challenges, such as unemployment, can exacerbate distress for men who are unable to fulfil their expected role as providers (Pleck, 2008). Similarly, women may experience gender-role strain when they fail to fulfil gender-related expectations such as childbearing due to medical issues (Macionis & Plummer, 2008).

Despite its insights, the Role Theory has faced criticism for its oversimplified view of gender and its failure to account for individual agency and complex gender development, failing to consider the multifaceted nature of gender development (Carrigan et al., 1985; Else-Quest & Hyde, 2021). Critics of the theory argue that the theory overlooks the dynamic nature of gender and its intersection with factors like social class, which limits its explanatory power (Else-Quest & Hyde, 2021; Segal, 1997). Connell (1995) also highlights the theory's neglect of personal agency by attributing behaviour solely to societal norms and structures and neglecting individuals' ability to resist or conform to societal expectations. These criticisms, amongst others, have led to evolving social approaches to gender and masculinities, giving birth to hegemonic masculinities (Connell, 1995; Connell & Messerschmidt, 2005).

3.3 CONTEMPORARY PERSPECTIVES: HEGEMONIC MASCULINITIES

Hegemonic masculinities are defined as the "*dominant form of an idealised masculinity within a society, which imposes meanings about the position and identity of other forms of masculinity and femininity*" (Gittings et al., 2020, p. 224). The current understandings of masculinities, as advanced by Connell (1987, 1995, 2005) and Connell in collaboration with colleagues such as Messerschmidt (2005), present a contemporary perspective that diverges from traditional views of masculinity and femininity as independent and adversarial constructs. This approach offers an alternative framework distinct from both biological determinism and role theories. Instead, masculinities are conceptualised as social norms and behaviours that are shaped by patriarchal structures, with their manifestations not attributable to biology or solely to socialisation but also to historical and ongoing societal hetero-patriarchal practices associated with male dominance (Connell & Messerschmidt, 2005). Within this framework, masculinity is understood as a hierarchical construct that fluidly exists both within and between groups of men (Connell, 1987). It is perpetuated through collective beliefs about male superiority that are embedded in societal structures. This model is deeply rooted in Connell's conceptualisation of masculinities, particularly the notion of hegemonic masculinities (Connell, 1987, 1995, 2005).

The contributions of various scholars have significantly influenced the current understanding of what defines masculine behaviour (Connell & Messerschmidt, 2005). Contextualising Connell's (1995) work within a time largely characterised by uncontested traditional gender norms highlights the specific environment in which Connell and other scholars explored masculinity (Connell, 1995; Connell & Messerschmidt, 2005). However, this context does not diminish the relevance of Connell's (1995) concept of masculinity and hegemonic masculinities, which remains applicable in modern society. While the Oxford Dictionary defines masculinity as traits unique to men, this definition raises questions about the essence of manhood and reflects shifts in people's perceptions of masculinity over time (Connell & Messerschmidt, 2005; Jewkes et al., 2015). Early masculinity ideas were influenced by biological and social factors, outlining expected behaviours for each gender (Connell & Messerschmidt, 2005). Connell's (1995) framework acknowledges the diverse ways in which

masculinity is expressed among men, advocating for the recognition of multiple masculinities rather than a single construct. This framework advocates for understanding masculinities and their connection to cultural and social norms in contexts that lead to socially constructed perceived differences between genders, reinforcing men's dominance over women in socio-economic and political spaces (Connell, 1995; Connell, 2005; Jewkes et al., 2015). For this reason, Connell and Messerschmidt (2005, p.838) state that "*it is desirable to eliminate any usage of hegemonic masculinity as a fixed, transhistorical model*", arguing for a flexible understanding of masculinities and the consideration of context for a broader and more representative global theorisation about men.

3.3.1 THE ROLE OF CONTEXT: HEGEMONIC MASCULINITIES FRAMEWORK

The hegemonic masculinities theoretical framework depicts men as inherently dominant, independent, competitive, and emotionally reserved, rooted in patriarchal beliefs of male superiority and rationality (Shai et al., 2012; Shand et al., 2014). These constructs prescribe men as heads of households, primary breadwinners, and protectors while also associating masculinity with traits like sexual prowess, promiscuity, and aggression towards women and non-conforming men (Stern, Cooper, & Greenbaum, 2015; Strebel, 2006). While Connell and colleagues' understanding remains relevant, criticisms have emerged regarding its Western-centric formulation and applicability across diverse cultural contexts (Connell & Messerschmidt, 2005; Gittings et al., 2020; Mfecane, 2020). In response to such criticisms, Connell and Messerschmidt (2005), in *Hegemonic Masculinity: Rethinking the Concept*, revised the hegemonic masculinity concept to acknowledge the existence of varied masculinities globally, emphasising the importance of contextual understanding and recognising the hierarchies within specific contexts (2005). In rethinking the concept of hegemonic masculinities and considering contexts, Connell and Messerschmidt (2005) argue that understandings of masculinities have largely been from a Western narrative and exclude from other parts of the world whose masculine ideals and beliefs are influenced by their specific contexts. In this study, Connell and Messerschmidt (2005) proposed a three-level framework, highlighting the global, regional, and local factors that contribute to the formulation and reinforcement of hegemonic masculine norms, which in turn perpetuate oppression towards non-hegemonic forms of masculinity and women. The levels are:

- **Global level:** Hegemonic masculine norms are established and disseminated on a worldwide scale, often perpetuated through processes like colonisation. These norms are reinforced through various influential channels such as the media, politics, and corporate entities.
- **Regional level:** Hegemonic masculine norms are shaped within the legal frameworks and cultural contexts of specific nations. These norms are then disseminated through global resources like media platforms, thus contributing to their widespread influence.
- **Local level:** Hegemonic masculine norms are established through social and cultural dynamics, occurring within face-to-face interactions within immediate communities and families.

According to Connel and Messerschmidt (2005), dominant context-specific masculine ideals and norms are formulated, integrated and reinforced through the interplay of global, regional, and local masculinities and norms that seek to keep men in power. In this reformulation of hegemonic masculinities understandings, Connell and Messerschmidt (2005) emphasise the importance of considering the context when analysing the interplay of hegemonic masculine norms and an understanding of the oppression faced by non-hegemonic men and women. Thus, researchers should aim to explore local masculinities that are influenced by context-specific cultures and practices (Connell & Messerschmidt, 2005). These context-specific local masculinities will then inform regional understandings, which in turn provide a broader and more complete representation of global masculinities.

The local masculinities are influenced by culture and social environment, which takes shape through an individual's beliefs, values, and experiences, and an individual's masculine identities are constructed (Mfecane, 2020). The cycle of influence between individuals and their environment keeps the dominant narrative alive. Hegemonic masculinities are maintained through individuals' experiences that are based on shared community discourses informed by patriarchy and perceptions of 'gender' (Visser & Moleko, 2012). Thus, gender roles are constructed and reinforced, and in the process, these have lifelong impacts on individuals' identities and choices of 'gender identity-associated behaviours' (Visser & Moleko, 2012; Mfecane, 2020). In cases where local masculinities fail to adhere to hegemonic masculinities, men find *alternatives* (Ratele, 2014), *protest* (Connell & Messerschmidt, 2005) or *mosaic* (Coles, 2008) masculinities to form a façade that claims of masculine dominance without fitting to dominant hegemonic masculinities characterised by socio-economic power. In discussing this

claim of masculine dominance outside of the hegemonic masculine power below, I adopt the concept of protest masculinities (Connell & Messerschmidt, 2005).

3.3.2 PROTEST MASCULINITIES

Connell and other theorists previously focused primarily on the global aspect of the theoretical framework of hegemonic masculinities. This emphasis on geography and context-based masculinities has led to the emergence of '*protest masculinities*,' which are defined as "*a pattern of masculinity constructed in local working-class settings, sometimes among ethnically marginalised men, which embodies the claim to power typical of regional hegemonic masculinities in Western countries, but which lacks the economic resources and institutional authority that underpins the regional and global patterns*" (Connell & Messerschmidt, 2005, p. 848). This concept of protest masculinities aims to understand masculinities that deviate from Western perceptions but may be dominant in their own contexts (Coles, 2008; Ratele, 2014). For instance, in cases involving negative masculinities, men may lack the economic means to fulfil traditional provider roles due to unemployment yet still assert their hierarchical status as 'straight' and anti-feminine men through alternative forms of power. In a study conducted to determine masculinity construction among South African men in informal settlements, physical violence was found to be used to assert male dominance (Shai et al., 2012; Shand et al., 2014). Other studies have identified explicit homophobia and the policing of heteronormative as part of defining masculinities by men in SA communities (Ratele, 2014). Other factors outside of socioeconomic, structural and institutional claims to the power of hegemonic masculinities have been found to provide men with dominance who otherwise cannot attain hegemonic masculinities dominance (Connell & Messerschmidt, 2005).

In addition, the patriarchal power men wield in their positions as providers are inherently dominant, independent, and strong risk-takers (Shai et al., 2012; Shand et al., 2014). Evidence shows that not all men can attain these hegemonic masculine roles, meaning some men cannot fulfil some tasks that make them dominant in a prominent patriarchal society. For example, in cases where men cannot be providers due to unemployment, they often tend to exert other forms of control, such as physical violence, to reinforce their dominance (Ragnarsson et al., 2010; Gibbs et al., 2014; Shand et al., 2014; Ngcobo, 2024). This adds to understanding

hegemonic masculinities as *"a gender identity that society conceives, and many men work toward. It is not a status that many men occupy"* (Walker, 2006, p. 6). In the SA context, when some men fail to live up the expectations of hegemonic masculine dominance in the sexual domain, they can, at times, engage in compensatory behaviours; for example engaging in criminal behaviours as a means to attain money to fulfil masculine roles such as playing provider for families and girlfriends (Ngcobo, 2024). In addition, men engaged in hypersexual high-risk behaviours such as MSP and unprotected sex (Hunter, 2004; Sathiparsad et al., 2010; Govender, 2010; Mindry et al., 2015; Ngcobo, 2024). This was done as part of reinforcing masculine dominance through peer respect as men boasted and bragged about their sexual experiences to peers as a show of power and sexual prowess (Sathiparsad et al., 2010; Stern et al., 2015). Other forms of tapping into masculine dominance include culturally significant rites of passage such as traditional male circumcision, which claims the societally approved title of manhood, irrespective of age and despite lack of economic power, particularly in Xhosa communities in SA (Vincent, 2008; Mfecane, 2020).

These context-specific forms of masculine ideals are constructed by men at the local level to establish and reinforce their hierarchical superiority despite not fully adhering to the requirements set forth by global and regional masculine ideals (Mfecane, 2020). According to Connell (1995) and Walker (2006), masculinity itself is not necessarily harmful. However, *"because the concept of hegemonic masculinity is based on practices that permits men's collective dominance over women to continue, it is not surprising that in some contexts, hegemonic masculinity actually does refer to men's engaging in toxic practices-including physical violence- that stabilise gender dominance in a particular setting. However, violence and other noxious practices are not always the defining characteristics since hegemony has numerous configurations"* (Connell & Messerschmidt, 2005, p. 840). These norms, characterised by traits like independence and aggression, contribute to the perpetuation of harmful masculine ideals and the upholding of men's power over women and groups of marginalised males (Connell & Messerschmidt, 2005). Hegemonic masculinities operate within a system of hierarchical ranking, privileging men who conform to idealised notions of manhood while subjugating deviants, including women (Jewkes & Morrell, 2010).

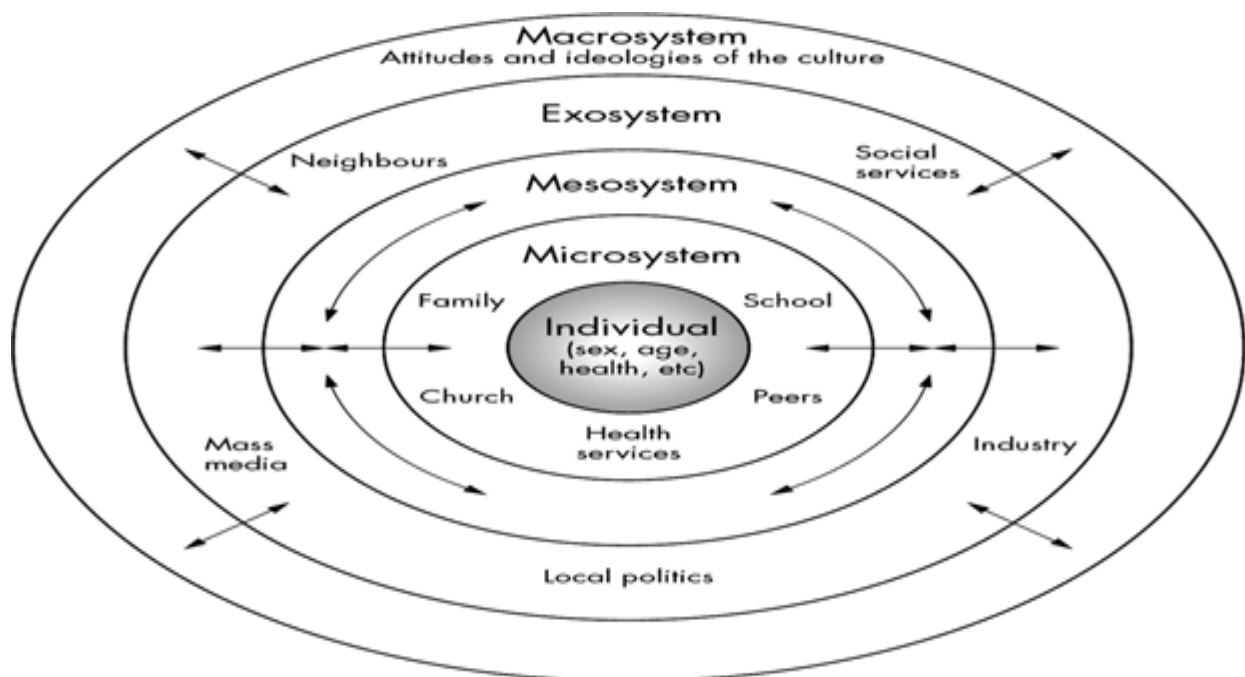
The Hegemonic Masculinity Framework directs this study towards an understanding of the broad patriarchal masculine norms and their impact on men's health-seeking behaviours and the risk of contracting HIV. These help in exploring how these norms are formed and reinforced through narratives (social constructionism) and also how these masculine norms and identities

impact men's vulnerabilities to HIV. This study seeks to understand the multiple factors fuelled by masculinity, thus contributing towards men's vulnerability to HIV-related infection and mortality. This study adopted the ecological systems perspective to support an understanding of masculinities and factors that reinforce masculine norms. Therefore, in an attempt to understand this phenomenon, data were dissected into multiple spheres of influence, starting from the individual, the family, the community and the society at large through the ecological systems perspective (Paquett & Ryan, 1990).

3.4 BRONFENBRENNER'S ECOLOGICAL SYSTEMS PERSPECTIVE

Bronfenbrenner's (1989) Ecological Systems conceptual framework focuses on interlinked transactions between its sub-systems and stresses that all existing elements within an ecosystem play an equal role in maintaining the balance of the whole (Paquett & Ryan, 1990). This conceptual framework asserts that the micro, meso, exo, macro and chrono systems have an impact on individuals' behaviours. Thus, these ecological system levels help to foster a holistic understanding of the factors that put young men at risk of contracting HIV and engaging in early childbearing.

Diagram 3.1: *Bronfenbrenner's Ecological Systems Perspective*



Source: Paquette and Ryan (1990)

This conceptual framework was utilised to understand the varying factors that contribute to the understanding of masculinities from men's perspectives. In addition, the ecological systems levels help to understand the interplay of varying role players that define and help to police and reinforce masculine norms. These include societal beliefs, norms, and cultures on the macro systems (Mfecane, 2020), as well as mass media, politics, and social institutions on the exo systems (Bronfenbrenner, 1989). The interplay of the exosystem and the more immediate microsystems, inclusive of peers (Paquette & Ryan, 1990). The interactions between these systems influence an individual's behaviours and decisions. This theory, therefore, allows the researcher to understand the influence of the system's interplay in young men's sexual behaviours and attitudes towards health care access, including HIV-related services.

3.5 THE INTERSECTION OF ADOPTED THEORIES IN UNDERSTANDING THE PHENOMENON UNDER STUDY

In this study, the researcher adopts Connell's hegemonic masculinities theory as an umbrella that guides the interpretation of the findings. The hegemonic masculinities, while crucial for this study, are supported by the understanding that masculinities are socially constructed under the social constructionism frame and that there are multiple factors from global, regional and local environments that shape the development of masculinities and hegemonic ideals across societies (Connell & Messerschmidt, 2005). The multi-level social constructions that influence masculinities highlighted by (Connell & Messerschmidt, 2005) demonstrate the integration of the secondary ecological perspective framework and its influence in interpreting data using the hegemonic masculinities grounding in this study.

Bronfenbrenner's (1989) Ecological Systems conceptual framework emphasises the dynamic interplay between individual, interpersonal, community, and societal factors, while the Social Constructionism Theory, in which the Connellian hegemonic masculinities are rooted, posits that masculinity is socially constructed and varies across cultural contexts. The theories underpinning this study reveal a complex interplay of ecological factors and socially constructed notions of masculinity influencing HIV-related risks and health-seeking behaviours among young men in Malukazi. At the microsystem level, individuals' beliefs and behaviours, which are influenced by cultural norms of masculinity, shape sexual behaviours and healthcare utilisation. The mesosystem encompasses interactions between peers, family, and the community, reinforcing traditional gender norms and stigma surrounding HIV and

AIDS. The exosystem includes broader societal factors such as poverty, discrimination, and limited access to healthcare services, further exacerbating HIV-related risks. Moreover, the macro system reflects broader cultural ideologies underpinning masculinity, thus perpetuating ideals of strength, dominance, and risk-taking behaviours.

Understanding the intersection of Bronfenbrenner's Ecological Systems conceptual framework and the Social Constructionism Theory provides a comprehensive framework for addressing the influence of masculinity on HIV-related risks and health-seeking behaviours among young men in Malukazi, an informal settlement in KwaZulu-Natal. The researcher argues that interventions should target multiple levels of the ecological system, challenging harmful gender norms, promoting access to healthcare services, and empowering young men to adopt healthier behaviours. By recognising the interplay between individual, interpersonal, community, and societal factors, the researcher advocates the development of culturally sensitive interventions designed to mitigate the impact of HIV and AIDS in marginalised communities like Malukazi.

3.6 CONCLUSION

This study adopted the Hegemonic Masculinity Theory as the Framework that gives meaning to understandings and performances of masculinities and how they worsen young men's vulnerability to HIV from the perspectives of young men from Malukazi. The development of hegemonic masculinities by prioritising and encouraging context-specific masculinities and the emergence of theorisation that centres on masculinities that do not fit the Western hegemony, this framework fosters an understanding of men's dominance that is rooted in other behaviours that are not primarily based on monetary power and allows an understanding of context-specific masculinities within the South African context where unemployment is rife. While hegemonic masculinities formed the framework for this study, the researcher employed the Social Constructionist approach to hegemonic masculinities to zoom in on how masculinities come about through social interaction. Further, the researcher utilised the ecosystem levels previously used in understanding masculinities through literature and used the social constructionism theory to assess enforcers of masculinities and perceptions of men from individuals to families, peers, communities, and society at large. The next chapter details the research methodology utilised to collect data for the purposes of this study.

CHAPTER 4

METHODOLOGY

4.1 INTRODUCTION

This study employed the qualitative approach to capture young men's experiences of masculine ideas and how they influence young men's risks to sexual behaviour and healthcare access in the Malukazi informal settlement; the study setting and context are discussed in detail in Chapter 5. This methodology chapter describes the methodological approach used to conduct this study. Data were collected through in-depth interviews to solicit participants' narratives, which allowed the researcher to form thick descriptions of the participant's reality (Terre-Blanche & Durrheim, 2006). These are crucial elements of qualitative research, where the participants' experiences and perspectives, as solicited through in-depth face-to-face interviews, are coded and accounted for by thick descriptions of data that are accompanied by detailed interpretations to produce a more coherent understanding of the phenomenon being explored (Green & Thorogood, 2004). In this study, these detailed accounts helped in understanding the interplay of negative masculine ideals leading to heightened young men's vulnerabilities to engaging in risky behaviours. This chapter begins by introducing the philosophical approach that grounded this study, followed by a detailed account of the research design and justified changes made to the design. It concludes by discussing the ethical considerations of the study.

4.2 THE STUDY'S PHILOSOPHICAL APPROACH

All scientific studies are carried out within the boundaries of a specified philosophical paradigm, an essential quality of research studies (De Vos, 2005). Resultantly, it is the researcher's responsibility to explicitly identify the exact paradigm in which their study is situated and appropriately justify such a choice. Simply put, a paradigm describes how the

researcher approaches the study's methodological planning, and the data is influenced by core philosophical concepts such as ontology and epistemology, as discussed below (Willig, 2013). The researcher's ontological and epistemological beliefs have an impact on the techniques used to execute the research (Wahyuni, 2012). In the following section, the study's qualitative approach, situated within the interpretive epistemological framework, which delves into the nuanced facets of nominalist ontological reality, is discussed. Embracing such philosophical paradigms enriches researchers' understanding of issues underpinning research and guides the researchers' methodological decisions, ensuring a robust and insightful exploration of complex social phenomena (Willig, 2008). Consequently, this informed the methods implemented in soliciting data for this study.

4.2.1 ONTOLOGICAL APPROACH

Ontology is a branch of philosophy that frames the nature of reality, directly impacting how reality is perceived and defined and how it can be investigated (Flick et al., 2004; Willig, 2013). The two existing fundamental ontological positions are realism and nominalism. Realism posits that the existence of an objective and unaltered reality exists autonomously from human perceptions, affirming the presence of a singular reality that can be categorised and measured within predefined positivist frameworks (Green & Thorogood, 2004). In contrast, nominalism contends that multiple realities and truths coexist, thus challenging the notion of a singular, universally valid reality (Green & Thorogood, 2004). This study draws on the nominalist ontology, a philosophical position that argues for the existence of multiple realities and truths, with an understanding that people in a social environment do not experience the same truth, as their reality is constantly evolving, negotiated, and influenced by “...*the values, beliefs, behaviour, practices, and material objects that constitute a people's way of life*” (Macionis & Plummer, 2008, p. 128). This study sought to understand the subjective experiences of young men, with an understanding that participants would present with varying experiences shaped by various phenomena, such as context and culture. To understand young men's perspectives, experiences, beliefs, and masculinities performances, I framed this study on the nominalist ontological philosophies, allowing for an in-depth exploratory study.

4.2.2 THE EPISTEMOLOGICAL APPROACH

Epistemology, also known as the theory of knowledge, delves into objectively understanding the fundamental reality (Willig, 2008, 2013). It provides guidelines for approaching and studying reality. Realists adhere to a positivist viewpoint, asserting that there is an objective reality measurable through rigorous scientific methods (Flick et al., 2004; Willig, 2013). Conversely, nominalists take a critical or interpretive stance, acknowledging the socially constructed nature of experiences and meanings attributed to social phenomena (Flick et al., 2004; Braun & Clarke, 2013; Willig, 2013). The former approach adopts a goal-oriented methodology in which researchers consciously design their studies to embody their values for instigating social change (Green & Thorogood, 2004). The latter approach, the interpretive stance adopted in this study, focuses on the socially constructed nature of experiences and meanings attributed to social phenomena (Green & Thorogood, 2004).

4.2.2.1 Interpretive epistemological approach

This perspective posits that humans are intricate and unpredictable individuals who engage in reasoning and reflections regarding their behaviours, challenging conventional perceptions of social settings as laboratory-like environments (Green & Thorogood, 2004). Moreover, it prioritises the examination of perceptions and interpretations of reality, enabling the comprehension of shared meanings attached to social phenomena (Green & Thorogood, 2004). The roots of interpretivism can be traced back to the theorisations of Max Weber, a German sociologist who distinguished between two types of sciences: one focused on abstract explanation (Erklärung) [positivist], and the other on empathetic inquiry and understanding of the social world (verstehen) (Weber, 1949). Weber advocated for a study of social beings centred on context-specific daily experiences and realities, aiming to explore and develop an evidence-informed understanding of how individuals construct, perceive and interpret their environments (Weber, 1949). The primary objective of this study was tailored to explore and capture participants' subjective, lived experiences within their social contexts. Hence, this study depended on participants' subjective interpretations and expressions of their experiences of masculinities within their respective contexts, thus aligning with the fundamental principles of an interpretive approach in shaping the research's qualitative design.

4.3 RESEARCH DESIGN

A study's research design functions as a strategic blueprint for action, serving as a conduit between research inquiries and the practical execution or implementation of the research endeavour (Terre-Blanche & Durrheim, 2014). In this study, I employed an exploratory research design, which entails investigating research problems that have not been extensively studied (Braun & Clarke, 2013; Green & Thorogood, 2004). The exploratory research design enables researchers to delve deeply into and comprehensively understand the social phenomena under investigation (Green & Thorogood, 2004, 2018). This study did not aim to provide definitive evidence or generalisations but to generate knowledge crucial for establishing a robust evidence-based foundation to inform more extensive studies focusing on context-specific masculinities in SA.

This study adopted a qualitative research approach with a multi-method design. Three natural Focus-group discussions (FGDs) were conducted to elicit participants' diverse views on the research problem. The FGDs were employed to explore shared perspectives and social norms related to manhood, masculinity, and access to healthcare from the participants' perspectives and experiences. and provide in-depth, context-rich insights to be further explored through interviews. In-depth interviews (IDIs), including the three mobile IDIs, were conducted with 17 (n=17) male participants to improve data triangulation. In total, 23 male participants were included in this study. Lastly, ethnographically informed mobile interviews and observations were conducted as part of the data collection. All these data collection methods and tools used are discussed in detail under the research design component of this chapter. A research design is, by definition, a road map that specifies the execution of the study from the formulation of the research questions through the actual implementation of the study.

The conceptualisation of a research design has various implications, including that it is set in place prior to the study's execution and that constructing it necessitates the development and application of technical skills (Green & Thorogood, 2018). More importantly, the term 'architectural blueprint' emphasises that developing a solid research design necessitates a thorough and well-considered research procedure (Braun & Clarke, 2013). According to the adopted interpretive epistemological approach, qualitative research is neither rigid nor sequential (Durrheim, 2006; Braun & Clarke, 2013). While the research design is often presented in a linear path, the qualitative research process is iterative and flexible (Neuman,

2014).

In the current study, my choice of qualitative research design was primarily influenced by the type of questions the study aimed to answer, namely, gaining a thorough understanding of men's health-seeking behaviours in Durban's Malukazi Informal Settlement. According to Carter and Little (2007), in addition to ontological and epistemological grounding playing a significant role in directing the direction of research, the selection of qualitative research methodology is shaped by the study aims and focus, and the choices of methods are selected to fulfil the objectives, research questions, leading to a study design. The qualitative design was chosen for this study because I, as the researcher, subscribe to the interpretivism paradigm. Furthermore, the fact that qualitative research prioritises depth over breadth (Ulin et al., 2005) encouraged the adoption of the qualitative study approach. Poovey (1995) noted that there are limits to what the rationalising knowledge epitomised by statistics can do; thus, the qualitative research approach was deemed ideal for this study, given the depth of data it gives. The unlimited benefits of the qualitative research approach, which include allowing the researcher to examine the full dimensions of diversity among social actors, further bolstered this choice of research design.

The qualitative approach is suitable for the questions and objectives of this study discussed in the first chapter. Despite the precision offered by quantitative research approaches to data collection, the chosen approach allows for an exploration of individuals' experiences, perceptions, behavioural performances and feelings, especially in a society whose bonds are forged by sympathy, not mere calculation (Braun & Clarke, 2013). Poovey (1995) might be regarded as simply underlining the notion that a qualitative technique is best suited for exploring and understanding some research problems since it seeks meaning rather than generalising reality. In a quantitative investigation, generalisation is normative and synonymous (Neuman, 2014) and depends on the reader's subjective perceptions of similarities of context between the sending and receiving contexts (Green & Thorogood, 2018). In this case, I asked questions that elicited responses in the participants' own words, which was critical for building a deeper grasp of the subject under study and forming thick and rich descriptions which provide deeper meanings through systematically analysing and describing the lived experiences of the participants in context (Green & Thorogood, 201). This allows the reader to

identify similarities between contexts, allowing for the transferability of the findings; please see *Trustworthiness of the Study* on page 95 on transferability.

The nature of subjective experiences of masculinities under inquiry necessitated a qualitative investigation. As a result, the qualitative approach allowed the participants to bring up various interesting and relevant perspectives that the researcher may not have considered, an issue which may not be possible in a quantitative study. The FGDs and IDIs were utilised to achieve this goal. The two are the most often used approaches to data gathering in qualitative research (Harding, 2013). Specifically, the research question informed the choice of these two qualitative research methods. I considered this characteristic congruent with the qualitative technique as unstructured interviews and natural focus-group discussions used to collect the study data typically adopt an informal manner, resulting in a "*naturally arising dialogue*" (Spicer, 2012, p.482). The following section discusses the methods used to select participants for the study.

4.4 SELECTION OF PARTICIPANTS

Sampling is the process by which research participants are scientifically selected from a large population, and this involved decisions being made regarding potential participants for FGDs and IDIs, social activities, processes and events for observation chosen for observations and 'hanging-out' which form part of participant observation as I spent time with young men in various activities to familiarise self with the community, see chapter 5 (Terre Blanche & Durrheim, 2006). This study adopted two sampling methods. First, researchers applied purposive sampling, which involved the researcher judiciously selecting three participants who were fit for the purpose of the study, particularly to familiarise the researcher with the study context (Green & Thorogood, 2014). Participants were selected for their familiarity and willingness to walk the researcher around the community. These participants were well versed with the community as they participated in community activities, including assisting with soup kitchens, engaging with other young men in soccer and other activities. These men were part of the young men the researcher first interacted with when seeking permission to enter the community from the local councilman. These three participants served two purposes: first, to familiarise the researcher with the surroundings of the study. The second purpose of selecting three initial participants was to allow the researcher to employ the snowball sampling

technique, where the participants served as key informants and provided useful information regarding identifying other potential participants. This non-probability sampling method enabled me to find an informant that would be capable of leading to other possible participants (Green & Thorogood, 2014). The selection of participants was guided by predetermined criteria of being young men aged between 15 and 25 years, being residents of the Malukazi Community for at least a year before the study was conducted and being engaged in activities and social groups of young men within the community under study. These criteria were strictly applied to people who were interviewed. In contrast, they were cautiously applied to FGDs as I sought to engage with natural groups that existed, with some of its members having stayed less than a year in the area. The FGD sample were mostly natural groups, as young men often ‘chilled’ in groups and were more willing to participate in the presence of their friends.

Both purposive and snowball sampling methods worked well in selecting informative participants that are relevant to the study and in soliciting narratives that allow the researcher to form thick descriptions of the phenomena being researched by choosing participants willing to communicate with the researcher (Green & Thorogood, 2014). These two sampling methods were used to select focus-group participants and in-depth interview participants. I determined the willingness of the participants to participate by engaging in social spaces in the community and by engaging the participant in the informed consent process, where the participants were given an information sheet, discussed the study details and were reminded of the voluntary participation of the study, see information sheet and consent form on Annexure 5-6. The participants for focus-group discussions and in-depth interviews were sampled from previous encounters with young men during observations. Firstly, I familiarised myself with the Malukazi Community by moving within the community, led by the first three informants, with the purpose of mapping to understand the differing categories of men living in it. I visited different social places such as soccer playgrounds and local taverns in order to establish rapport, become familiar with regular men in specific social spaces, and map variations amongst the men found in the community. This was followed by sampling, FGDs and interviews (Finlay & Bowman, 2017).

4.4.1 SAMPLE

The sample included 23 young men, 6 of whom were part of the FGDs only; 17 were part of the FGDs and were interviewed. All participants in this study were young African men aged between 15 and 25, residing in Malagazi for various purposes: [6] were high school students, [2] were university attendees, and [15] were seeking employment or engaging in part-time work such as car washing and gardening. Each participant self-identified as '*umjita*' (singular), contributing to the area's larger social group known as *amajita*. In a chapter accepted for publication in a book entitled *Young Masculinities and Sexual Health in Southern Africa*, I define '*umjita*' [singular] as an informal reference to young men belonging to a bigger social group of '*amajita*' [plural]; this vernacular term is based on a South African Tsotsistaal dialect predominantly spoken in the township as a demonstration of streetwisdom amongst men (Ngcobo et al., 2024). The '*amajita*' social group adhered to rules that endorsed peer-validated behaviours and norms, including pressure to pursue girls and engage in sexual activities, a hierarchy where men with more female engagements were esteemed, substance sharing, and involvement in violence and crime (Ngobo et al., 2024).

Participant recruitment was strategic, focusing on young men who identified as *amajita*, allowing for immersion in the lived experiences of this subgroup. This approach facilitated rapport-building and access to the lived realities of the *amajita* subculture. This focus is essential, given the documented higher prevalence of HIV among young men in low-socioeconomic communities, including informal settlements in KwaZulu-Natal, as per SABSSM VI and IV (HSRC, 2018; 2023). By concentrating on *amajita*, I aimed to explore the potential intersections among masculinity, geographic context, socio-economic status, and sexual risk behaviours, particularly those exacerbating HIV risk in these communities. The study sample was guided by data saturation, described as the point in data collection where participants' narratives repeat themselves, and further data collection does not contribute to new insight (Green & Thorogood, 2018).

4.5 DATA COLLECTION

In this study, I collected data using semi-structured natural focus-group discussions and in-depth interviews. These data collection methods are expounded in depth in the following sections in this chapter. The data collection occurred in three folds. Firstly, I purposefully sampled three (n=3) young men to familiarise myself with the community with whom I

engaged in ethnographically informed mobile interviews (O'Reilly, 2012). These interviews also led to familiarisation with the study site, and the 'hanging out' process enhanced a rapport-building process, which involved the researcher familiarising himself with the daily routines, communication styles, and norms of the community and individuals that constituted the focus of the study, spending between one to four hours over a space of a month, visiting at most two times a week. The timings of the community visits exclude the first week, where I visited the community four times a week in search of informants and in an attempt to familiarise myself with the environment. This process facilitated the researcher's entry into the research site by establishing trust and demonstrating a genuine and non-judgmental interest in the participants. The 'hanging out' process is discussed in detail in Chapter 5. In this first month, I engaged with natural groups of young men and conducted three FGDs. This was followed by the IDIs spread between the second to fourth months. The following section introduces and discusses this study's FGDs and IDIs data collection methods.

4.5.1 FOCUS-GROUP DISCUSSIONS (FGD)

As a method of collecting qualitative data, the focus-group discussion often involves engaging a relatively small group of people in an informal discussion centred on a specific topic (Wilkinson, 2011). The use of FGDs as a data collection tool in social research is a firmly established tradition located within the ambit of the qualitative paradigm; hence, it resonates with the current qualitative study design. While Wilkinson (2011) regards the FGDs as an informal discussion, this interaction is not necessarily a haphazard platform for exchanging views and sharing lived or daily experiences. Instead, it is a normal practice in qualitative research to have a moderator steering the discussion towards a particular direction to solicit salient views or capture experiences relevant to fulfilling the research objectives (Polkinghorne, 2005; Green & Thorogood, 2018). This study FGDs were done with young men in their natural settings, which made it hard to enforce the sampling criteria. However, all men within FGD identified as 'amajita' and shared varying characteristics with those included in the IDIs; please see the participant demographic table in Chapter 6. The FGD discussion was guided by an FGD interview guide and led by the discussions and discussions of the participants with little interference through moderation to direct the discussion from the researcher,

Moderating an FGD requires skill since the researcher acts as a data collection tool; thus, the collected data quality largely depends on the researcher's competence (Harding, 2013;

Polkinghorne, 2005). As the key instrument in this qualitative research (Kvale, 1996; Patton, 1990), I had to familiarise myself with the intricacies of social research and ultimately master the requisite skills to conduct FGDs. The goal was to yield rich and thick data that could adequately answer the study's research questions. Fusch and Ness (2015) describe the richness and thickness of data through a binary of quality and quantity, respectively. The FGDs yielded rich and thick data due to participants being comfortable interacting with one another in their natural settings. This allowed participants to discuss directly and question one another in a friendly manner. The setting and small groups of friends who often engaged with one another allowed for a smooth discussion, with the researcher seeking clarity and posing topics for discussion to drive the FGD. In this process, I noted down topics that seemed to make young men uncomfortable to discuss and later followed up on the IDIs. It was noted that the FGDs unwittingly allowed young men to reveal more in terms of their individual perspectives.

The FGDs, in comparison with the individual interview, particularly the natural FGDs of this study, present a more natural environment because of group dynamics, which operate in a manner that is reminiscent of real-life interactions (Krueger & Casey, 2000). Owing to this fact, FGDs are, therefore, synergistic (Stewart & Shamdasi, 1990), and the interaction of group members serves to generate the required data. This study sought to harness group dynamics to enrich the data and adequately answer the key research questions. Morgan and Krueger (1993) dismiss the myth that people are reluctant to discuss sensitive issues in group environments. Instead, their argument attests to the notion that FGDs have often enhanced frank and fulsome discussions.

There is no agreement on the optimal number of participants comprising each FGD. The size of the FGD is frequently determined by practical variables such as the moderator's level of competence and the intricacy of the discussion (Harding, 2013). Although FGDs are normally made of seven to ten members, any number between four and twelve is appropriate (Krueger, 1988). Generally, participants in the FGDs should be homogeneous and, if possible, strangers (Krueger, 1988; Morgan, 1988). According to Krueger (1988), focus-group discussions provide commonality and not diversity, hence the adoption of this data collection tool in this study. Furthermore, Barbour (2007) suggests that a guiding concept in the selection of participants should be the homogeneity of interest among group members, which means that participants should have something in common, although certainly not in terms of their opinions. Disagreements are acceptable, as they may indicate divergence in the participants' convictions (Harding, 2013).

In terms of the group composition, the study had three (n=3) separate focus groups, each

comprising five to ten participants in their natural settings, which was instrumental in reaching theme saturation. The rationale behind applying this strategy was to have a balance in the recruitment of focus-group participants, and theme saturation was achieved in the third group. The participants were young men aged between 15 and 25 years. It is recommended that FGD participants who are not relatives or friends be selected (Krueger, 1988), with FGDs that are composed of strangers promoting both open inquiry and transparency (Finch & Lewis, 2003), which leads to the realisation of rich and thick data. This study relied on natural FGDs in which the selection of the participants did not rest with the researcher but included anyone who was present at the time when the FGD was conducted with young men in their natural settings. Several authors warn that FGDs should not be too small since this often undermines the desire to develop meaning (Harding, 2013). The size of the groups was naturally small, with young men engaging in varying activities such as schooling and work; only a few were found in places where young men congregated during the times when the FGDs were done. I ensured that participants had an equal opportunity to participate in the group discussion, using probes and asking for quieter participants' views on the discussed items (Krueger, 1988). My goal in this study was to ensure that the participants in the FGDs felt appreciated. This was part of the broader aim of fostering a permissive environment to develop openness and tolerance for different points of view.

FGDs were ideal for this study in several ways. For example, they are an effective qualitative research technique, often praised for enabling participants to exercise a considerable degree of control over their own interactions (Morgan, 1996). Therefore, FGDs enhance the Freirean process of raising consciousness (conscientisation) and facilitate dialogue and member interaction, which culminates in the active co-construction of knowledge and meanings. If properly moderated, group interactions can help solicit deeper insights into why participants held particular opinions about masculinities and engaged in behaviours that were defined as masculine within their social group (Krueger, 1988). While conducting numerous focus-group discussions can be exhausting, it can be beneficial as it adds rigour to the findings. The repeated FGDs allowed the teacher to explore topics of interest in detail, thus collecting thick data. This use of multiple sources of data makes it unlikely that patterns established in the findings may be due to unrepresentative views of the individual participants or the researcher's misinterpretations of participants' contributions (Barbour, 2007).

Literature established that young men valued peer approval and social groups (Sathiparsad et al., 2010; Selikov et al., 2009; Stern et al., 2015). In addition, this was confirmed in the first few days of the study when I visited the community and often found men sitting and conversing in groups. These groups were interactive, and the discussions bordered on girls, sex, and events occurring around the community. This was relevant and ideal for this study; thus, I requested to join these discussions and record them, which formed part of the FGD data collection. The researcher also selected to utilise FGDs in data collection not only because the group environment supports individuals within the group, which promotes greater openness in participants' responses (Green & Hogan, 2005; Vaughn et al., 1996) but also due to the nature of the topic under scrutiny. The study aimed at soliciting young men's perspectives on the impact of HIV-related risks and health-seeking behaviours; hence, a diversity of views was being sought. Thus, FGDs were selected out of necessity since I wanted to afford the participants an opportunity to question each other's convictions in a naturalistic milieu. Due to FGDs being group-based in-depth interviews, they were an appropriate data collection tool since they enabled the participants to question each other's frames of reference on particular subjects of interest (Finch & Lewis, 2003), which often results in the extraction of rich and thick data that illuminates the research problem under investigation. In these FGDs, some narratives needed further exploration, and these were explored through in-depth interviews.

4.5.2 SEMI-STRUCTURED IN-DEPTH INTERVIEWS

I learnt about the setting of the community, interacted with young men and hung out with their natural groups through mobile interviews. I had sessions of a series of questions that were asked about the environment and the people within it through mobile interviews. Three mobile interviews are ethnographically informed interviews were conducted on the move, in the researcher's (my) van, as the three initial informants-participants were interviewed for the purpose of familiarising myself with the geographic environment (Finlay & Bowman, 2017). This innovative interview method allows me to blend with the environment and the participants while learning about the surroundings. This interview method allowed for establishing rapport while lessening the adverse impact of the 'researcher status' (Finlay & Bowman, 2017). These interviews enabled the researcher to learn about the study site and to tailor the FGD and follow-up interviews. The mobile interviews also allowed for an engagement in rapid observations,

where I noted the important routines of the young men. This expedited the sampling process of this study while providing valuable evidence to inform the subsequent FGDs and in-depth interviews. After familiarising myself with the research site, in-depth interviews were conducted. When the FGDs were done. The in-depth semi-structured interviews were conducted.

In-depth Interviews have long been viewed as the ‘gold standard’ for qualitative research (Barbour, 2008, p.113). Owing to that fact, some scholars argue that it is not necessary to motivate using interviews as a qualitative data collection tool (Harding, 2013). In this study, the semi-structured, in-depth, face-to-face interviews were selected because they enabled an inquiry into the impact of masculinity on HIV risks and health-seeking behaviours with regard to men residing in Malukazi. In addition, the IDIs allowed for following up on topics raised during the FGDs, but could not be discussed in detail. This study sought to capture young men’s personal lived experiences, perceptions, beliefs, and understandings, which are best captured through IDIs (Hennink et al., 2011; Green & Thorogood, 2018). Semi-structured IDIs contain open-ended questions; hence, they are so permissive that the interviewer has a greater leeway to formulate and re-formulate questions as the interaction may require (Sarantakos, 2005). While the FGD discussion was largely controlled by the participants, the IDIs allowed this control back to the researcher, giving an opportunity to drill down on issues left unsettled in the FGD. Therefore, this method mode of interviewing is appropriate as it offers a full range of communication, enabling both the interviewer and the interviewee to pay attention and respond to the body language and the non-verbal cues displayed by participants (Harding, 2013).

An interview is a conversation with a purpose. Unlike an ordinary conversation, an in-depth interview is guided. The IDI schedule in Annexure 9 served as a guide to ensure that relevant questions were explored and adequately addressed (Hennink et al., 2011; Green & Thorogood, 2018). The interview guide included all the broad and pertinent topics that I intended to explore. In addition, probes not listed on the schedules were employed to ensure that the participants' narratives were clear and to probe topics previously touched on in the FGD. Probes are defined as short questions aimed to encourage a participant to provide more details on an unclear topic of discussion in the interview (Hennink et al., 2011; Braun & Clarke, 2013). While probes were useful, they were not adequate for following up on some broader and personal discussions with participants. Hence, the probes were supplemented with follow-up questions in events where the probes did not yield more information from the participant (Legard et al., 2003). The

qualitative interview grants the researcher the opportunity not only to listen to the participant's views that are relevant to a given subject of study but also to seek further clarification of issues through probing (Harding, 2013; Rubin & Rubin, 1995).

I conducted interviews with 17 (n=17) participants, inclusive of three informants. The aim was to get fully nuanced accounts of individuals' daily lived experiences, perceptions, beliefs, and understandings of young men's behaviours as relevant to the study's aims and objectives. This study interview lasted between 40-60 minutes. This amount of time has been criticised for being short and insufficient to produce adequate, rich and worthwhile data (Polkinghorne, 2005; Seidman, 1991, 1998). This study utilised interviews as a tool to delve deeper into narratives that were identified in the FGD, thus allowing me to focus the interviews on eliciting rich and thick data that aided saturation.

4.5.2.1 Interview procedure

I approached community leaders, requesting permission to conduct the study, as this was recommended for creating rapport for research (Green & Thorogood, 2014). The community council provided a gatekeeper's letter permitting the researcher to conduct the study (See Annexure 2). The areas recommended by the council where young men congregated were approached, and three young men were approached for recruitment as informants, linking other men to the study. The three informants-participants linked the researcher with three more young men who, in turn, linked others to the study. Only the first three participants were contacted and met on the day of their interview. All the other participants were contacted through a phone call, and an information sheet was forwarded to their phones through WhatsApp at least 72 hours before their interview was conducted. A close rapport was formed with the three informants, who then accompanied me in exploring and familiarising myself with the community. Each informant gave a one-on-one tour of the community and a sit-in on young men's activities, such as a soccer game and natural groups around tuck shops. While moving about the community, a mobile interview aimed at learning about the community was conducted with each informant, see Chapter 5.

A total of 17 interviews were done and transcribed by the PI. Three first interviews with the informants were conducted on the move, either on foot or in the car, with more conversations than interviews before the FGDs and IDIs. I was introduced to the football ground, the taverns,

a place where men BBQed meat, and other areas in Malukazi. Eleven interviews were confidentially conducted in the local council office, and the rest were conducted in my van, depending on the participants' availability. For example, the first three interviews were done in the car because the informants were moving about the community, introducing the researcher to various spots where young men hung out, and the other three were done in the same van because the participants were lifted whilst on their way from the nearest town to their homes on different occasions. This is due to the setting of informal settlements where houses are primarily single and two-roomed with thin walls made of sheets of corrugated iron. I reasoned that participants' residential spaces were not ideal for interviews as they posed confidentiality issues. I used my car and an office provided by the local council as part of spaces where young men congregated, waiting for food prepared and provided to the community by the office of the ward councillor. I deemed these spaces safer for participants to share their life stories. All the interviews lasted between 40-60 minutes. They were audio-recorded and later transcribed, and the notes to link the main themes to the theory were taken after each interview. The transcription was done less than 72 hours after the interview was done. In addition to the transcript, I compiled a memo from each transcript mapping emerging narratives that connect to the study question and concepts.

4.6 DATA COLLECTION TOOLS

This section focuses on the researcher as the study's data collection instrument. It also touches on the focus-group discussion and interview schedule. Questions on the interview and focus-group discussion schedule(s) were generated after a thorough review of relevant literature and scrutiny of the research problem, research questions, and study objectives; in addition, these tools were pilot-tested to ensure that the questions were straightforward, easy to understand and tailored to elicit thick narratives from participants.

4.6.1 THE RESEARCHER AS A KEY INSTRUMENT

In qualitative research, I served as a tool to collect the data and, thus, acted as a key research instrument to the study (Patton, 1990; Braun & Clarke, 2013; Green & Thorogood, 2018). This characterisation makes the researcher inseparable from the research and has broader implications (Jackson, 1990; Braun & Clarke, 2013; Green & Thorogood, 2018). For example,

the credibility of the study findings relies on the ethical practices of the researcher, which is of significance in qualitative research as the researcher serves as the primary data collection and analysis instrument (Fusch & Ness, 2015; Patton, 1990; Shenton, 2004). I, as the principal researcher of this study, was at the forefront of data collection and collected most of the data except for two (n=2) FGDs, where I was accompanied and co-facilitated the natural group discussion with a male co-researcher who was brought on board for reasons deeply entrenched in them being male, self-identifying as 'street wise' and also possessing an understanding of the community in which these participants hailed from. The minimum qualification for the co-researchers was an honours degree, and more importantly, these were subjected to thorough training to improve their interview skills, for example, probing, iterative questioning and adhering to rigorous ethical considerations when conducting social research. The principal researcher was aware that, among other factors, data quality depends on researcher competence. Hence, adequate time and resources were dedicated to researcher training and preparation for the collection of quality data.

4.6.2 INTERVIEW AND FOCUS-GROUP DISCUSSION SCHEDULE(S)

Interviewing adheres to an interpretive approach that aims to explain the subjective motives and meanings that lay behind social behaviour (Terre Blanche & Durrheim, 2006). In this study, a set of FGD topics and an interview guide were utilised to collect data. The FGD and interview were interlinked in the sense that FGD informed the focus of the interviews. The structure of questions highlighted in the schedules was viable in practice as they were constantly reviewed and altered depending on the nature of the discussion with the participant. Knowledge of HIV, condom accessibility for safe sex, knowledge of health seeking and the risks associated with not doing so, and the impact of masculinity on health-seeking behaviours were among the primary areas of investigation.

4.6.2.1 Piloting the interview guide

To produce the richest data possible and evade the risk of collecting flawed data, the interview guide was pilot-tested. Three young men who were first-year students at the University of KwaZulu-Natal and had similar informal settlement backgrounds and experiences were chosen as participants in the pilot study. These young men provided invaluable feedback for the interviewing schedules. For example, they helped to establish if questions were understood, if

research questions could be answered using data generated through the interview guide, and if the questions were logically arranged (Hennink et al., 2011). Pilot-testing the research instrument proved to be important in diverse ways, and the piloting process helped solicit participant feedback, with minor changes made to the interview guide after the pilot test, which significantly improved the framing of questions on the interview guide. In the pilot phase, I was afforded an opportunity to rekindle my interviewing research skills.

4.7 CHANGES TO STUDY METHODS AND PLANS

This study aimed at exploring masculinities with 20 participants, approximately 50% of whom were to engage in FGD and approximately 50% in IDI meetings two times a month for a period of five months. I planned to conduct two groups over a period of five months and conduct follow-up interviews with a robust ethnographic observation component. While observation, FGDs and IDIs were done. There were changes to the study structure due to COVID-19. The onset of this study was later than projected. I aimed to start data collection in April 2020. COVID-19 disturbed these plans as there was a panic about COVID-19 and movements from late March (Modisenyane et al., 2020). I adopted an understanding of qualitative research as flexible and iterative (Green & Thorogood, 2018) and revised my timeframes. In the end, I started my data collection in late October 2020. During this time, the interaction with participants had to follow national guidelines (Modisenyane et al., 2020). As a result, I conducted three informants' mobile interviews, three natural FGDs and 14 IDIs, totalling 17 IDIs, including the three initial mobile interviews. The first three mobile interviews and natural FGDs were done during the course of the first month, spreading 17 and visiting the community in the remainder of the second, third and fourth months. I closed the data collection in the fifth month. The three FGDs were done through a natural group of young men located in their natural setting (Green & Thorogood, 2018) to avoid bringing people to congregate in an enclosed environment against COVID-19 national guidelines.

4.8 DATA ANALYSIS

Thematic analysis was used to analyse the collected data. This four-step process often involves the researcher immersing themselves in data, identifying codes, coding data and organising codes and themes (Green & Thorogood, 2004). Other researchers have added a fifth step, which involves interpreting and checking data (Terre-Blanche & Durrheim, 2006). This study adopted the amended process of a five-step thematic analysis, detailed in Table 4.1 below (Terre-Blanche & Durrheim, 2006). This data analysis method has been identified as the backbone of qualitative research, as most qualitative analysis methods are conceived from this method (Nowell et al., 2017). According to Green and Thorogood (2004), this data analysis method progressively works to combine overarching topics into higher-order themes formulated from the transcripts. This method separates and sorts data according to key themes, allowing the main findings to be condensed and presented in the form of key themes for an audience in the public domain and varying research paradigms to understand (Nowell et al., 2017). This approach is more useful in presenting homogenous findings as it allows the use of thematic blocks to guide the layout of the findings (Gale et al., 2013).

Table 4.1: Steps in the thematic analysis

Steps in thematic analysis		
Step	Task	Description
1	Familiarisation and immersion	This stage consists of data gathering, and parts of this stage were done in the primary study. Data were collected through in-depth interviews and transcribed (Terre-Blanche & Durrheim, 2006). Each transcript included a summary of important details such as “gender, age, or other important factors” and summarised important topics covered in the interview (Green & Thorogood, 2004, p. 210). Transcripts were repeatedly read to get a feel of the data obtained from the participants (Green & Thorogood, 2004; Terre-Blanche & Durrheim, 2006). Preliminary data connections and agreements were established during this phase.
2	Inducing themes	This stage included organising the raw data in accordance with the study objectives. Pawing, which is defined as eyeballing or rapid scanning of data, was done to identify and match codes, and transcripts were highlighted with different colours to distinguish the codes (Ryan & Bernard, 2005). A codebook was developed and highlighted chunks of data were cut and pasted into groups, as suggested by Ryan and Bernard (2005). Latent themes were used to label

		participants' narratives that were grouped by colour (See Table 2.2 for an example of a codebook.
3	Coding	At this phase, data connections identified in Step One were coded together. All similar chunks of data from interviews were cut and pasted into one block (Green & Thorogood, 2004; Terre-Blanche & Durrheim, 2006). In Step Two, different colours were used to indicate different themes that emerged from the data. It is suggested that at least two independent researchers be responsible for coding data and resolving disputes that arise from their codes to ensure that the codes are trustworthy and represent a true reflection of the participants (Green & Thorogood, 2004). Due to this study being a student-short thesis, only the PI was involved in uncovering codes and identifying overarching themes. After code identification, they were grouped together to produce groups of themes that were later developed into themes to give meaning. A memo that described groups of the codes was used to refine grouped codes into themes. Coded themes were discussed with the supervisor and a specialist in qualitative research who checked the data codebook to ensure the trustworthiness of the study findings. Data were coded and re-coded to ensure that the "findings of the study are the product of its focus, and not the biases or subjective views of the researcher" (Babbie & Mouton, 2001, p. 278). This reiterative coding process was aided by constructive criticism and peer debriefing from the supervisor, followed by coaching by the qualitative research specialist.
4	Elaboration	According to Terre-Blanche and Durrheim (2006), this stage entails capturing the nuanced meanings not captured in previous stages. This stage refined Step 3 by understanding data in relation to each other and literature, and some coded data in Step 3 were found to be repeatedly coded in different themes (Green & Thorogood, 2004). This allowed for the emergence of fresh views and making comparisons. In addition, data were coded until no new themes emerged (Terre-Blanche & Durrheim, 2006).
5	Data Interpreting and checking	Raw narratives from participants were understood in a new light of Connell's masculinity and social constructionism as theoretical frameworks and thick descriptions were developed to interpret data. Data were compared and matched with current literature on masculinity to give meaning to new data (Green & Thorogood, 2004; Terre-Blanche & Durrheim, 2006). The researcher explored diverse explanations and understandings of narratives obtained from the participants. Interpretation of data was triangulated through theoretical framework application and literature to find nuanced meanings and to form thick descriptions to better understand the participants' worldview (Babbie & Mouton, 2001). This stage sought to ensure "compatibility between the constructed

		realities that exist in the minds of the respondents and those that are attributed to them by the research”; this is known as credibility in qualitative research (Babbie & Mouton, 2001, p. 277). This stage was aided by a prolonged engagement with data, flexible analyses that allowed the PI to construct thick descriptions and supervision that made sense of the thick description with reference to raw quotes from the participants, referential adequacy records made during the data collection and analyses (Babbie & Mouton, 2001).
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Green and Thorogood (2004) noted that the thematic analysis method is not restricted to any philosophical qualitative research practice, as it provides a flexible data analysis framework. The flexibility of the thematic analysis method was highly useful in this data analysis phase as I moved iteratively between the stages of analysis to read, re-read, group and re-group the themes emanating from the transcripts. All the themes identified in the analysis were open-coded and solely based on the participants’ narratives, and no predetermined framework was used to determine the themes (Green & Thorogood, 2004).

The steps presented in Table 4.1 above guided the data analysis, and while these steps were chronologically presented, the analysis process was reiterative, and some steps were done simultaneously (Green & Thorogood, 2004; Terre-Blanche & Durrheim, 2006). For example, the codebook presented in Table 3.2 below illustrates the reiterative thematic analysis process. Different colours were used to code and distinguish the themes and how the same quote fell into two categories of themes.

Table 4.2: Example of codebook-derived themes

Participant’s description	Identified theme
<i>“A real man has children, a wife and things that no one else can touch and owns a house. That’s a man, and we, as ‘amajita’ (plural- of ‘mjita’), still live at home, and there are things we can’t do while still living at home” (P1, aged 20).</i>	Perceptions and aspiration for manhood
<i>“We smoke and share our cigarettes. No one smokes alone. Anyone who smokes alone is not part of us. When we do things, we do them together as ‘amajita’” (P13, aged 20).</i>	Young men’s identities
<i>“Some people define me as a ‘player’, meaning that I’m someone who likes girls. Remember that I said we talk about some things as ‘amajita.</i>	‘Amajita’: Group identity

<p><i>So, we celebrate having multiple girlfriends. We share tips and advice on which girl to approach” (Junior, aged 18).</i></p>	
<p><i>“Some people define me as a ‘player’, meaning that I’m someone who likes girls. Remember that I said we talk about some things as ‘amajita’. So, we celebrate having multiple girlfriends. We share tips and advice on which girl to approach” (Junior, aged 18).</i></p>	<p>Hegemonic Masculine-fuelled risky behaviours</p> <p>Multiple sexual relations as part of ‘amajita’ identities</p>

Extracted from Green and Thorogood (2004)

The analysis was done in two phases. Phase one involved a tentative analysis of the FGDs before IDIs were conducted. This tentative analysis was meant to identify areas that needed further exploration through the IDIs and thus was done to shape and inform the IDIs. The second phase included a thorough and comprehensive analysis of all the data collected.

4.9 REPORTING

This study report draws its structure from the Consolidated Criteria for Reporting Qualitative Research (COREQ) (Annexure 11) (Booth et al., 2014). This criterion is a structured guide for transparent reporting in qualitative research (Booth et al., 2014; Tong et al., 2007). The COREQ guide is made of thirty-two questions that guide transparent reporting of all the relevant processes and information on the study (Booth et al., 2014). The questions are divided into three domains; the first domain is *Research team and reflexivity*, which is concerned with the reporting of the relevant researcher’s information in the study (Booth et al., 2014). *Reflexivity* is defined and discussed in detail in Chapter 5. The second domain, which is the *Study design*, is concerned with the reporting of the relevant methodological planning and implementation, which are detailed in this methodological chapter and whether the methods used were the best methods for the study (Booth et al., 2014). The last domain, which is *analysis and findings*, focuses on the reported findings and whether the findings are induced through relevant analysis methods and make sense of the collected data (Booth et al., 2014). Moreover, to strengthen the integrity of the reported findings, the execution of this study occurred under the supervision of qualified and competent researchers familiar with the

methodology used in this study. The reporting of the data was checked by supervisors experienced in qualitative research, and they provided constructive criticism and comments, which I received, digested and implemented where necessary. In addition, in Chapter 5, I discuss how reflection opportunities were used to raise awareness about young men's risky behaviours.

4.10 ETHICAL CONSIDERATIONS

Ethical protocols were observed. The study obtained ethical clearance and approval from the University of KwaZulu-Natal's Humanities and Social Sciences Research Ethics Committee, protocol No: HSSREC/00000284/2019 (Annexure 1). This study adhered to the UKZN Policy on ethics, and I developed an understanding of ethical research based on Wassenaar (2006) and Babbie and Mouton (2001), who discussed ethical goals and strategies to be employed to achieve them. Additionally, insights into ethics were drawn from social sciences and qualitative research methodologies (Alsaawi, 2014; Creswell & Creswell, 2018; Flick et al., 2004; Green & Thorogood, 2004; Neuman, 2014; Terre Blanche & Durrheim, 2006; Willig, 2008, 2013). The discussion on ethical considerations was structured around Wassenaar's (2006) ethical principles, which are: (1) respect for participants' dignity and anonymity, (2) non-maleficence, (3) beneficence, and (4) trustworthiness.

4.10.1 RESPECT FOR PARTICIPANTS' DIGNITY AND ANONYMITY

This ethical principle remains the core of social science research. It contends that participants need to be respected and be informed about the study before deciding whether or not they want to be part of it (Creswell & Creswell, 2018; Flick et al., 2004; Green & Thorogood, 2004; Neuman, 2014; Terre Blanche & Durrheim, 2006; Wassenaar, 2006; Willig, 2008, 2013). This is done by ensuring that participants receive the necessary information pertaining to the study (Wassenaar, 2006). I then aimed to ensure that the participants of this study did not feel the power struggles they felt or experienced when going about their everyday day, comparing their masculinities to other men with a possibility of feeling inadequate when compared with men

who are more advantaged than them as theorised by Connell (1995). I adopted a non-judgemental attitude, engaging with participants in their everyday lives, see Chapter 5. I strived to ensure that participants were appreciated and listened to through reiterating the importance of the information provided in the advancement of masculinities theory and literature. I was careful to ensure that the participants felt respected and that their views were valued. I kept the participants aware of their rights in the study, emphasising their right to non-participation and withdrawal at any time during the study. See the information sheet and the informed consent form in annexue 5-6.

The participants received the consent information on their WhatsApp platform at least 72 hours before the day of the FGD and interview. This information was revisited on the day the data collection exercise was done, and I re-explained the purpose of the study with the aid of a hard copy of the information sheet and allowed the participants an opportunity to ask questions. In cases of new participants enlisting on the FGD, I shared the hard copy of the information sheet at the site (Annexure 5). Each participant signed an informed consent form (Annexure 6) to signify agreement to participate in the study. The sharing of the information sheet and the consent form 72 hours prior to the commencement of the study was a recommended ethical practice that also served to provide enough time for the participants younger than 18 years to seek the necessary parental assent. The participants who were younger than 18 years were required to have parental assent, and their consent forms had to be signed before they could participate in the study (Annexures 7 & 8). On the information sheets and during the verbal informed consent agreement reached during the phone call and on the day of the FGD or interview, it was made clear that the participants were free to withdraw at any given time during the study without being liable to any penalties.

4.10.2 CONFIDENTIALITY AND ANONYMITY.

Anonymity and the protection of participants mean that the researcher may not disclose the participants' identities or their identifying information (Alsaawi, 2014; Creswell & Creswell, 2018; Flick et al., 2004; Green & Thorogood, 2004; Neuman, 2014; Terre Blanche & Durrheim, 2006; Willig, 2008, 2013). According to Willig (2008, p.19), "*the researcher should maintain complete confidentiality regarding any information about participants acquired*

during the research process". To ensure the anonymity of the participants, all transcripts from the interviews were labelled with participant identifiers such e.g. (P1, P2, P3). All traceable information potentially leading to the identification of participants was kept separate from anonymised data and kept confidential. A folder of identifying information was kept separate from the data folder and accessible through a password. During the data collection, the data was temporally stored on a password-protected computer hard drive and later uploaded to a UKZN password-protected Microsoft OneDrive for long-term storage. When this study is submitted and accepted, the participant-linking information will be deleted from the password-protected OneDrive. As per the UKZN research policy on data storage, the anonymised data can be shared with other researchers after publication (UKZN Council, 2014). All anonymised data will be deleted 10 years after this study submission, as recommended by data retention policies for PhD level data safekeeping elsewhere (OBU, 2020).

4.10.3 NON-MALEFICENCE

This principle of non-maleficence is concerned with mitigating harm caused by research on participants, thus making it an ethical obligation to do no harm or wrong to the participants (Wassenaar, 2006). It is recommended that a researcher devise a plan on how they would deal with the harm that is likely to be suffered by participants. Research harm may be physical, emotional, and even legal and occurs when research information puts participants at risk of being legally implicated (Neuman, 2014). A social worker was organised to intervene should the interview cause emotional discomfort. Data from the study was kept on an approved, secure online cloud, UKZN OneDrive, which I am the sole user who can access by password. All records of the information associated with the study were considered confidential. All the names of the participants appearing on transcripts were fully anonymised through the participant's identifier to ensure that data could not be linked back to the participants. To ensure no harm came to the participants, the language used was not harmful or offensive to participants.

4.10.4 BENEFICENCE

Beneficence is aimed at ensuring that the study's possible harms are outweighed by the study's potential benefits (Wassenaar, 2006). This principle seeks to maximise the benefits derived from the study. This study, as disclosed on the information sheet and through the informed consent, had no direct tangible benefits that the participants would gain. However, the participants got a chance to learn and reflect on their beliefs about masculinities. I ensured that the participants were aware of their invaluable contribution to the study by providing their subjective and crucial information and the time they committed to the interviews, which made this study possible. The participants were also made aware that their participation and impute would enrich the body of scientific knowledge on masculinity, particularly in understanding context-specific masculinities and their influence on HIV risk behaviours amongst young men.

4.10.5 TRUSTWORTHINESS OF THE STUDY

In line with the qualitative paradigm, quantitative language has been purposefully omitted, not only to avoid the long-standing arguments and the professed rivalry between the two primary traditions but also to establish consistency with the current study's research approach. Inexperienced researchers frequently use the terms 'validity' and 'reliability' interchangeably, mainly when referring to qualitative research; this problem of terminology should be avoided, not least to demonstrate the autonomy of the qualitative paradigm. Trustworthiness is the equivalency of validity and reliability for qualitative studies (Guba, 1981; Shenton, 2004; Silverman, 2001). Quantitative researchers often critique and question the trustworthiness of qualitative research, perhaps because it is assessed differently when compared to quantitative research (Shenton, 2004).

The ability to sustain the claim that the findings of the inquiry are worthwhile is at the heart of trustworthiness in qualitative research (Lincoln & Guba, 1985). In determining trustworthiness, researchers should endeavour to persuade themselves and others that the study findings are

significant (Babbie & Mouton, 2003). The numerous tactics used in this study to increase trustworthiness are outlined below. Guba (1981) and Babbie and Mouton (2003) cite four critical factors that increase trustworthiness in qualitative research, namely, credibility, transferability, dependability, and confirmability. These fundamental elements are interconnected (Babbie & Mouton, 2003). For instance, one cannot speak of transferability without referring to credibility or of credibility without referring to dependability. Transferability is defined as the applicability of the study findings in other contexts (Babbie & Mouton, 2001). This is dependent on the reader's perceived similarities between the sending and receiving context (Babbie & Mouton, 2001).

Transferability was enhanced through the provision of thick descriptions of the data. Doing so was a way of placing the data in its proper context to allow the reader to understand participants' views in relation to a given topic. It was assumed that providing the nuances of the contexts in which discussions were held would help the reader understand the interview excerpts better. I left a clear audit trail to ensure that there was evidence of how the study was done and the thinking process behind the results presented in the study (Babbie & Mouton, 2001; Newell, 2017). Furthermore, the use of a purposive sampling frame also contributed towards the study's transferability. The participants comprising the study sample were relevant to the topic. They provided rich data on masculinities and a unique context-specific understanding that took into account young men's identities and the socio-cultural and economic factors found in the Malukazi informal settlement. In line with the arguments advanced by Babbie and Mouton (2003), Lincoln and Guba (1985) and Shenton (2004), a plausible description of credibility suffices to demonstrate the dependability of the findings of the current study. This argument precludes regurgitation of the same strategies described above to illustrate how dependability was enhanced in the current study.

Member checks were undertaken to verify the credibility of the findings. Credibility is defined as the "*compatibility between the constructed realities that exist in the minds of the respondents and those that are attributed to them by the research*" (Babbie & Mouton, 2001, p. 277). To ensure that the findings are credible, the participants were allowed to discuss themes noted in the tentative analysis of data that occurred after the FGDs to inform the IDIs. This was an important activity because it assisted in determining the accuracy of the findings. In the community exit (participant last group and exit), I presented preliminary data and the themes were discussed in a natural group involving 12 participants, where we shared 'cool' drinks and

scones, appreciating the participants' commitment and participation. In this discussion, the participants were made aware of how their narratives were structured as work towards a thesis, and they added where they thought clarity was needed. Secondly, member checks yielded additional volunteer information, which ultimately contributed to the richness and thickness of the data.

Peer debriefing was another approach used to enhance the credibility of the study. Further, the supervisory team and I would meet on a regular basis to address various epistemological and methodological issues, as well as to enhance the interview guide. According to Shenton (2004), regular debriefing sessions broaden the researcher's vision and may reveal the researcher's prejudice and preferences, which can subsequently be addressed. Due to some interviews being done in a local dialect (IsiZulu), transcription and translation were done concurrently, and transcripts were made available to two independent moderators to compare recordings with written data. These moderators were master's graduates with qualitative research experience.

Furthermore, source triangulation using Mobile IDIs, FGDs, IDIs, and observations improves the credibility of the study (Braun & Clarke, 2013). Triangulation involves looking at an issue from various perspectives (Neuman, 2014). Denzin (2012) suggests that the concept of triangulation should be renamed 'crystal refraction' to emphasise the aspect of viewing the research issue from multiple vantage points. Most people understand methodological triangulation as involving a mixed-methods approach, combining qualitative with quantitative methods in one study (Creswell & Plano Clark, 2011; Tashakkori & Teddlie, 1998). However, combining FGDs and in-depth interviews in a single study is essentially a sort of triangulation. FGDs and in-depth interviews were merged in this study. This was relatively easy because both of them are qualitative methodologies that are capable of complementing each other very well. This type of triangulation improves credibility in qualitative research by creating a net gain: the merits of each technique more than cancel out the drawbacks of their counterpart (Brewer, 2003).

The last criterion is confirmability, defined as the "*degree to which the findings of the study are the product of its focus, and not the biases or subjective views of the researcher*" (Babbie & Mouton (2001, p. 278). The data-gathering methods were pilot-tested to maintain confirmability, which limited researcher bias, and I noted that the combination of two types of qualitative data collection (FGDs and in-depth interviews) may have strengthened the quality

of the data. To ensure that thick descriptions used to describe participants' lived experiences are a true reflection of participants' narratives, it is recommended that data collection and interpretation methods are triangulated (Alsaawi, 2014; Babbie & Mouton, 2001; Booth et al., 2014; Creswell & Creswell, 2018; Flick et al., 2004; Green & Thorogood, 2004; Neuman, 2014; Willig, 2008, 2013). The use of two data collection methods resulted in a 'persistent observation effect', which means I remained in the field and engaged with the participants for a prolonged period (prolonged engagements) until enough data were gathered to allow for the formation of thick descriptions needed to paint a clear picture about the participants' narratives (Babbie & Mouton, 2001).

According to Babie and Mouton (2001), the participants' true reflections are sought through engaging in prolonged familiarisation with data and tentative analyses to pursue different viewpoints and interpretations of participants' narratives. This study collected data using two qualitative tools, and the study findings underwent a reiterative process of thematic analysis and interpretations of inducted themes in relation to the Connellan Hegemonic Masculinities Theory and the Social Constructionism Theory. I also received guidance from the supervisory discussion held on the themes and the meanings obtained from the study findings. Furthermore, because I, as the lead researcher in this study, "*defines and controls the setting*," the research interview is far from a discourse between equal equals (Kvale, 1996, p.6). In this study, the researcher was aware of their 'privileged position' and its consequences on what the youth could or could not say as a result of this unbalanced connection, discussed in detail in the reflexive section in Chapter 5. I acknowledge that this may influence the credibility of the gathered data. However, the declaration of my positionality mitigates this risk (Braun & Clarke, 2013). According to Marshall and Rossman (2011), trustworthiness is fundamentally linked to ethical issues detected during the study's implementation.

According to Davies and Dodd (2002, p.281), "*ethics are a vital aspect of rigorous research ... not to be considered as a distinct part of our research - a document filled out for the ethics committee and forgotten*". Essentially, I always remained committed to critical concerns such as 'ethics in practice'. For example, I maintained referential adequacy, which refers to materials used to take notes, voice recording and discussions in decision-making concerning the ethical practices of the researcher.

4.11 CONCLUSION

This chapter discussed the methodology of this thesis. It presented the research philosophies, methodologies and procedures employed in participant selection, data collection and processing, and analysis. The chapter concluded with a discussion of ethical considerations. Chapter 5 is an extension of the methods and discusses the implementation of the study, including ethical decisions made during the study. The following chapter details the familiarisation with the study context.

CHAPTER 5

LOCATING THE STUDY AND THE RESEARCHER IN CONTEXT

5.1 INTRODUCTION

In the previous methodology chapter 4, I discussed that as a qualitative researcher, I wore two hats. Firstly, as a researcher, I conceptualised and planned the study. Secondly, I served as a tool for study data collection during the implementation of the study and analysis, thus having an impact on the quality of the data collected and the findings analysis of the study (Green & Thorogood, 2018). The influence of the researcher on the study can be traced to the question they decide to ask or the impact of their identity and presence on the participants (Green & Thorogood, 2018). This chapter provides a background and context to the data presented in the subsequent chapters, focusing on the researcher's identity and response to ethical dilemmas that arose during the course of collecting the data. In discussing ethical dilemmas, I give an introduction to findings that raised ethical concerns and discuss action taken. The findings are further elaborated in thick descriptions in the following Chapter 6. This study aimed to gain a deeper understanding of young men's masculine identities and how they influenced their vulnerability to highly risky sexual behaviours leading to HIV infection. In accounting for the researcher involvement as a tool, I strive towards the concept of confirmability, defined as the *“degree to which the findings of the study are the product of its focus, and not the biases or subjective views of the researcher”* (Babbie & Mouton, 2001, p. 278). In doing so, I explain and describe my position within the study. This chapter aims to paint a clear picture of the study site and locate myself as a researcher in the context, providing a clear background and context in which the study findings are nested.

5.2 POSITIONALITY AND REFLEXIVITY STATEMENT

Reflexivity refers to a research process in which the researcher acknowledges and places aside their beliefs, assumptions, backgrounds and experiences from influencing or tainting the research findings (Gittlings et al., 2020). Other writers describe reflexivity as “*internal suppositions of the researcher – including history, knowledge, culture, experience, value or academic reflections, such as orientation and theories – and external suppositions of aspects of the phenomenon under investigation, with both internal and external suppositions being bracketed concurrently*” (Tuffor & Newman, 2012, p. 84). The process involves a continued reflection of the researcher’s potential biases that could influence the study conceptualisation, design, implementation and analysis (Gittlings et al., 2020). This is important in qualitative research where the researcher is a tool and can significantly shape the findings of the study outcome if they do not reflect on themselves. The process of withholding or putting aside intersubjective researcher elements is called bracketing, which is defined as a “*scientific process in which a researcher suspends or holds in abeyance his or her presuppositions, biases, assumptions, theories, or previous experiences to see and describe the [research] phenomenon [being studied]*” (Gearing, 2004, p. 1430). Reflexivity is connected with positionality, which is a description of the researcher’s identity, including gender, race, and class, amongst other identity markers and how they played a role in shaping the study (Gittlings et al., 2020). This section provides my reflexive and positionality statement in conjunction with the ethical dilemmas faced during the study.

As an African Male and young researcher exploring masculinities and risky sexual behaviours in the Malagazi informal settlement context, I acknowledge and recognise that my background and experiences, which are not far from those of the participants, inform this study. My interest lies in understanding the masculinities and factors associated with masculine identities that increase young men’s exposure to HIV. My epistemological and ontological assumptions, discussed in the methodology chapter, guided the choice of methods and focus of this study (Green & Thorogood, 2004; Flick et al., 2004; Neuman, 2014; Scott, 2014; Creswell & Creswell, 2018).

Growing up in a rural and impoverished part of KwaZulu-Natal is an experience shared with the majority of the participants; see demographic table on home addresses. My family had to relocate to access better education for us (children) and jobs for my mother. We relocated to

the outskirts of Durban, lying between Ifolweni and Umlazi townships, in 2011. This location is approximately 20 KM from the informal settlement in which this study is based. Similarly, all participants moved to Malukazi informal settlements for education or employment. Considering this similarity, I argue that participants and I shared the socio-economic and cultural influence on how we perceive masculinities. The difference between us was that they lived in the informal settlements, mostly with male relatives who were working and some alone, and I lived my whole life with a strict and religious mother, who also played a role in restricting my access to peer-approved norms and behaviours, thus shaping my understanding of gender and masculinities under different circumstances than those of the participants.

Growing up with a single mother, which was reported by most of the participants, I recognise that my full-time living in a house with my mother as a parent and traditional solid and African religious brother influenced my perception and understanding of masculine behaviours. For example, in my household, I was not allowed to ‘chill’ by the local shebeen with other young men my age; contrary to my upbringing experiences, I noted that ‘chilling or hanging out’ in local shebeens and local tuckshops was the norm for participants. In addition, I was never pressured about getting a girlfriend, as I was expected to grow up and be paired with a girl from my church in marriage. Growing up under the guidance of a mother who was in a polygamous marriage with a husband who was not financially and physically available, I grew up understanding polygamy as distasteful and leading to suffering and poverty as subjectively experienced at home. This influenced me to dislike multiple sexual relations. Contrary to my experience, young men respected men in MSR and MSP were respected and were perceived as role models. Engaging in MSR was an important masculine marker by many in my community and by participants of this study; this is discussed in detail in the next findings, Chapter 6.

My strong values and negative perceptions of behaviours perceived as core tenants of ‘amajita’s masculinity, such as multiple sexual partners and a high preference for unprotected sex. I struggled to maintain a non-judgmental attitude as I am aware of the health risks they brought to themselves and their multiple partners through these behaviours. To avoid tainting the participants’ narratives with my judgment and maintain a non-judgemental attitude, I constantly consulted through debriefings with the supervisory team about these struggles and ensured that I was aware of my perceptions, beliefs and biases to bracket when interacting with the participants (Gearing, 2004).

Post matric, I had an opportunity to pursue my studies in Social Work, and in my observation, this is a rare educational opportunity where I come from. I observed similar difficulties in the community where the study was conducted. It was rare for the youth to pursue a university degree after matriculation, with only two participants enrolled at a higher education institution, and the majority with matric doing piece jobs. Please refer to the education column in the demographic table 5.1 below. Post-matric young men in my community, eFolweni, undertook menial jobs and spent a lot of time chilling at the bus stop where the local shebeen is located, an observation that was common in Malukazi informal settlements.

My academic background in social work and experience in working with HIV organisations through my undergraduate years fostered a strong negative belief about multiple sexual relations and also built a foundation for my interest in my strong commitment to play a role in addressing HIV awareness and Gender-based violence themes I encountered in this study. I am a social worker by training, and I had worked for a year with young men in the HIV context when this study started. This experience allowed me to understand ‘amajita’s’ behaviours and the ‘lingo’ used during the study interviews.

Inspired by the core of social work practice (Egan, 2014) while ensuring that participants understood my role as a researcher and disapproved of their behaviours while allowing me to teach where information sharing was needed. My experience and knowledge about young men obtained through my work experience in the context of HIV were useful in this study to assess and interpret the findings that emerged from this study. I also engaged in frequent discussions with my supervisory team on the research process. In the informed consent process, I ensured my role as a researcher was clear to participants and that my confidentiality had bounds. That is, participants were informed that if I was aware of any participant engaging in criminal activity, then I was, by law, required to report the incident to the authorities.

In this study, I was confronted with highly disturbing revelations regarding participants’ lack of understanding of GBV and unclear definitions of rape. Participants reported having encountered extremely toxic gender-based violence and rape narratives where men in the community bought alcohol for girls at clubs and later gang-raped the girls when they were intoxicated. I report similar findings in a study exploring GBV and South African music, where I discuss the culture of men buying alcohol for women and later demanding sex as common and that, in response, girls and women who are victims of this rape culture are blamed for their victimhood (Ngcobo, 2024). Participants expressed deep admiration for men who engaged in

MSP. Other studies have found similar concerning behaviours, where young boys perceived taxi drivers as their role models due to their access and showcasing of multiple girlfriends and flashy belongings, looking to these role models for their “‘cool’ cars, wearing expensive clothes and jewellery and having many women” (Govender, 2011, p. 896) resulting in feelings of inadequacy for boys not able to secure these markers of masculinity. These findings are discussed in detail in the following Chapter 6. It is noteworthy that none of the participants in my study reported being involved in acts of gender or sexual violence when I inquired about this topic. It was also difficult to know if they were involved in misogynistic or violent practices at some level. Boys in these conversations steered away from individual culpability on these issues. Our discussions, instead, focused on the general narratives regarding the behaviours of certain men within these communities.

I also observed that boys, at times, aspired to the values of usually older and sexually more experienced men in the community who sought and gained access to multiple sex partners. In addition, I noted that in the absence of constructive and positive role models, young men tended to normalise violence and multiple sexual partners as markers of successful masculinity (Connell & Messerschmidt, 2005). Participants’ narratives were shaped by varying factors such as belonging and strong social bonds within ‘*amajita*’. Participants at times shared disturbing narratives of men engaging in gang rape in small groups, which I theorised created bonds and strengthened their sense of belonging within those groups as friends. I use these narratives in the section below to reflect how such narratives were responded to during the data collection.

5.2.1 RESPONSE TO DISTURBING FINDINGS

The following chapter 6 includes a presentation of narratives about gang rape. In light of the distressing narratives surrounding gang rape, I reflected on the insights of Nutt and Bell (2012) and considered my social work experience to evaluate whether the ethical concerns raised by the findings warranted further investigation by participants and authorities. However, my subsequent discussions with participants aimed at gathering more information about incidents of gender-based sexual violence and accounts of rape did not yield any additional insights. The participants were reluctant to share details about the identities of men who allegedly engaged in the heinous behaviours. In the follow-up, the participant stated that these narratives were

‘general’ and had been discussed when drinking with passersby at the local sheeben and men who had moved from the area. The identities of both perpetrators and victims remained elusive despite my attempts to probe deeper. Probes and follow-up questions on this narrative yielded a dead end as the heinous gang rape narratives were described as a recollection of stories told. After some discussion with the supervisory team, we concluded that I could not definitively assign culpability to any participants, which would result in the pursuit of these issues further.

The findings of this study in Chapter 6 also present narratives of high-risk sexual behaviours and exacerbated HIV risks. In response, I questioned young men’s behaviour, beliefs and perceptions about GBV, Sex, Masculinity and HIV and tried to emphasise how their behaviours impacted people outside of their group and also when their beliefs and behaviours negatively influenced their vulnerability to HIV. I leant on my previous experience as a social worker and knowledge working at the HIV centre at the University of KwaZulu-Natal, Howard College (2016-2019) to guide my attempts in trying to create a space where I could relatively freely interact with participants and allow them to share their experiences while prompting participants to reflect on their behaviours and beliefs. Young men appreciated the conversational spaces created both on the FGD and IDIs. One participant stated that he would come back and attend the next group session because he learnt and was able to think about things they took for granted from the session:

“you know Selu, we talk about everything [thina] us, everything. But we don’t really sit like this and discuss things. [Kuhlezi kuyindakazi nje if wenze I flop] It’s always us laughing at each other if anyone of us did something wrong. This helps us, you know, to think a bit about these things. I would say I can come to your group again. Maybe, like you as a social worker, you can teach us some of these things you know. Like, when do I go to a social worker or the clinic? We never do. I get condoms from him [points another young man], a lot of other things, we drink, smoke, eat together. If I’m sick, he [points another] gives me some pills his aunt lives [kwa A] mlazi A section, and she is a nurse. So we don’t talk about HIV, also so when you talk about hitting girls from clubs, we never really think about this, but it’s true if you say it can land us [estoksini] in holding cells. You know, we always think we do it to girls that want it, but if you say that [I told young men that a drunk girl could not consent, and having sex with her is rape by definition], I will attend your group umjita” (P4, aged 25, FGD 2).

My attempt to create this conversational space for participants allowed them to share their deep experiences with me and listen to their narratives. The interaction also allowed me to express my disapproval of some of their behaviours. In such interactions, I provided them with factual information that counteracted their beliefs and narratives. For example, I shared knowledge of the risks of contracting HIV for men who engaged in MSP and preferred not to use a condom. Sharing an understanding that they were at high risk of HIV infections and that they needed to start using condoms and accessing health care services for HIV testing, prevention and treatment of HIV-positive individuals.

Narratives of men having sex and raping drunk women are common in SA (Ngobo, 2024). Other studies report similar concerns (Ngcobo, 2024; Meyer, 2010). The slow and lack of reporting on the response to the serious matter of intoxicated women being raped is victim blaming and “*delegitimise victims by... reinvigorating and refashioning old rape myths...re-gendering rape involving alcohol as a problem of female drinking rather than male sexual violence*” (Meyer, 2010.p.19). Guided by the literature, I understood that narratives of rape amongst SA men were a common theme of GBV in SA (Ngcobo, 2024) that needed special attention in reporting these findings to help add to evidence-based that could inform interventions targetted at masculinities and particularly beliefs, perceptions and practices that perpetuate GBV and HIV risks. This understanding informed my response in fostering awareness and working towards a clear definition of rape by probing and allowing a discussion of rape and varying ways that sexual coercion occurs.

My consultations with ethics experts and the supervisory team allowed for a reflection on my roles as a researcher and a broader understanding of socio-economic structures that influenced participants’ identities. Given the sensitive conversation with my Participants, I tried to approach these conversations in an empathetic and open-ended way to shed light on masculinities as experienced by participants and to present participants’ voices and experiences without training them. However, at the same time, I drew from Tufford and Newman (2012) and utilised my social work skills to ensure that participants were aware of ‘wrong and right’, particularly in the context of rape. In my approach, I tried to create a space that encouraged self-reflection for participants.

The data collection experience did, however, evoke a deep sense of concern and, at times, empathy for my Ps as I fought with my subjective reactions, beliefs and assumptions about the informal settlement area and the revelations that were shared by young men. I was taken aback

by their unflinching and normalised acceptance of violence, as well as the casual manner in which they articulated their views on masculinity, belonging, and their lived experiences. Even though these narratives were distributed, I felt they were important to report and reflect on in my attempt to make sense of masculine identities in this context. I took the opportunity to discuss these problematic behaviours with participants, which are something that seldom occurs in their environment.

Based on my interactions with Participants, I strongly feel that I was bracketed by beliefs and attempted my best to ensure that my inquiry did not problematise the study participants' constructions of masculine and feminine identities in this community. I approach the study reporting as an opportunity to shed light on men's behaviours that influence both the GBV and the HIV pandemic (NSP, 2020). While the experiences of women regarding abuse have been examined previously, this study offers a different perspective by highlighting how the desire for belonging among men and the aspiration to emulate negative and violent role models contribute to the perpetuation of gender-based violence in impoverished communities in South Africa. The following sections provide a detailed account of how I entered the community and created a space for the participant to share their lived experiences.

5.2.2 YOUNG MEN'S NARRATIVE INFLUENCED BY THEIR NEED FOR PEER APPROVAL

Young men's social group was structured with a masculine hierarchy that imitated hegemonic masculinities (Connell, 1995). These findings are discussed in detail in Chapter 6. Men with multiple girlfriends and engaged with multiple sexual partners were known as players, which was understood as '*isoka*', which means a Zulu man with multiple women in the form of girlfriends or wives (Hunter, 2004; Lynch et al., 2010). These young men were influential within the group and inspired others to adopt peer-approved behaviours. Following these men was the middle part of the amajita hierarchy, which was made of young men who had fewer than one girlfriend and less sexual experience than the players. At the bottom of the hierarchy was the '*isishimane*', which means a man without a woman in their life (Gumede, 2014; Manyapelo et al., 2019). These men were stigmatised. A study on the stigmatisation of men without women in their lives stated that being called Isishimane is "*a social stigma ... worse than an organic disease... if he does not get one after having been medically treated, he may*

break down and become a psychopath” (Vilakazi, 1962, p.50-51), As theorised by Connell, masculinity existed in relation to femininity (Connell, 1995), this study found that men who did not conform to young men’s behaviours and did not show any interest in women were excluded and labelled gay, which was understood to be feminine and an othered group to young men. In addition, the objectification of women as proof of men’s masculinity showed that men’s dominance existed in relation to women’s subordination (Connell, 1995).

Findings show that young men aspired to the player’s masculine identities; I believe that participants, due to our established rapport, shared their experiences truthfully. However, I cannot ignore the influence of situational performances and the need for participants to fit in and be accepted by *amajita*. This need to fit in was important for multiple reasons; it provided a protective environment where young men’s identities were approved, they could share their vulnerabilities, such as not having enough food, clothes, and cigarettes, and they shared daily living needs within the group without judgment. Thus, being disapproved and excluded from this group could mean hunger and an inability to access daily needs for the excommunicated young men, which made their group peer-approved behaviours more important than just the need to fit in for social approval. This resulted in participants expressing ideas that were approved by their peers in the FDG and later stating their true minds in an IDI. This was observed when participants expressed support for ideas and their experiences of high-risk sexual behaviour as a norm, and when I approached them as individuals, they changed their view, such as the change of support for unprotected sex as shown below,

“We often mislead each other as young men. If I am with you and a girl passes by, I approach her and start encouraging you to ‘hit it skoon’, you end up doing it because they keep telling you to use ‘brown’ [sex without a condom]” (P4, aged 25).

These findings, where young men conformed to behaviour as expected when within the group while holding personal beliefs that are different to that of the group, are well grounded by Judith Butler’s concept of performative acts, defined as “*a ritualised production*” for social conformity and acceptance (Butler, 2011, p. 60) where young men’s behaviours are only “*real only to the extent that it is performed*” (Butler, 1988, p. 527). Young men navigated and expressed their identities in manners that were approved by their ‘leaders’ (players) and peers to avoid discrimination (Butler, 2011). This indicates that the social setting of the FGD influenced young men’s language and ways of expressing their narrative and thus ‘performing’ their masculinities. This explains the influence of the ‘amajita’ social group on young men’s

high-risk sexual behaviour practices, despite knowledge of the risks associated with those behaviours.

The change of tone in P4's IDI narrative above and his acknowledging that they misled each other, yet he played the part during the FGDs, shows that young men's behaviours, performances of masculinities were less about participant's internal truths and beliefs and more about conforming to peer expectations, which led to them adjusting their narratives when we met on a one-on-one confidential interview (Butler, 1988; 2011). While 'performative' masculinities can be interpreted as 'lying', in this study, I use this concept to illustrate the mismatch of young men's reality and performances in Chapter 6 below.

5.3 ENTERING THE STUDY SETTING: AN ETHNOGRAPHICALLY INFORMED FAMILIARISATION WITH THE STUDY SETTING

On the 23rd of October 2019, I met with the Malukazi community councillor and a few men who were assisting him with a 'feed the poor' soup and bread distribution. In this short meeting, I introduced the proposed study and requested access to the community. The local councillor provided a gatekeeper letter supporting my study in his community, see Annexue 2. I had a conversation about the community with the two young men who were assisting in the kitchen. I described what I wanted to do, stating that I wanted to go to the community and around places where young men congregated. The two young men recommended that I start at a place that sold BBQed meat and then proceed to the soccer ground where most young men smoked, played soccer and enjoyed their day.

On the 24th, 25th and 26th of October 2020, I spent time in the community in search of the study informants. On the first day, the 24th, I went to the sports ground; however, it was empty. As I drove past a tuck shop towards the sports ground, I noticed that a few young men were sitting by the shop under the shade. I came back from the soccer ground and parked the van close to them. Three of them would later become critical informants of the study. Upon arrival, I greeted, introduced myself, and relayed that I had family members on my mother's side of the family who resided in the area even though I had never visited before. A young man who would later become P10 introduced the area to me. The shop where the men were chilling is called

'ekhoneni', meaning by the corner. This shop would be the centre for meeting young men. I observed that the shopkeeper was very involved in young men's conversations and shared cigarettes with them. The small shack that served as a shop had more to provide the residents; on top of cigarettes, chips and tomatoes that caught my eyes, the man brought a bottle of Vodka Smirnoff 1818, which I assumed had been paid for by the group of men I sat with.

Figure 5.3: *Facilities and Amenities*



Picture E: *Sports Ground* - Source: *Researcher*



Picture G: *Shop* - Source: *Researcher*

The area is called Malukazi, depending on whom you ask, as some Indians in the area call it Malagazi. As we sat under the shade of the shop, young men introduced themselves as they drank a mix of Smirnoff 1818 and orange juice. This was offered to me, but I declined and cited driving as preventing me from engaging in the drink. The area was divided into sections-like settings, and where we sat seemed to be the centre of the area. On my right was a mixture of small brick houses and shacks, and in front of the shop were purely shack houses; on the left and behind the shop were more concrete RDP houses. As far as the eye could see, shacks made of corrugated iron were in front of me. This community was bordered by the Umlazi U and Philani Valley sections, predominantly African communities, and Isipingo Hills, predominantly made of Indian communities, which were all made up of affluent housing.

Figure 5.4: Neighbouring areas



Picture G: Built environment and housing surrounding the Malugazi Informal settlements. **Source:** researcher:

The first three participants (P10, 13,15) of this study took the initiative to show me around the area, and I talked with them as a group and one-on-one. They showed me around, walking across the community and driving, where I took them along in the bakkie to explore the community.

In learning about the community setting, I interacted with young men and hung out with their natural groups. The researcher had sessions of a series of questions that were asked about the environment and the people within it through mobile interviews. Mobile interviews are ethnographically informed interviews done on the move, as the participants are interviewed, and the researcher gets familiar with the geographic environment (Finlay & Bowman, 2017). This innovative interview method allows the researcher to blend with the environment and the participants while learning about the surroundings. This interview method allows the researcher to establish rapport while lessening the adverse impact of the ‘researcher status’ (Finlay & Bowman, 2017). These interviews enabled the researcher to learn about the study site and to tailor the FGD and follow-up interviews. The mobile interviews also allowed the researcher to engage in rapid observations and take notes of the important routines of the young

men. This expedited the sampling process of this study while providing valuable evidence to inform the subsequent FGDs and in-depth interviews.

My experience familiarising myself with the study site brought about insight and informed the implementation of the study. For example, During the first week of spending time around the area, I learned that some young men who formed part of ‘amajita’ were at work or in school on weekdays. I decided to conduct some of my IDI data collection on Saturdays to target participants with whom I wanted to probe issues that arose during the FGD. Indeed, this yielded positive results as I met numerous young men who were not available during time-slots when I collected the data during weekdays.

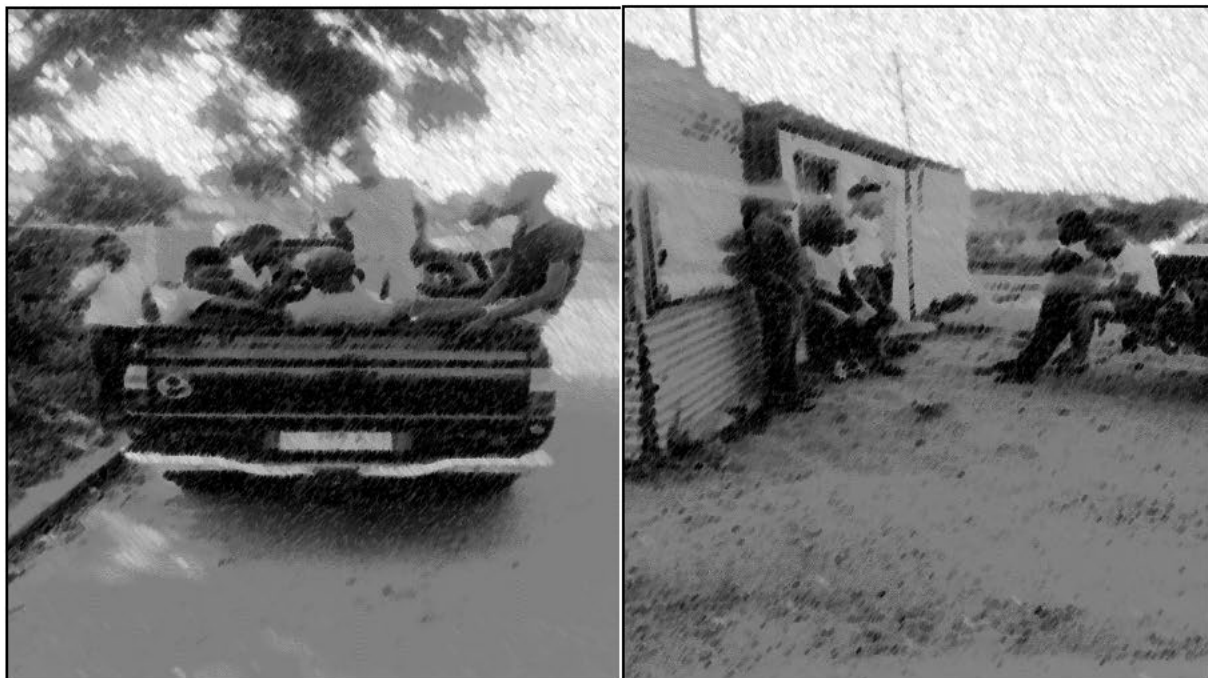
5.3.1 BECOMING PART OF THE COMMUNITY: ‘HANGING OUT’

When I got acquainted with P10, P13 and P15, I started noticing that other young men’s guards were lowered. When I was present in their groups, they started asking me about girlfriends and if I was in a relationship. They went to the extent of pointing at women when they passed by the group in an attempt to get me to ‘chase after a skirt’. This made me a bit uncomfortable; I had never thought pointing and whistling at women was acceptable behaviour. In fact, my friends, who are women, have previously labelled this behaviour ‘catcalling’ and expressed that it was rude. In the first week of spending time with young men, I felt uncomfortable and needed to show them that I did not overtly judge their behaviour, thus did not comment on their boisterous behaviours until I was a bit more comfortable and was able to say that I was not interested in dating girls at the time of the research, emphasising my positionality as a researcher with an objective to conduct a study.

It was important to hold off on my disapproving response to participants’ attempts to pressure me into engaging in their ‘catcalling’ and dating behaviours until I had made repeated appearances in their social groups and noted growing rapport between us. This assisted me in coming across as somewhat innocuous, upholding the non-judgemental attitude, and made young men more comfortable sharing their experiences with me. The effects of sharing deep personal narratives with non-judgemental and empathetic people are noted as important in social work by Egan (2014). In addition, “...*there is something soothingly therapeutic about honestly sharing thoughts, feelings, behaviours, and traumatic events of the past with someone*

who is non-judgmental (as much as any human can be) ...” (Eckleberry-Hunt, 2019, p.1). Participants took me to play soccer, to braai meet, and to a shebeen where they drank with their friends. The following picture depicts a day when young men and I ‘chilled’, a process referred to as ‘hanging out’ in order for the researcher to attain rapport (Green & Thorogood, 2018). On this day, we shared at least half of the pork head, and the young men shared alcohol after. Picture A was taken when I was driving young men to get the pork meat outside Malukazi, and picture B was taken when we had eaten the meat and we were ‘chilling’ as they had drinks. It is important to note that in these activities, I only provided them with the car ride, which allowed me to spend time with them in their natural setting, which was vital for establishing rapport (O’Reilly, 2012). In these pictures, I have deleted the young men’s faces for confidentiality.

Figure 4.5: Hanging out with young men



Picture H & I: ‘Hanging Out’ and ‘moving around’ With Young men. Source: Researcher

As discussed above, the sharing of daily living necessities was important to young men. I observed them as they planned when and where to eat and collected coins amongst themselves to buy food, cigarettes and alcohol. This meant those who did not have money were provided

for by virtue of belonging to the group. On the contrary, being socially excluded meant missing out on shared daily needs that would otherwise be provided for by the group. This made it ideal for young men to fit in amongst '*amajita*'.

Spending time with young men gave me an insider perspective while also allowing them to feel comfortable with me to share their deepest experiences and thoughts. I return to the question I posed to myself: why are these men comfortable talking about their in-group beliefs, behaviours and activities with me? There could be multiple and varying reasons for this question. Partly, it is because, with time, I think they learnt to trust me and take me as one of their own as I constantly planned my visit with them on WhatsApp and showed up to 'hang out' with them when planned. My availability, company, and doing small favours such as driving them to buy 'pig, sheep or cow head meat', which they called 'smiley,' built a sense of trust between the participants and me. I understand that without these common and 'bonding' activities where I was able to observe participants in their natural settings engaging in normative behaviours, I would not have been able to infiltrate and collect data the same way that I did. At some point, when engaging in these activities, participants took me as one of them, but I noted that there were exchanges that signified that I did not belong with them. For example, I noted that they could easily ask each other for money to buy cigarettes or food, but they never asked me. Instead, I offered to drive them when they had gathered money for food, to go and buy food, which allowed me an opportunity to 'hang out' with them.

This allowed for an 'insider' perspective while also maintaining an 'outsider' and researcher role as I was limited to at most 4 hours a day with them, two times a week of hanging out in the first month, followed by longer intervals when conducting IDIs. The 'insider-outsider' researcher position is an ambiguous role a researcher occupies when they share key characteristics such as a cultural background and life experiences with the participants while maintaining a distinct researcher role whose key task is to observe participants and record without tainting the data (O'Reilly, 2012; Doherty, 2015). This complex dual role requires the researcher to balance the two roles carefully and ensure an empathetic process and objective interpretations of participants' lived experiences by bracketing the researcher's biases (Whitehead, 2005; O'Reilly, 2012). While I shared cultural experiences and knowledge, and socio-economic and spatial disadvantages in my life growing up, I ensured that I avoided assuming knowledge of participants' unique lived experiences and allowed myself to immerse within their data and, in this process, engage with the supervisory team who do not share the same cultural experiences and knowledge to check my interpretation of findings. The insider

perspectives allowed for access to participants and rapport building that supported the process of this study.

The sharing of most intimate encounters and personal narratives indicated trust and rapport. In addition to them seeing me as an insider, they also understood that I was a temporary presence in their lives. This ambiguity meant that for some activities, I felt I was part of the group, but in some, I felt I did not belong. This allowed me to access participants as both an insider and an outsider, which I believed allowed the participants to share their lived experiences *in situ* where I could observe myself and also decide to share their sacred secret because they understood I was temporal in their lives. This resulted in narratives that showed ‘performative’ masculinities (Butler, 2011) while allowing participants to share their secretive ‘truths’.

The time spent with young men accounted for a small portion of their time in their community. I spent between 1 and 4 hours each day I visited for ‘chilling and hanging out’ at most two times a week, excluding the first week, where I visited 4 days in sequence in search of information. The temporal presence in the participants’ lives meant I could not account for their lived experiences and behaviours when I was not in their community, except for narratives conveyed by them through IDI and DGF. Participants recorded a drinking culture that involved Saturday and Sunday nights, which I could not observe as I could not be in their community at the late hours of any day. This leaves a gap for observing and interacting with participants *in situ* and not actually knowing the types of behaviours they engaged in when I was not present, and behaviours not discussed during the FGD and IDI as part of their peer-approved masculine norms and behaviours which resulted in a blind spot and a limitation of this study in recording masculinities.

This fluidity in my position as an ‘insider-outsider’ in the study settings and as a researcher not meshed with ‘*amajita*’ allowed for a ‘stranger sharing’ effect where participants could talk frankly about their lived experiences (Andreoli, 2013); I discuss this in detail below.

5.3.2 TELLING A SECRET TO A STRANGER

Varying elements played a part in participants sharing their most intimate, such as engaging in unprotected sex. The following section focuses on why the stories and narratives presented in

this study were shared with me. In this section, I ask myself: Why did participant feel comfortable sharing their lived experiences with me? Participants accepted me as part of their own by including me in their activities and speaking relatively freely in my presence. However, they also understood that I was not a permanent part of their group, so thus they could vent and narrate their deep experiences and narratives with confidence, as they knew that I would not use confidential information against them or their group. The phenomenon of sharing deep secrets with a stranger is well explored; according to Andreoli (2013, p.1), raw narratives are shared with strangers because *“there is no worry about the stranger spilling your secrets to other people in your inner circle because they are not a part of it. It gives us the opportunity to make an anonymous confession without fear of any type of backlash... our secrets have no effect on the stranger, so there is no worry about them reacting in shocked disbelief at something you think or did. There is no fear that they will hold something against you, and there is no concern that they are making judgments about your character...”*. I reassured them of anonymity and confidentiality through FGD and IDI-informed consent. Confidentiality, discussed in the previous methodology chapter, is under ethical considerations, such as confidentiality and anonymity on page 93, was explained during the consenting stage, and limits to confidentiality were explicitly stated. All data was anonymised and kept with password-protected access and an online UKZN Microsoft OneDrive. I anonymised participants by using pseudonyms in manuscripts to be published (Ngcobo et al., 2024), and participant identifiers (P1, P1, etc) in this thesis are used to protect participants’ identities. This provided a safe space for participants to reflect and talk about their experiences and behaviours. For example, in the findings in the next chapter, participants received ill-treatment when they were known to be single and without sex experience and tended to lie about these experiences for acceptance; two participants who had never had sex communicated these experiences freely with me.

While the interviews were directed by a schedule with specific topic areas to be explored, they allowed participants to lead the interview in talking about their expectations that would otherwise be a secret to other young men due to fear of discrimination. For example, All participants talked about sex as something they experienced during an FGD; however, on the IDI, participants such as P12 ‘confessed’ that they had never had sex but felt pressured to engage in conversations about sex and fabricate sexual experiences because they felt their peers would ridicule them if they knew he had no sexual experience. In the interviewing process, I encouraged a confession element where participants could share anything about themselves

that they never wanted to share with others without the fear of rejection and judgment. In an interview with P12, When offered a chance to vent about his experiences of being a virgin and having to lie about sexual experiences, he said:

“You know there are things you just cannot share with others. They will bully you with them. So you just keep them inside. That’s what I can tell you. You know a man cannot share everything inside. Like if I told anyone that I had not hit it, tomorrow, they would make me a joke; we can sit the whole them with them bullying me, so I would rather lie until I have it” (P12, aged 20).

I believe he was able to share this secret with me because he understood I was not fully an insider and that I would not judge him for his lack of sexual experience. He shared that he understood I was a temporal researcher in their group. My communication and blending in with young men were informed by my previous work experience and academic training and influenced by my identity as I appeared to be part of the community and had similar socio-economic and upbringing experiences with participants.

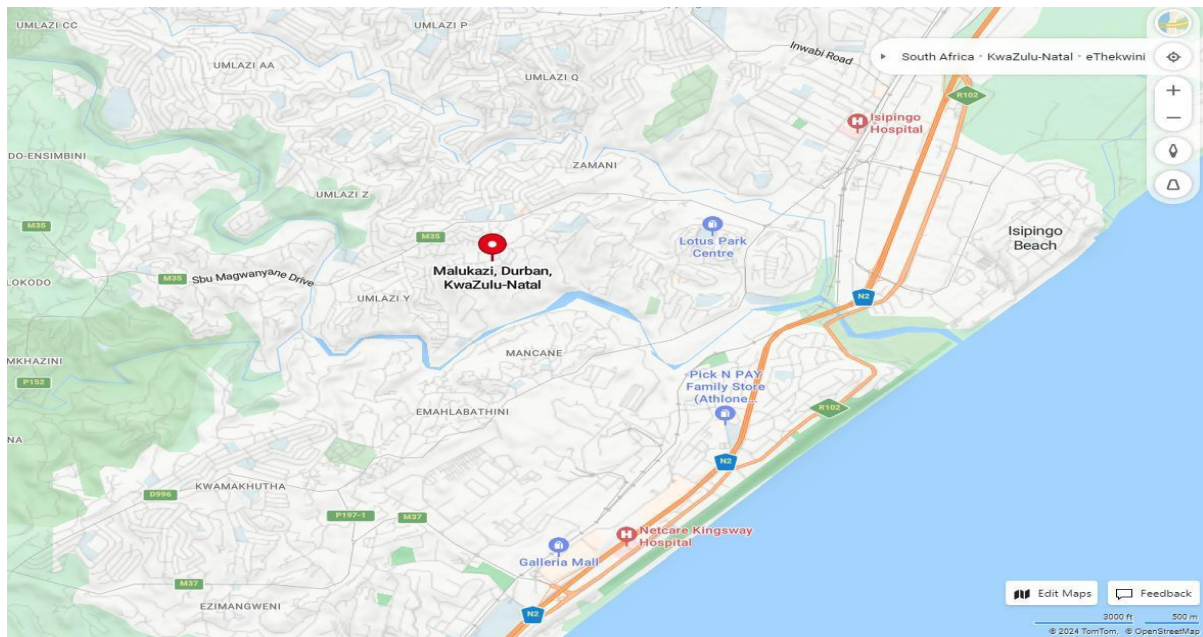
5.4 THE STUDY CONTEXT: MALUKAZI INFORMAL SETTLEMENT

Data for this study were collected from Malukazi, also known as Malagazi, an informal settlement in Durban. Although this settlement was established in the 1970s, it remains underdeveloped, with more than 29,000 people confined within the 7,000 households based on a 4.82 square kilometre² area (Frith, 2011). The sizes of the houses range from one to four-roomed structures made of tin and mud; the houses are characterised by a lack of running water and often illegally connected electricity (Kerr, 2011). The Malukazi Community has an unemployment rate of over 80% and is home to poor African and Indian families. The settlement is strategically located near schools and towns, attracting young people from various parts of KwaZulu-Natal Province seeking schooling or employment. The informal settlement is expanding, as the government uses the area to house people wearing RDPs (see pic A & B), a promise that has not been fulfilled since 2009 (Mbotho, 2023).

In South Africa, HIV is more concentrated in poverty-stricken than in affluent communities (Skosana, 2013; HSRC, 2024). It was on the basis of this evidence that this study sampled

participants from potentially HIV-at-risk young men from diverse cultural backgrounds. As a result, this allows a close look at how hegemonic masculinities are adopted by young men to be socially accepted and consequently pressure them into engaging in risky behaviours. The following map shows the area of Malukazi Informal Settlement.

Figure 5.1: *Malukazi Location on the Map*

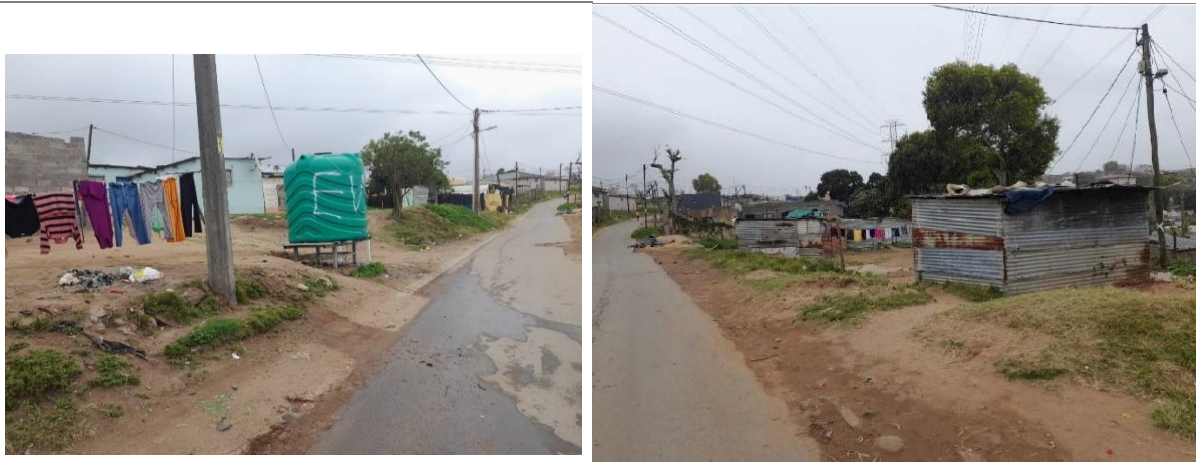


Source: (Google Maps, 2013)

Figure 5.2: *Malukazi Informal Settlement Pictures: A Promise of Housing*



Picture A & B: : *Housing: Temporary Housing since 2009* - Source: (Mboti, 2023)



Picture C: Access to water –Source: Researcher **Picture D: Shack Housing- Source: researcher**

HIV continues to be concentrated in certain geographical areas, with informal settlements continuing to be more vulnerable to the virus than other locations, as per SABSSM IV and VI (HSRC, 2018; 2024). This study, therefore, focused on Malukazi Informal Settlement, as previous studies have shown that HIV is more concentrated in low socio-economic poverty-stricken communities (Maharaj & Munthree, 2006; Skosana, 2013). Evidence shows that geographic location is crucial in understanding the factors exacerbating the HIV pandemic, and in South Africa, most poor neighbourhoods are occupied by Black people (Mkhwanazi, 2013). This study site is an informal settlement with little access to healthcare services. In a Malukazi Community briefing, the Ethekwini Municipality (2011; 2018) reported that the area experienced an above 8% increase in HIV-related deaths between 2010-2018, thus important for the focus of this study.

5.5 CONCLUSION

This chapter serves to introduce this study in context, starting by discussing the positionality of the researcher in relation to ethical issues that came up during the data collection. I understand that my position as a young man with access to education is more advantageous than those of the Malukazi informal settlement, and I remain conscious of this privilege. The context of the study. The next chapter presents detailed findings under the major themes induced in the study. Some of the themes are shocking findings on young men's behaviours that needed to be reported to present a fuller picture of negative masculinity and its influence on GBV, as narrated by participants.

CHAPTER 6

PRESENTATION OF FINDINGS

6.1 INTRODUCTION

Several themes were derived from the data set generated through the in-depth interviews and focus-group discussions; the themes structuring the study findings are tabulated (table 5.1) below. The researcher tried to capture the nuances and subtleties of the health-seeking behaviours of young men residing in Malukazi, an informal settlement located in Durban, KwaZulu-Natal Province. This was done to foster an understanding of the role that masculinity plays in determining young men's HIV-related risks and health-seeking behaviours. As such, the themes are adequately nuanced using the relevant direct quotes obtained from the participants. 'Immersion,' which is a continuous examination of the data set for the researcher to be closely acquainted with the findings (Terre Blanche & Durrheim, 2006; Green & Thorogood, 2018), culminating in identifying Four broad themes. A theme can be understood as the main and most recurrent idea (Terre Blanche & Durrheim, 2006). In simple terms, a theme captures "*something important about the data in relation to the research question and represents some level of patterned response or meaning within the data set*" (Braun & Clarke, 2006, p.82). This chapter first introduces the demographic profile of the participants and lastly presents themes identified in the thematic analysis of the study data.

6.1.1 PARTICIPANTS' DEMOGRAPHICS

All the participants were African males aged between 15 and 25 years. The participants were residing at Malukazi Informal Settlement for various reasons. Eight participants (n=8), who comprised most of the participants, were looking for a job, two (n=2) were studying towards a diploma and a degree at institutions of higher education, six (n=6) were in high school, and one (n=1) participant was employed. The Malukazi Informal Settlement was considered an appropriate location in terms of access to surrounding towns where there are jobs, opportunities

and schools. All the young men reported hailing from poor backgrounds and earning below the minimum wage set at R21.69 per hour. All the participants were single and had never been married. Most of them reported being sexually active and engaging in multiple sexual relationships. They all reported having received advice and pressure from peers to persuade girls to engage in sexual activities. A summary of the participants' socio-demographic characteristics is tabulated in Table 5.2 below.

Table 5.1: Socio-demographic characteristics of study participants

ID	Age	Education	Source of income	Purpose of resident	Home address	Drug used in the past day
1	20	Grade 12	Family support-cigarette selling	School	UMzinyathi	Alcohol, Weed, Cigarette
2	18	Grade 11	Family support	School		-
3	15	Grade 8	Family support	School	UMbumbulu	-
4	25	Grade 11 drop out	Piece jobs (sound system fitting – cars)	Employment	Dwedwe rural	Alcohol, Weed, Cigarette
5	21	Grade 10 drop out	Piece jobs	Employment	uMlazi	Alcohol, Weed, Cigarette
6	18	Grade 12	Family support	School	Hlokozi	-
7	20	1 st year – University	NSFAS	Studies	iNhlazuka	-
8	19	Grade 11	Family support	School	Nquthu	-
9	23	Grade 12	Family support	School	KwaZulu	Alcohol, Weed, Cigarette
10	23	Grade 12 drop-out	Mechanic	Employment	Lamontville	Alcohol, Weed, Cigarette
11	22	Grade 12	Family support	Gap year	Folweni	Alcohol, Weed, Cigarette
12	20	Grade 12	Family support	Job hunting	Harding	Alcohol, Weed, Cigarette
13	20	Grade 12	Family support	Job hunting	Folweni	Alcohol, Weed, Cigarette
14	25	Grade 11 drop-out	Piece jobs	Job hunting	Hluhluwe	Alcohol, Weed, Cigarette
15	21	2 nd -year University	Family support	Student	Umbumbulu	Alcohol, Weed, Cigarette
16	23	Grade 12	Piece jobs	Work	Ndwedwe	Weed, Cigarette
17	23	Grade 12	Work	Work	Umbumbulu	Alcohol, Weed, Cigarette
FGD participants only						
P18	25	Grade 12	Piece jobs	Job hunting	UMbumbulu	Alcohol, Weed, Cigarette
P19	17	Grade 12	Family support	School	KwaZulu	Alcohol, Weed, Cigarette
P20	25	Grade 10 drop-out	Piece jobs	Job hunting	Makhutha	Alcohol, Weed, Cigarette
P21	25	Grade 12	Piece jobs	Job hunting	Folweni	Alcohol, Weed, Cigarette
P22	25	Grade 12	Piece jobs	Job hunting	Folweni	Alcohol, Weed, Cigarette
P23	25	Grade 12	Piece jobs	Job hunting	UMkhomazi	Alcohol, Weed, Cigarette

The participant's identities were based on intertwined influences from their cultural backgrounds, family upbringings and expectations, personal views, and peer-shared masculine

ideals. A spectrum of influence played a role in how the young men perceived themselves and behaved. While the different experiences of these influencers above resulted in diverse experiences for young men, it was clear that peer-based norms and behaviours strongly reinforced one another.

6.2 EMERGENT THEMES

This chapter is the densest of this study. It presents the findings using participants' voices and narratives painted through thick quotes and thick descriptions to provide a detailed account of the findings, which is central for depth and context in qualitative research (Terre Blanche & Durrheim, 2006). In Chapter 4, I argued that these detailed, thick descriptions enhance the trustworthiness of the study by allowing readers to connect and ground the discussion of the findings in Chapter 7 on the data presented in this chapter (Terre Blanche & Durrheim, 2006). This chapter is divided into four sections by themes, as shown in the table below. These themes are used as a vehicle to organise and interpret the study findings in ways that allow for varying audiences within and outside of the qualitative research to engage with the findings (Terre Blanche & Durrheim, 2006). Through the identified themes, I am to make the complex study data accessible and easy to understand through the key focal points thematically presented in this chapter (Green & Thorogood, 2018).

Table 6.1: Themes and sub-themes

Theme	Subtheme
<i>'Amajita's Masculinities: A Response to Unreachable 'Real Men' Masculine Ideals</i>	<i>Perceptions of manhood: A providing family man</i>
	<i>Hyper-heteronormativity: Women and sex as part of men's identities</i>
	<i>Redefining young man's identities: 'Umjita'</i>
	<ul style="list-style-type: none"> • <i>Amajita': A group identity</i>
	<i>A lack of father figure and risky sexual behaviours</i>
<i>'Amajita' Protest Masculinities and Risky sexual behaviours</i>	<i>Hyper-masculinity-fuelled risky behaviours</i>
	<i>Cultural double standards encouraging men's risky behaviours: Understandings of 'isoka' (womanizer) and 'isifebe (Bitch)</i>
	<i>Sex defining young men's identities</i>
	<i>'Skoon': Glorified unprotected sex</i>

<i>Mechanisms Reinforcing Amajita's Masculinities</i>	<i>Reinforcing Hegemonic Masculine Norms</i>
	<ul style="list-style-type: none"> • <i>Pressure to engage in relationships and sex: Burden of proof</i>
	<ul style="list-style-type: none"> • <i>Punishing the 'bad': Consequences of non-conforming to 'amajita' norms</i>
	<ul style="list-style-type: none"> • <i>Isishimane: A label earned by sexually starved men</i>
	<ul style="list-style-type: none"> • <i>Homophobia</i>
	<i>Outcomes of Ridiculing Those not having sex: Adoption of Peer approved behaviours</i>
<i>Opportunities for eliminating risky behaviours</i>	<i>Misinformation related to HIV and HIV testing</i>
	<i>Opportunities To Improve Young Men's Protection From HIV</i>
	<i>Making reproductive health services youth-friendly</i>
	<ul style="list-style-type: none"> • <i>Promoting consistent condom use amongst 'amajita.'</i>

THEME 1

‘AMAJITA’S MASCULINITIES: A RESPONSE TO UNREACHABLE ‘REAL MEN’ MASCULINE IDEALS

6.3 INTRODUCTION

Young men aspired to hegemonic masculinities defined by the provider roles (Walker, 2006; Gittings et al., 2020). However, due to unemployment and other context-specific issues, these identities remained aspirations for most young men (Walker, 2006). They then adopted ‘*amajita*’ masculine identities. *Amajita* culture is especially evident in South African low-socioeconomic settings such as townships and informal settlements (Ragnarsson et al., 2010; Langa, 2020). It can be seen as a response to the inability to attain financial power and dominance due to the harsh realities of informal settlement life. In contexts of high unemployment and limited prospects, young men seek solace within ‘*amajita*’. This social group is premised upon heterosexual markers where proving masculinity is often associated with multiple sexual partners (Ragnarsson et al., 2010; Hunter, 2010; Govender, 2011; Jewkes & Morrell, 2012). Failure to adhere to these norms, which are often heteronormative, can lead to accusations of homosexuality (Govender, 2011), resulting in exclusion, ridicule and even violence from ‘*amajita*’ (Ratele, 2014). Consequently, young men frequently seek to conform to the ideals of *amajita* by participating in risky peer-approved behaviours, which include high-risk sexual behaviours, worsening their vulnerability to sexual infections, particularly HIV. In this section, I introduce the aspirations of young men referred to as ‘real men’ in relation to their masculine identities as ‘*amajita*’. I close this section by zooming in on the dominant role models and influencers of young men’s behaviours.

6.4 PERCEPTIONS OF MANHOOD: A PROVIDING FAMILY MAN

The participants associated being a ‘real man’ with having an income and providing for a family. They further indicated that having children, a wife, a house, and being a provider were the main attributes of men. A participant commented:

“A man is a responsible person who has kids and can take care of his children. He also has a home and takes care of that home” (P7, aged 20, FGD1).

The collective perception of men sought through the focus group discussions above was similar to that expressed during the interviews; the perception relates to having acquired and taken responsibility for taking care of a wife, kids and a house. One participant said:

“A real man has children, a wife and other things that no one else can touch, in addition to owning a house. These are the characteristics of a real man. We, as ‘amajita’ (plural), still live at our parents’ homes, and there are things we cannot do while still living there” (P1, aged 20).

Participants suggested that there were ‘real men’ and ‘unreal’ men, and having a family and a wife and, most importantly, financially providing for the family formed part of the characteristics of ‘real’ men. This study found that men who could not attain these financial ability and provider role expectations of manhood were seen as lesser men. These beliefs about expectations of manhood were strongly held despite SA experiencing high unemployment of 32.9% in 2024 (Pillay, 2024). Evidently, in the demographics table, participants were struggling to find stable employment. However, they strongly believed that unemployed men were not ‘real men’, arguing that unemployed men could not live up to societal expectations of hegemonic masculinities ideals such as owning a house, having a wife and children and providing for a family as per expectations of masculinities deeply entrenched in societies globally (Connell & Messerschmidt, 2005). In a FGD, It was reported thus:

“How can you be a real man when you are living at home with your parents? Build your own house so you can become a man. Take care of and fight for your family, and you should have your own rules governing the family. That is what constitutes a man. If you do not want Khuzwayo to enter your house, he will not because you are a man,

but you cannot say that at your father's home. Take care of your home, and always provide for it. Children must eat. We do not expect that whenever we are hungry, we will have to look up to a man who is also expecting a handout. A man must hustle, know that they have children and a family, and they must know that they are responsible. For example, if a man tells their kids that they must go to school, he must provide them with food because they cannot go to school with empty stomachs. What kind of a man is he if he cannot provide? Being a man is expensive” (P14, aged 25, FGD 3).

The findings show that the most strongly shared view of successful masculinities referred to as ‘real men’ man was associated with providing for a wife and children in the home. These findings echo the hegemonic masculinities theory, where successful masculinities are strongly perceived as heteronormative family men, economically active in paid labour and responsible for the provider role globally (Connell & Messerschmidt, 2005). Similar findings about societal expectations of men have been highlighted in multiple studies in SA (Hunter, 2004; Lynch et al., 2010). In addition to the findings about heterosexual family providers as important masculine ideals, the following section presents heteronormative hypersexuality as a strong feature of ‘real men’ masculinities.

6.4.1 HYPER-HETERONORMATIVITY: WOMEN AND SEX AS PART OF MEN’S IDENTITIES

Participants understood genuine ‘real men’ to be associated with hypersexuality. Men proved their masculinity to peers by getting married and having children. Most important was the ability to attract women and engage in multiple sexual relationships, which was identified as being ‘*isoka*’, which has been described by other studies as a “*Zulu man with multiple sexual partners*” (Lynch et al., 2010, p. 16). In describing this masculine attribute, a participant states,

“The first thing is that a man is ‘isoka’, and even when he is married, he will always have ‘side chicks’” (P10, aged 23).

The concept of ‘*Isoka*’ [discussed in detail in theme 2] is a traditional *Zulu* concept that has been used by men to defend their engagement in multiple sexual partnerships outside of marriages and even within marriages through polygamy (Hunter, 2004). In this study, participants express the cultural concept of *isoka*, stating,

“A man is a man because of his cows. A man is an old man who has cows and a family”
(P1, aged 23).

This quote illustrates a deeply held cultural belief that a man’s beauty lies in his possessions, historically livestock. It shows the ability to marry multiple by paying ‘lobola’ bridewealth for a woman and take care of his family by playing the provider role, which has been reported in other studies (Vilakazi, 1962; Vincent, 2008; Zungu, 2019; Govender, 2023). Consequently, participants stated that these beliefs were the foundation of engaging in multiple sexual partnerships with some men, and they did not perceive this practice as cheating. A participant reported that:

“When you are a mature man, you can have many wives, you know. You know, we talk about these things, and that is what men are. Q’s [anonymised name] father has three wives, while my father has five wives, and the man is still marrying more wives. I cannot say we learn to be a man here (emjondolo) in the shacks, as some of us come with these things far from our home backgrounds (P7, aged 20, FGD 2).

Young men observed their fathers and role models engage in multiple sexual relationships and rationalised being ‘isoka’ as a core part of being a ‘real man’. Participants saw the engagement of their role models with MSP as an intrinsic need, echoing biological and positivist perspectives on gender and masculinity (Geary, 1998; Miller, 2016; Moynihan, 1998; Robertson, 2008). Gender roles were deeply entrenched in young men’s understandings of masculinity and manhood. The concept of masculinity was largely understood to be instinctual, and men are naturally programmed to behave the way they do (Robertson, 2008). Women and sex constituted a great proportion of what defined successful masculinities and real manhood. Men were understood as naturally inclined towards wanting women to fulfil their sexual instincts. Securing a woman was seen as a rite of passage to manhood, and young men believed that one could not have a family without a man. A participant made the following comment:

“My brother and I think that women are important because a man cannot build a home alone. That is the most important thing to be known because you are called a man because of your woman. So, women are an important element of a family. Even with us amajita from a young age, we always played around, but when you are umjita or insizwa (young men), there must be a woman you are seeing. You see women you talk

to, and in that way, you will be preparing yourself to grow into a man. In my opinion, that's how important women are. Women are important because they can make you a well-behaved man. Even if you are not a clean person when you have a girlfriend, you will always try to look clean for her” (P21, aged 25, FGD 2).

While some participants' perceptions of manhood were inclined towards the teachings handed down to them from their biological mothers in terms of how a man should carry himself and be responsible for the family, within the group, some young men perceived a cultural expectation that men should engage with extramarital affairs as being part of a man, given that the man simply apologises to his wife once he gets caught cheating. A participant commented:

“A man is respected by his wife and is full. He makes ‘small mistakes’ such as being bored by his wives, cheating, getting caught, apologising, being forgiven by the wife and moving on” (P5, aged 21, FGD 2).

These findings suggest that continued involvement in extra-marital partnerships was a cultural expectation for ‘real men’. In principle, *isoka* is a man with various sexual partners, which is an esteemed social status (Shumba & Meyer-Weitz, 2019). However, in opposition to the collective view, one of the young men stated that men who cheated on their wives were not ‘real men’. He said:

“A man is a man because of his actions; he should strive to have shelter, a wife, and children. You can't make mistakes if you are a married man. Why do you get a wife when you still want to commit mistakes such as cheating? All men who cheat are not real men; they are boys like us [laughs]” (P14, aged 25).

These findings are in line with Connellian theorization of masculinities that understand hegemonic masculinities as strictly heterosexual (Connell & Messerschmidt, 2005) and policed by othering and excluding men who do not conform to societal expected norms of heteropatriarchy (Ratele, 2014). In addition, the findings show that the masculine identities of ‘real men’ drew from the global understanding of hegemonic masculinities (Connell & Messerschmidt, 2005; Ratele, 2014) by emphasising the provider role and families where men are expected to be economically active and secure finances for their families. However, SA context-specific masculinities differ from hegemonic masculinities in the sense that it is rooted in cultural norms that encourage legal polygamy and do not shy from multiple sexual relations

for men. These findings add to the argument of Mfecane (2020) for a culturally sensitive and representative understanding of SA masculinities, echoing Connell & Messerschmidt's (2005) plea for research on local masculinities to add to the understanding and theorising about masculinities globally. These cultural beliefs are discussed further in *'Amajita' Hyper-masculinity-fuelled risky behaviours under the Cultural double standards encouraging men's risky behaviours: Understandings of 'isoka' (womanizer) and 'isifebe' (Bitch)* subtheme on page 145. This resulted in men reinventing a local 'real men' masculinity (Coles, 2008; Ratele, 2014).

6.5 REDEFINING YOUNG MAN'S IDENTITIES: 'UMJITA'

Amajita [plural] is a colloquial term derived from *tsotsi taa* that refers to a group of young men "perceived as unquestionably heterosexual" (Msibi, 2012, p. 251) in opposition to femininity and perceived inferior masculinities. *Amajitas'* identities are centred around belonging to the group where heterosexual prowess and peer approval are key to successful masculinity. Heterosexuality demonstrated through the ability to attract women and engage in multiple sexual partnerships is central in *amajitas* identities and remains an admired attribute within the group.

"Umjita' is a person who likes girls. You are still living at home here, but you will grow to build your own home and become a man. 'Umjita' has to be open and do stuff with other guys. We like to have fun, and we drink and smoke. We do all these things. There are different ways of being 'umjita'. For example, you can wake up in the morning and go chill with 'amajita' and be able to communicate with them; that is being 'umjita'" (P10, aged 23).

Young men identified themselves as *'amajita'* in contrast to 'real men' masculinities (Hunter, 2004; Lynch et al., 2010). 'Real men' were characterised by financial ability, a family with a wife and children for whom the men provided (Coupe, 1995; Bhana, 2010; Auggustyn, 2022). The participants did not identify themselves as men, as they hardly exhibited these characteristics. They settled for 'umjita', which they identified as referring to a 'real young man's transition to 'real manhood'. The young men of this study, living under the harsh realities of unemployment in the informal settlement, did not have the financial means to command

respect. They identified themselves as *umjita* [singular] and *amajita* [plural], which were characterised by heterosexual expectations and male bonding activities. Social expectations to transition to manhood were defined through ownership of property and financial independence.

During the interviews, the young men identified three phases of becoming a ‘real man’. The first was being a young and inexperienced boy. A boy grows to become ‘*umjita*’ and gradually becomes a ‘real man’ capable of finding work, getting married and raising children. All the participants identified themselves as ‘*umjita*’ (singular) and formed part of a larger category of ‘*amajita*’ (plural). These identities have been documented in other studies as streetwise masculine identities dominant in SA townships (Msibi, 2012). According to their collective understanding of their identity, the young men were still not independent from their parents and yearned for guidance from adults so they could make life-changing decisions. One participant commented:

“Umjita’ is still under parental supervision because he is still young, not yet at the age where he can make big decisions on his own. ‘Umjita’ can get mistaken, so he still needs guidance from his parents” (P7, aged 20)

While parental guidance is crucial in shaping young men’s identities, it was clear that a great amount of advice received and utilised by young men came from other peers within their social groups. A participant said:

“Umjita is a young man who is like me. I’m still under parental advice, although we live with friends and get advice from them. We do a lot of things as boys, such as having girlfriends” (P5, aged 21).

While peer-to-peer advice and guidance were crucial in young men’s identities, some participants noted that their own advice could lead them astray when incorrect information is shared. Some participants viewed themselves and their peers as lacking direction and prone to receiving and using unverified information that could potentially harm them both as individuals and as a group. The participant said:

“Umjita is a young man who is just like us. We are young, and we don’t have direction. We make mistakes. We don’t know a lot of things; we share ideas about things we don’t even know about [laughs]” (P8, aged 19).

The findings about ‘real men’ successful masculinities highlight financial ability as an important part of masculinities (Connell & Messerschmidt, 2005). However, as theorised by Connell & Messerschmidt (2005), not all men are able to attain the institutional, financial and social dominance of hegemonic masculinities. This is echoed by (Walker, 2006), arguing that hegemonic masculinities are a societal perception of successful masculinities that men aspire to but most cannot reach, resulting in participants of this study adopting ‘*amajita*’ masculinities to claim their masculine dominance in their context.

6.5.1 ‘*AMAJITA*’: A GROUP IDENTITY

The participants identified belonging to a group as a bond, glueing them together. The group served as a strong source of social support. ‘*Amajita*’ engaged in social activities together, and those who had financial means provided for those who did not. Cigarettes, alcohol, food and even medicine were shared within the group. In the Malukazi Community, people knew each other personally. ‘*Amajita*’ shared one group, and there was no competing group. So, the majority of the young men shared similar ideals and engaged in similar activities. The bond and the spirit of sharing within the group manifest in the following narratives:

“We smoke and share our cigarettes. You cannot smoke alone. If you smoke alone, you are not part of us. When we do things, we do them together as ‘amajita’” (P13, aged 20).

I get condoms from him [points to another young man], a lot of other things, we drink, smoke, eat together. If I’m sick, he [points another] gives me some pills his aunt lives (place of work redacted for confidentiality) section and she is a nurse (P4, aged 25, FGD 2).

This sharing tenant of ‘*amajita*’ as a group was an important source of resources for young men. It meant that exclusion from the group could result in one being cut off from resources, and young men strived to perform in peer-accepted behaviours to be able to share, from cigarettes to medicine, with their peers. In addition, the young men identified their group as a crucial source of information and resources. The group was important to the young men as they were away from home and not living with their parents. It served as a source of guidance and counsel for the young men.

“Yes, most of us grow into men because of ‘amajita’ we are staying with. You recognise them by the way they do things, talk and respect others, and we learn from them” (P23, aged 25, FGD-1).

In one of the FGDs, young men described their group as providing a pathway and expectations regarding how they were supposed to behave. They described themselves as ‘amajita’ who were doing what boys should do, suggesting that those who did not engage in behaviours perceived as what boys are supposed to do did not belong to their group. One of them said:

“Umjita is a young man, like me. I am still under parental advice. We live with friends and get advice from them, and we do a lot of things as boys, such as having girlfriends” (P5, aged 21, FGD 1).

These findings indicate that participants engaged in a ‘bro code’ behaviour, which is defined as a set of rules informally governing young men’s social relations amongst their groups (Keith, 2020; Haltom, 2021). These unwritten rules are often characterised by uniform beliefs and behaviours socialised amongst boys as part of their in-group identities and other peers who do not conform to their uniform thinking. These rules often include sexism, racism, and homophobia as part of the masculine identities (Keith, 2020; Haltom, 2021).

The participants acknowledged that while their group bond was often helpful to their daily needs, that close group relationship was also destructive. P14 gave an example of ‘amajita’ promoting dangerous sexual adventures, stating that when one opposes those views, they are ridiculed. He said:

“There are things we talk about as ‘amajita’, but when you are alone, you can see the danger of these things. Sometimes you will hear ‘amajita’ saying they can’t have sex without starting with oral sex and “licking” their girls, and when you say you don’t do that, they laugh at you. It makes you feel bad because you look like food around ‘amajita’, so they will call you ‘inyoni’ (fool) and despise you for not knowing anything about sex” (P14, aged 25).

‘Amajita’ professed that there were ‘real amajita’ and young men who did not involve themselves with ‘amajita’ were perceived as less of ‘umjita’ and abnormal. It was reported that:

“There are ‘amajita’ that are not real ‘amajita.’ They are feminine, girly and play with girls. Those young men are not ‘amajita’” (P11, aged 22).

While sixteen of the interviewed participants identified themselves as ‘*umjita*’, one of them described how he viewed himself as a man because of his responsibilities at home. He said:

“I am a man because I can think and I am responsible. I am a passionate and helpful person at home when I get part-time jobs” (P12, aged 20).

P12’s perception that he was of help at home was closely associated with his ability to provide financial support to his family. These preambled the young men’s perceptions of manhood and what they understood as separating them from ‘real men’.

Most young men expressed their aspirations regarding manhood. ‘Amajita’ collectively agreed that restricted access to finances due to unemployment (Pillay, 2024) was a central masculine ideal that kept them from reaching ‘real men’ masculine identities. However, young men still needed money for survival, while most of them received limited financial support from their families, and a few worked unstable piecework/jobs. They engaged in small businesses, such as selling cigarettes, to sustain their daily needs. Some participants described these small businesses as hustling, and these were important not only for the participants to support themselves but also to support their girlfriends. A participant said:

“You needed to survive. I mean, you need to hustle and to do this. You have to get what you want. This is what I learned because I had no one to look up to. All the male role models around me either sold drugs or just fathered babies. What can I do when a queen comes, and I can’t even buy a two-litre bottle of Coke? I need to hustle and just make things happen” (P1, aged 20, FGD 3).

Unemployment and the need to provide for oneself influenced the young men’s behaviours, as some engaged in crime to secure money. One participant said:

“I used to do that a long time ago. I started smoking and going to the ‘round,’ that is robbing or stealing stuff. Then, I began to see that what I was doing was wrong, and I stopped” (P10, aged 23).

The criminal behaviours of young men were partly influenced by masculine beliefs of provider roles (Connell & Messerschmidt, 2005). Young men aspired to 'real men' masculinities and drew some of 'amajita's' behaviours from these role models. Drawing from 'real men' masculine ideals, the young men positioned themselves as providers. They believed that in their relationships, they were responsible for shouldering the financial burden.

"It's what we do around here. You have a girlfriend, you take her to your place and buy her a few stuff. That doesn't mean you will always buy her things because you don't have money. 'umjita' has to be open and do stuff with other guys. We like fun, we drink, we smoke, we do it all" (P10, aged 23).

These findings echo van der Riet and colleagues (2019) and Ngcobo, 2024) on young men and provider roles in SA. These studies report that buying small items such as food, alcohol, and airtime are significant markers of young men's masculinities necessary to maintain and keep sexual relationships. As evident in the masculinities theory, access to financial power formed part of the economic categorisation of men, with those financially successful perceived as more powerful and in higher positions of the masculine hierarchy (Connell & Messerschmidt, 2005). Similarly, this study's findings show that while 'amajita' was a strongly bonded social group, finances stratified them on their masculine hierarchy as those with money and could afford to shower women with gifts used their financial ability to smooth their way with women, and often left those without money at a disadvantage.

"When we are with girls, guys show their true colours. Sometimes, when we drink, and you don't have money and, girls start showing that they like you, not knowing that you don't have money. You will see the guys with money will start saying things about you and telling girls that you are broke until girls leave you for them. That's the problem with 'amajita' when we are alone, we are equal and share stuff, but when with women, they change" (P10, aged 23)

Since women are important in defining young men's masculinities, as presented in the following subtheme, the ability to provide for potential girlfriends compared to the inability to provide was an important inequality in defining young men's position in the hierarchy of the social group.

The findings show that young men believe that being *umjita* is a passage to manhood. They perceived a ‘real man’ as the ideal – that is, having the financial ability to provide for their families. This is a form of dominance and a means to obtain respect for men (Connell & Messerschmidt, 2005). These findings echo Walker (2006), showing ‘real men’ as successful hegemonic masculinities, which could be attained by all men, including ‘amajita’ but served as an ideal that young men worked towards. Young men identified themselves as *amajita*, an alternative or protest masculine identity to the ‘real man’ (Connell & Messerschmidt, 2005). They sought their masculine dominance by othering (socially excluding) other young men who did not conform to their beliefs and behaviours and by showcasing their masculinity through multiple sexual relationships and sexual experiences.

6.5.1.1 Multiple sexual relationships as part of ‘amajita’ identities

The findings show that ‘amajita’ drew their core masculine ideals from ‘real men’. Women and sexual encounters constituted a significant aspect of the narratives underpinning the identities of *amajita*. Being identified as *umjita* entailed being heterosexual and maintaining multiple girlfriends. The glorification of young men engaging in various sexual relationships was evident, with pride being associated with being a ‘player’, indicating their ability to attract and secure multiple girls as a demonstration of their masculinity. The participants indicated that women formed an important part of their identities. The young men engaging in multiple sexual relationships were glorified. One participant reported:

“Some people define me as a ‘player’, meaning that I like girls. As I said earlier on, we talked about some things as ‘amajita’. So, we celebrate having multiple girlfriends, and we share tips and advice regarding which girl to approach” (P6, aged 18).

Women facilitated the boy’s transition into men and, in addition, served to satisfy men’s innate need for sexual pleasure. While reasons for yearning to have many girlfriends were associated with the status within ‘amajita’ (Hunter, 2010; Lynch et al., 2010). Some participants believed that they were in multiple sexual relationships because they were looking for a woman they would eventually marry and transition to manhood, fulling the social expectation of heteronormative courtship and marriage for ‘real men’ (Connell & Messerschmidt, 2005; Mfecane, 2020). Multiple sexual relationships allow young men to enjoy themselves socially and sexually (Hunter, 2004) while preparing to choose a wife to start a new life with. The

participants believed in having as many women as they could before deciding to settle down. The young men argued that a thorough search for a wife propelled their engagement with multiple sexual relationships. One young man said:

“It happens like with us boys. It is possible to have five girlfriends and continue searching for more because you are looking for that person that can make you a man. You search and search” (P23, aged 25, FGD 2).

Other participants described this search task as training to become and tasting being the man they aspired to be and that the multiple girlfriends they had were a mere test run to identify the type of woman they wanted to settle down with and would use that experience to look for the type of woman they need later in life. The current relationships were like training and did not mean finding a wife in the same pool of young girls he was currently dating. A participant maintained:

“No, I don’t believe that we are chasing after girls because we are looking for good wives. I just know that as a boy, I’m proposing because I’m looking to experience how women are, and in the end, I will decide what kind of woman I want to settle with. All that we are doing is like training for us ‘amajita’, preparing for the life we are about to live as men” (P19, aged 17, FGD 2).

In line with these attestations, those with multiple girlfriends were respected by their peers. The respect for 'players' was accompanied by an equal measure of disrespect, derogatory name-calling, and disregard for individuals engaging in monogamous relationships, and even more negative treatment targeted those without girlfriends (Hunter, 2004; Govender, 2011; Manyapeló et al., 2019; Mulwo et al., 2022). Being without a girlfriend was closely scrutinised and labelled as '*isishimane*', meaning 'he who cannot get women' (Hunter, 2004; 2010; Manyapeló et al., 2019). Such individuals often faced bullying and received derogatory remarks from their peers. Despite this treatment, they remained part of the group because their peers had observed their previous interest in women, were aware of their past relationships, or could see their current pursuit of a girl, as illustrated by P13 below:

“They know which girls I like, and even when a girl passes by, I become active to show that I have seen the skirt” (P13, aged 20).

The activity mentioned by P13 involved actively pursuing girls, which was described as approaching any girl passing by, indicating a pursuit not necessarily based on attraction but rather on the need to be seen as actively seeking women to belong within the 'amajita' group. All men expressed their disdain for being labelled as 'isishimane' and sought to avoid the bullying and disrespect associated with such a label. This led them to engage in various sexual behaviours, including risky ones, in their effort to attract women. One participant said:

“Yes, they do, for example, things like smoking. Some guys have started smoking because they want a ‘queen’ who smokes. So, they do it to attract her” (P11, aged 22).

The young men perceived sex as a crucial part of their identities as ‘amajita’ and ‘real men’ at large. Sex was not only practised to attain pleasure but was also a tool for gaining and maintaining respect within the peer group. Forcing other young men to look for women and engage in sexual activities was normalised and perceived as a distinction between a ‘real umjita’ and the less of an ‘umjita’ and possibly a gay. One participant said:

“A woman is important. All I can say is that if you don’t have a girl in your life, you face so many problems. Firstly, you don’t know what sex feels like. Even us, amajita, we don’t take you seriously if you don’t have sex. We don’t know if you are ‘isitabane’ (gay) or you really do need a woman” (P21, aged 25, FGD 2).

Men who did not see the importance of women and those who did not conform to the stereotypical *umjita* behaviour were seen as homosexual, which is the opposite of ‘amajita’ (Msibi, 2012). These men were called ‘isitabane’ (gay) as a way of showing disrespect for them (Msibi, 2012). The findings indicate that there was an obsession with proving one’s masculinity and belonging with ‘amajita’. This was done through showcasing heterosexual sexual experience as part of peer identity, which resulted in unprecedented high expectations of premature sexual experiences and early sexual debut. One of the participants said:

“At the age of 13 is when we should see a boy following girls. I was hitting at that age” (P23, aged 25, FGD 1).

“I started dating girls at a very young age” (P10, aged 23).

I agree with P23. You can be ‘umjita’ and not have sex. Not that you don’t get erect. It’s just that you don’t wanna have sex at that point...You can be in a relationship

without sex at a young age. We started sex at ten years old, some of us had a girlfriend by 13, and all of them had hit it...(P10, aged 23, FGD 1]

'Amajita' aspired to grow into manhood, and perceptions of women in men's lives shaped the young men's frame of looking at and understanding relationships, and this also influenced their behaviours towards women. Failure to secure women for sexual purposes was the cause of harsh treatment and disrespect within the 'amajita' group (Vilakazi, 1962; Gumede, 2014). Studies have shown that men who do not conform to hetero-patriarchal norms are mistreated, perceived as homosexuals, bullied, and even killed in some parts of SA (Ratele, 2014). These findings indicate that masculinities are widely understood as opposite to femininity and policed by othering men who do not conform to the masculine ideals of hyper heteronormativity (Connell & Messerschmidt, 2005; Ratele, 2014). The need to showcase their heteronormativity resulted in the young men developing homophobia as a means to othering non-conforming young men, which served to police and showcase 'amajita's' heteronormativity and proved masculinity for peer approval (Connell & Messerschmidt, 2005; Ratele, 2014). To avoid being socially excluded, the young men engaged in varying degrees of risky behaviours, discussed in detail in theme 2. These hyper-performances of masculinity were put in place to convince their peers that they were fully heterosexual and belonged as part of the *amajita* group (Ngcobo, 2019). As theorised by Connell and Messerschmidt (2005), young men as a group are othered and dominated by non-conforming men and women. However, within the group, they had a hierarchy of masculinities that was ranked through access to women and money to provide small gifts for women that allowed some young men to outperform those without the financial ability to provide for potential girlfriends in courting women and engaging in MSP. This resulted in a hierarchy of masculinity where some men were more respected and powerful than others and afforded the respectable title of a 'player' (Connell & Messerschmidt, 2005), which is discussed in detail in theme 2.

6.6 A LACK OF FATHER FIGURE AND RISKY SEXUAL BEHAVIOURS

Although the sources of these conceptions of masculinity were not always explicitly mentioned by the participants, some street corners, other local neighbourhood reserves, and other

socialisation spots were presented as places where manhood training and instructional resources might be found. Participants acknowledged the lack of strong role models, and father figures as a shortcoming that influenced their upbringing and perceptions of masculinities. A participant commented:

“Some of us grew up without father figures, and we learned from street corners and amajita in the neighbourhood whenever we meet and socialise with them. Even at pubs, we learned about what being a man is all about. I know that my life would be different had I grown up with a father, as mothers are too nourishing, and they don’t force us to do the right things. So, you end up getting your way a lot when growing up with your mother at a home where you are treated as a man, and sometimes this becomes an issue” (P14, aged 25).

Some participants saw a lack of father figures in their lives as reasons why most of them behaved and engaged in risky sexual activities. A participant narrated that growing up without a father resulted in him being spoilt by his mother, who was not strict on him, and let him do as he pleased, which has resulted in the man he is,

I know my life would be different had I grew up with a father. Mothers are too nourishing; they don’t force us to do the right things, so you end up getting your way a lot when growing up with a mother and at home, they see you as a man, and sometimes it becomes an issue. (P14, aged 25, FGD 1)

The lack of present father figures was also attributed to delinquency and school dropout. A participant narrates his defiance towards an absent father who did not finish school, but would advise him to study. In an FGD, P14 agreed with P23, stating absent fathers could not play role model roles in young boys' lives and that their demands and advice were not followed by young boys as they were not viewed as role models. More importantly, participants defied advice that did not culminate in behaviours of their role model, with P14 making an example with education that a father who did not finish grade 7 cannot be a role model or direct their boys to go beyond that grade,

year, you hit it at the head ...we have fathers we never grew up with and they don’t do anything for us, but have the nerves to demand that we go to school and grow up to

take care of them. Like, they will tell you to study while they didn't even finish standard 7. (P14, aged 25, FGD 1)

Similarly to P14, Others indicated that there was not much to learn from their fathers as they were not their role models. One participant said:

“There is nothing I could have learnt from that man besides being an abuser. There is really nothing to learn from there. So, whether he was around or not, I do not think I could have gotten anything from him” (P8, Aged 19, FGD 1).

For a man to be a respectable father who can shape and influence the behaviours of their children. Young men stated that the father must embody hegemonic ‘real men’ masculinities, provide a home and support the livelihoods of his children (Connell & Messerschmidt, 2005). Echoing findings about ‘real men’ discussed above, men who could not fulfil the expectations of being a ‘real man’ and a father, irrespective of being present in young men’s lives, were disrespected, perceived as less than a man, and described as a boy. These fathers had little opportunity to steer the upbringing of young men and influence their behaviours as role models.

It depends with the kind of father you are growing up with, some fathers are not very involved in their children's upbringing. Let me put it this way: there are fathers that are boys and fathers that are men. It goes with respect. You cannot advise and raise your child to be a man if you are not a man yourself. A man must always take of their children. (P23, aged 26, FGD 1)

While delinquency was attributed to absent fathers, a single participant disagreed, stating that in the absence of a father figure, one could look up to other positive role models in their lives.

“It does not matter how a fool your father may be. You can watch and learn from your mother, sisters, and neighbours. Being a father does not mean it must be the person who physically fathered you. Look for strong characters to father you, like your teachers, neighbours, you know, these people who do straight things” (P19, aged 26, FGD 1)

Despite P19's opposing view, the findings evince that most of the young men who lacked a father figure derived teachings from their peers or other men they looked up to in their communities. Some participants indicated that they derived masculine teachings from the internet, television, or social media. They said:

“We look up to our peers for teaching us things such as how to use a condom and so forth. I did not have a father to teach me that, but these days, there are a lot of ways through which we can learn. You know we have the internet, TV, and social media from which we all can learn. I don’t think I need a father to be present to do that. For example, Sabelo is a drunkard, but sometimes the advice he gives is building. I am saying you can even grow from advice from the homeless [Ephareni] or anyone” (P14, aged 25)

6.6.1 YOUNG MEN’S ROLE MODELS

The study site was not the home area for all the participants. Although they came from different parts of South Africa, most of them hail from KZN and are in search of better schools, higher education, and work. Thus, the researcher expected most of the young men to have parents living with them, which was not the case for most of them. In addition, most young men did not have present fathers when growing up and did not have a foundation of what it meant to be a man from their families. Most of the participant figured their manhood on their own, with influence outside of their families. I found that most young men lived on their own, some with male relatives who owned a house or a shack in Malukazi. Only three of the youngest participants [P1, P3, and P20] lived with their single mothers. In addition, participants who lived with their relatives, such as their uncle, did not spend much time with them. This resulted in most of the ‘*amajita*’ reporting that they learnt what it meant to be a man from their peers. One participant reported:

“As a young man, you are expected to act in a certain way expected by society, but when these expectations have not been passed down from one male to the other, it becomes difficult to conform to what society expects from him. So, you are basically left to explore life alone with the help of your peers who are also struggling to figure it out on their own” (P4, aged 25, FGD 2).

Those who had grown-up male figures reported negative lessons around manhood. Both the young men’s negative and positive perceptions and behaviours were inspired by a mixture of individuals, including other young men, older brothers and ‘real men’ in their communities. Role models play a significant role in the young men’s perceptions of young men’s sexual

relationships. Negatively, they also learn to normalise multiple sexual partners as a characteristic of being a ‘*umjita* and real man’ to gain respect from their fellow young men. Some participants said:

“You can learn from your elders, such as your brother. For example, today he has this girlfriend over, tomorrow another one, and the day after another one. As you also admire that sort of life, you start doing it” (P14, aged 25).

“It is attractive, and you get a lot of respect when you have multiple partners. So, you start behaving like your brother too” (P10, aged 23).

The findings suggest that some role models had a positive impact on young men. The participants indicated that they learnt that women need to be respected and protected and that for them to be ‘real men’, they needed to build their own families and be responsible fathers. One participant said:

“Although we may engage in these sexual activities, we are quite aware of the fact that we need to respect and protect women and, in fact, build our own families and be responsible like our fathers. We learn from our elders, particularly our brothers, fathers and grandfathers. Those are the people we take after” (P21, aged 25, FGD 2).

The Connellan theory of masculinity acknowledges the role of socialisation in creating and enforcing masculine ideals amongst men (Connell & Messerschmidt, 2005). Similar to this theory, this study highlights the negative impact of absent fathers and a lack of positive role models on young men's perceptions of masculinities. In the absence of positive father figures, the ‘*amajita*’ social group became central in socialising young men on acceptable masculine behaviours, allowing for peer-approved negative behaviours to be rampant amongst men. These add to the understanding of the importance of socialisation in masculinities (Connell & Messerschmidt, 2005). This study shows that socialisation can take shape in positive and negative influences, with this study showing that in the absence of positive role models, negative influence becomes the core in shaping young men's masculinities.

THEME 2

‘AMAJITA’ PROTEST MASCULINITIES AND RISKY SEXUAL BEHAVIOURS

6.7 INTRODUCTION

Risky sexual behaviours are any behaviour that increases the likelihood of acquiring negative consequences related to sexual contact (Govender et al., 2020; Centers for Disease Control and Prevention, (CDC) 2024). It includes engaging in multiple partnerships, having risky casual or unknown sexual partners, early sexual initiation and failure to take protective actions, such as condom use (CDC, 2024). These behaviours determine the health and well-being of the youth (Abebe & Fekadu, 2000; Govender et al., 2020; CDC, 2024). They also have negative consequences for the physical, social and psychological health of the youth. For instance, early sexual initiation among the youth results in having more lifetime sexual partners, which increases the chance of acquiring sexually transmitted infections, including HIV and AIDS and a greater likelihood of having an unintended pregnancy (Grunbaum et al., 2004; Simons et al., 2009; Akintola, Ngubane, & Makhaba, 2011; Magnusson, Crandall, & Evans, 2019). The youths’ risky sexual behaviours remain a concern in many developing countries, including those in Sub-Saharan Africa. Evidence from Demographic Health Surveys shows high levels of multiple sexual partners and high-risk sex among female and male youths living in Sub-Saharan Africa (SADHS, 2016). A vast majority of these youths reported inconsistent condom use at their last high-risk sexual experience (Doyle et al., 2012).

6.8 ‘AMAJITA’ HYPER- MASCULINITY-FUELLED RISKY BEHAVIOURS.

The young men who participated in this study reported several risky behaviours that formed part of their identities. These included but were not limited to multiple sexual relationships, unprotected sex, drug abuse and the sharing of wrong information regarding HIV and AIDS. More concerning was the narratives on men who engaged in gang rape, having sex with intoxicated women. In an analysis of SA popular narratives in SA music about GBV, I note that buying alcohol for women and demanding sex afterwards was common in SA (Ngcobo, 2024). Other reports highlight the prevalence of gang rape and increasingly younger ages of men found to engage in this high-risk and criminal activity (Vogelman & Lewis, 1993; Vetten & Haffejee, 2005; Holtzhausen, 2012). In this theme, I argue that the behaviours of men concerning sexual risks are largely enforced by cultural beliefs.

6.8.1 CULTURAL DOUBLE STANDARDS ENCOURAGING MEN’S RISKY BEHAVIOURS: UNDERSTANDINGS OF ‘ISOKA’ (WOMANIZER) AND ‘ISIFEBE’ (BITCH)

Traditional beliefs around masculinity and femininity attached to traditional perceptions of gender roles exacerbated young men’s susceptibility to engaging in high-risk behaviours (Hunter, 2010). The perception that a man cannot be complete without a woman and that those with multiple women are more respectable than those with one encouraged having multiple sexual partnerships for both adult and young men (Gibbs et al., 2015; Govender et al., 2019; Jewkes & Morrell, 2012). Masculine attributes were found to play a significant role in shaping young men's sexual behaviours. These attributes are often influenced by societal norms, cultural expectations, and individuals’ personal experiences. The young men understood the task of looking for a sexual partner as solely theirs. Dating more than one woman was perceived as a respectable search for a potential wife, while the dating of more than one guy by a woman was shunned and strongly condemned.

6.8.1.1 Isoka (womaniser)

The young men identified those with multiple girlfriends as a ‘player’ or ‘isoka’, a definition consistent with that of (Hunter, 2004; Lynch et al., 2010; Ntuli, 2016). According to the participants, being identified as ‘isoka’ attracted respect from peers and elders. Similar to Hunter's (2004) findings, all the men identified as ‘isoka’ were praised and encouraged to date more women. One participant said:

“No, you get to be a better character and be praised as a man. It encourages people to see you as a real man” (P19, aged 17, FGD 2).

The young men disagreed on the routes leading to being identified as ‘isoka’. On the one hand, some participants stated that ‘isisoka’, which refers to meticulous communication, playing with one’s tongue and being respectfully convincing to people, was the only way of winning many women and becoming ‘isoka’. A participant said:

“You can’t be isoka without isisoka. The two go hand in hand. You get women because you talk in a certain way, and people believe what you are saying” (P23, aged 25, FGD 2).

Others believed that even when one cannot convince people by speaking to them, having material goods was attractive to women, which caused inequality and enforced the masculine hierarchy amongst ‘amajita’, thus rendering those who had money to gift to women and access women through this gift-giving to be ‘isoka’.

“You can have a lot of money and flash it, and women come to you because of that. So, one can be isoka without isisoka” (P8, aged 19).

Similar findings of material possession and money-attracting women have widely been reported as ‘sugar-daddies and sugar-babies’ and gift-giving relationships (van der Riet et al., 2019; Ngcobo, 2024). Young men drew from their role models and fathers' behaviours of culturally accepted multiple relationships. Participants stated that multiple sexual relationships were identified as a culturally expected feature for both young and married men, and this commanded respect in the eyes of peers and the broader community. One participant reported:

“Culturally, there is nothing wrong with having multiple female sexual partners, as this defines a real man, and it is a practice that has been there since time immemorial” (P10, Aged 23).

The findings indicate that being a womaniser was used to identify ‘*amajita*’, and for one to fully belong to the group, they had to be one. The participants indicated that having multiple sexual partners made one feel like belonging, thus identifying with the rest of the group because having one partner was something the group would ridicule. A participant said:

“You cannot have one sexual partner and expect to chill with ‘amajita’. I mean, people will laugh at you on the squad. A young man who is still fresh cannot be caught up with one woman. So, amajita would push you to make more advances on women, and you end up being pressured” (P4, aged 25).

Young men police their social group of ‘*amajita*’, defining it with the ability to secure women, looking down on their peers who did not conform to these behaviours. This inclusion and exclusion policing of the social group represents the creation of alternative hegemonic masculinities when men cannot attain hegemony based on institutional and financial dominance that represents hegemonic masculinities globally (Connell & Messerschmidt, 2005). These findings support findings presented in theme one, where for one to be perceived as a ‘real man’ they needed to engage in hyper-heteronormative behaviours and secure a wife or wives, and also engage in extramarital affairs (Hunter, 2004; Lynch et al., 2010; Mfecane, 2016). These findings show that patriarchal traditional beliefs in SA put men in social positions that culturally approve and reinforce multiple sexual relations (Connell & Messerschmidt, 2005).

6.8.1.2 Isifebe (bitch): A label used to ridicule women in multiple sexual relationships

Women’s engagement in multiple sexual relationships or ‘searching for a potential partner’, as done by young men, was met with harsh criticism. The young men singled out culture and tradition as forbidding a woman’s engagement in multiple sexual relationships. In addition to that, a woman is expected to avoid men and stay a virgin until she finds a husband, while men receive praise when engaging with multiple women. It was reported thus:

“Women are expected to carry themselves in a respectable manner. A woman who sleeps around is a bitch, and a man who sleeps around is an isoka. That’s the way things happened from back then. It’s our culture as Black people, and that is what it is.

If a man sleeps with other women, he can go on with life and take care of the family, thus boosting his character as he will be seen as a good man” (P19, aged 17, FGD 2).

“Women are izifebe (bitches), men are ‘isoka’. If you were to learn that your woman has slept with someone, you would never forgive her, but if a woman finds her husband sleeping with someone, she is expected to forgive him because that is how it should be naturally” (P23, aged 25, FGD-2).

The expectation for women to date one man was attributed not only to culture but also to the ‘natural’ programming of the bodies of men and women, which can be referred to as biology. The young men believed that women can suppress their sexual urges, while men naturally cannot control their sexual urges. It was reported that:

“Yes, our problem relates to the urges to have sex. Women can suppress their sexual urges, and we cannot” (P10, aged 23).

The findings indicate that culture and tradition play a critical role in the upbringing of young men who copy behaviours from their role models who have multiple sexual relationships. The participants indicated that the Zulu culture urged them to acquire more sexual partners and, interestingly, some participants likened the practice of engaging in multiple sexual relationships to hunting, while others likened it to ‘having a different dish of relish’ every day: The participants commented:

“You cannot blame us; it is how our culture is like. It is like that, and we cannot run away from it” (P10, aged 23).

“Men can feast on a number of women, but women cannot do the same. It is unheard of. We do the hunting, and while hunting, you do not hunt for one animal, but any that is edible” (P8, aged 19).

“We are privy to different women as men, and that is acceptable. We cannot have the same relish every day. You can't eat the same curry and same meat every day” (P1, aged 23).

The patriarchal culture and systems provided men with superior social positions and social perceptions compared to women (Connell & Messerschmidt, 2005). When men and women engaged in the same behaviour of having multiple sexual partners, they received antagonistic societal responses, where men received approval and respect, and women were utterly

disrespectful and called names for the same behaviour. These findings add to context-specific cultural socialization, where men and women are socialised differently to produce culturally accepted gender conformity and roles that place men in dominant positions compared to women. The expectations of men and women show the role of patriarchal cultures in creating the domination of men and the subordination of women (Connell, 1987). These beliefs, largely rooted in culture and traditions, are part of the macro systems that influence young men's masculinities, perceptions, beliefs and behaviours (Bronfenbrenner, 1989; Paquette & Ryan, 1990).

6.8.2 SEX DEFINING YOUNG MEN'S IDENTITIES

Belonging to 'amajita' was an important aspect for young men. There were norms and expectations, such as having girlfriends and having sex, which were core to *amajita's* identities. Having sex and bragging about sexual experience was an important part of 'amajita's' masculinities. When asked about the importance of sex on their identities, 'amajita responded.

"You can't just be a guy without sex. It means the oil will be full in your head. You can't think right. (laugh)" (P10 aged 23, FGD 2)

"It's how you know you are a man. We can all sit here, but you know if you don't get to hit it, what are you gonna talk about? Who will respect you? You are isgwadu [derogatory Zulu term like 'isishimane' for a man without a girlfriend]" (P19 aged 26, FGD 2)

It is evident that having sex and sharing experiences about sex with peers were respected. Some men who were not able to secure girlfriends for sex suffered constant ridicule from their peers (Selikow et al., 2009; Hunter, 2010; Manyapelolo et al., 2019). These men engaged in all other expected behaviours to belong with the group but did not fully fit in with their peers due to their lack of sexual experience.

You know, as 'umjita', you have your girls, and you need to 'hit' (have sex). You know if you don't hit, (amafutha) the oil [sperm] will be full here (pointing his head), and as 'amajita' we can see that, no man, this one cannot think straight, it's the oil full up here (head), you not getting it (sex) like we are not going to take you seriously (P10, aged 23, FGD 2).

These beliefs associated with disrespect for men who did not have sex influenced men into engaging in sexual acts prematurely. Young men reported recollections of men devising plans

to ensure that their fellow group members had the sexual experience that fulfilled their identity and belonging within the *amajita* group. P6's narrative in theme one under the subtheme, *Multiple sexual relationships as part of 'amajita' identities* on page 136, demonstrates some of these plans, where players became advisors on approaching girls for young men with less experience.

6.8.3 'SKOON': GLORIFIED UNPROTECTED SEX

In this study, the young men glorified '*skoon*' or unprotected sex. Bragging about unprotected sex was common. The participants reported receiving unsolicited advice about unprotected sex. They further identified 'fresh' women as people they had unprotected sex with. One participant said:

"You see, they will tell you that this girl is fresh and advise you to 'hit it skoon', and you end up having sex with a person not knowing that she is HIV-positive" (P4, aged 25).

The findings indicate that '*amajita*' encourages each other to approach girls for purposes of sexual intercourse. The participants indicated that the cheer to have sex could spiral to convincing the young men to have unprotected sex. One young man said:

"We often mislead each other as young men. If I'm with you and a girl passes by, I approach her and start encouraging you to 'hit it skoon', you end up doing it because they keep telling you to use 'brown' [sex without a condom]" (P4, aged 25).

The findings indicate that unprotected sex occurred due to different reasons, with alcohol being one of the commonest reasons for engaging in '*skoon*'. The participants indicated that having sex while drunk heavily influenced their decision to have unprotected sex because they would not be in their right state of mind. One of the participants said:

“When you are drunk, you lose common sense and end up having unprotected sex. I blame alcohol, my brother. Once you are drunk, you want it ‘skoon’” (P4, aged 25, FGD 2).

Although ‘skoon’ was praiseworthy amongst the young men, most of the participants denied having unprotected sex. However, the findings indicate that there was a young man who reported having had ‘skoon’ (unprotected sex). He reported judging girls by looking at them, and those who looked ‘fresh’ were worthy of unprotected sex. The participant stated that his first sexual round was often protected, while the subsequent rounds were always unprotected, consequently defeating the purpose of using protection during sex. He said:

“Sometimes, I don’t want to lie. I always use a condom in the first round. The second one is always ‘skoon’ (laughs), but you know, for real, it depends on the cherry (girl). If she is fresh and you see this one is fresh fresh, you can hit it with ‘brown’ (unprotected sex)” (P10, aged 23).

Young men were aware that unprotected sex put them at a higher risk of contracting HIV; however, owing to the pressures and convictions exerted by the group, they encouraged each other to ‘hit it skoon’. Risky sexual behaviours were rewarded with respect and praise. One participant said:

“When you hit it dry, you are crowned a king among other guys, and it’s something that we all aspire to do because your sex game earns you some respect” (P21, aged 25, FGD 2).

These findings show that sex constituted the core of the young men’s narratives, and young men needed solid proof in addition to their bragging to prove their sexual experiences. A few participants, like P4, had a child, and this served as solid proof of his sexual virality. In addition, having a child with a woman was perceived as an allowance to have sex with the mother’s child without a condom, as described by P4 in the subtheme. *Misinformation related to HIV and HIV testing on page 171* Below. These findings echo my master's thesis findings, where a young man decided to have unprotected sex and impregnate a woman because his sexuality was questioned for not having a child at the age of 23 (Ngcobo., 2018, p.64). Participants of this study reported that for men, engaging in sex was so important they resorted to raping women.

6.8.3.1 'Isitimela': Group sexual encounters (ritualistic rape)

The young men viewed having sex with women as an important character of *amajita* and that without a sexual experience, one was not worthy of being an *umjita*. Young men who conformed to some peer-expected behaviours but were virgins (that is, they had not yet had penetrative sex with a girl or women) were perceived as not fully fitting with *amajita*'s values (Ngcobo, 2018). They reported seeing other young men their ages engaging in behaviours that suggested that men were naturally programmed to seek sexual pleasure.

According to participants, some men orchestrated rape to fulfil their masculine belonging when they could not find suitable female partners to have sex with. Participant introduced the concept of '*isitimela*', [train] which translates to gang rape that occurred when several men had sex with one highly intoxicated girl. While participants reported not engaging in this behaviour, they reported witnessing at clubs where they drank alcohol. When asked to describe how the '*isitimela*' rape occurrence, a participant stated

"They plan it along the way, like at a carwash (club/tavern). Men sometimes leave with a very drunk girl, and it will just be the two of them, but then they tell 'amajita' (their friends) that there's a chick (girl). They tell them that they will have sex with her first and let their friends do likewise. I saw a guy do this last week [laughs]" (P10, aged 23, FGD-2).

According to the participant's narrative, while *isitimela* was a well-planned rape practice, the victims were not part of the plan, and, more importantly, they could have been too drunk to take informed decisions regarding whether they would like to engage in the sexual group or not. When asked if the women were aware of being taken to '*amajita*'s' rooms or houses to be gang raped, participants stated that women are often too drunk to realise they were taken to '*amajita*'s' houses to be raped by many young men. According to the participant, this rape was done when one of the eloquent men brought a girl who was too drunk to distinguish him from other members of the group that were invited without her knowledge to have sex with her. The participant was asked about the incident he had witnessed of a woman being taken by a man whom he suspected was taking her for a gang rape the previous week, He stated.

“One time someone told us that they had a girl, there were like five of them, and they all had sex with her. They said the problem was that she would close her thighs tight, and all the guys would just finish fast. They said one of their friends complained that he didn’t even finish 20 seconds in there [laugh], and he complained that she closed her thighs, and he came... They exchanged her. No, she didn’t see, she was fucked up, really drunk. I am sure she thought she was sleeping with one man...” (P10, Aged 23, FGD 2).

These findings are similar to those of a report by BBC (2024), which cautions that these types of rape are a problem worldwide. This report about a woman ([Gisèle Pelicot](#)) in Paris, France stated that she was drugged into unconsciousness and leased to be raped by more than 50 men by her own husband. In addition to the women being inebriated. Participants were asked to discuss how men raped one woman without her noticing. They reasoned that the perpetrators of rape employed elaborate deceptive techniques, such as wearing the same clothes or using the same perfume, to deceive the girl into thinking she was sleeping with one guy without her consent. One participant said:

“You can get a girl from the club, come back and have sex in the dark and let your friends have sex with her too when you are done. You can even use the same perfume to make her think it is still you. She is often drunk, right; so, when she smells the other guy, she may think it is still you...that is how they do it” (P10, aged 23, FGD 2).

Group Facilitator: *“Let’s talk about going to the extent of using perfume to fool the girl”.*

“They just try to make her think it is still the same guy because the lights will be off” (P10, aged 23, FGD 2).

According to participants, these rape-perpetrating men did so for varying reasons. In addition to pleasure, they engaged in that kind of sex to ensure that peers who fit the category of being ‘*umjita*’ but could not secure a woman for sex had an opportunity to gain sexual experience that was crucial for fostering a sense of belonging within the ‘*amajita*’ group. The importance of providing sexual experience proof to other young men is witnessed through the planning that was afforded to the organisation of the group-sex encounters. These findings echo other reports on forced sexual encounters done to women by men who provide them with alcohol,

forcing the women to have sex and raping them when they are drunk (Ngcobo, 2024). Drug use encouraged the rape culture in clubs. The young men reported that sexual arousal and the need to engage in sexual activities became higher when individuals got drunk. Stating that even men who did not have girlfriends had a stronger sexual urge when they got drunk and had a sexual need to quench their thirst; thus, it was common for men to engage in rape after clubbing and “share” one girl during a ‘sexual encounter’ which constituted gang rape. One participant maintained that:

“Amajita does not care about girls, and if they want to have sex with her, they just do so. They also drink a lot. When men drink as ‘amajita’, sometimes they get one girl and have sex with her. (P13, aged 20).

This finding highlighted the notion that the group rape phenomenon served to provide pleasure for those who did not have girlfriends and tightened the bonds between the young men involved in it. While young men sympathised with rape victims, they also blamed them for rape, similar to findings reported by Ngcobo (2024). The young men sometimes blame the victim of rape, stating that it is not just men who have strong sexual urges when drunk, but women too. The young men believed that drunk women who ended up being taken by players and raped wanted to have more sex, even when their boyfriends or one-night-stand partners could no longer perform, hence the decision made by some men to call their friends to come and ‘help’. A participant commented about a scenario about a ‘promiscuous’ girl who wanted to have sex with ‘any guy’ after she got drunk and smoked:

“No, when that girl gets a sip of alcohol after smoking, she gets crazy, she gets very horny, and she does not care who you are; she will just sleep with you. I do not know what happens to her, but her sexual feelings just get high, and she just wants something to satisfy her sexual urge. It’s all just strong urges she can’t control. Her ‘clitoris gets flicking’, and she cannot control it” (P10, aged 23, FGD 2).

A young man in an FGD narrated how they had witnessed women being involved with multiple men after heavy drinking at a club. He reiterated the mechanisms used to arrange ‘*isitimela*’, where a girl is invited by one guy and is later exchanged for sex by multiple men.

“Sex can mess your mind; we have seen girls sleeping with more than five guys in one event. For example, she comes with one guy, and that guy has sex and leaves her in the room. So she has not orgasmed, so another goes ask because the girl wants to orgasm also, she agrees, that guy gets done before her, leave the room and another one comes and she agrees again because she wants to get where she is going [laughs]” (P13, aged 20).

Group Facilitator: *“Ok, so if she is drunk, there is no agreement from her to have sex with everyone- that is rape”*

“Yes, they rape her, but sometimes, she agrees to have sex” (P18, aged 25, FGD- 2).

The ‘*isitimela*’ sexual practice served its purpose of allowing the sexual experience to those who did not have girlfriends or sexual encounters and needed to have sex to fully belong within the ‘*amajita*’ group. Participants expressed feelings of envy for men who could afford to buy alcohol for girls and have sex with multiple women. In discussing the behaviours of the ‘guy’ who arranged gang rape for his friends. A participant stated:

“You remember when we talked about this issue at the snooker? We almost died of laughter. Everyone was saying, ‘That guy is a legend’. He took the other guy’s virginity. One of the guys even bought him beer that day. They said two packs of condoms were used on that day” (P22, aged 25, FGD 2).

The organisers received and appreciated praises for organising *isitimela*. When asked how the ‘guy’ who arranged gang rape reacted to being praised and receiving beer as a gift for ‘taking his peers' virginity’ through ‘*isitimela*’, One participant narrated:

“He said he didn’t do anything [laughs]. He just told them that there was meat being braaied (a girl to be raped) there and encouraged them to go and eat (to go have sex). He said one of his friends went and came back with two packs of condoms, and they had the best time of their lives [laughs]” (P10, aged 23, FGD 2).

The participants indicated that they ‘respected’ the men who boastfully told their story of arranging a gang rape and that in the tavern (where men played pool) where the story was told, all other men seemed to admire the storyteller. The participant reiterated the boastful comment from the man who, in response to peer admiration of his behaviour, said:

“The men said he broke three virgins within ‘amajita’ that day in December. Even a very grown, old guy. You left early that day [pointing at another group member]. That guy said he could just call amajita, that don’t have girls. He said some guys don’t have girlfriends because when approaching girls, their problem is that they think the girls don’t like them or something of that sort. So, he called three of them that day. Some of them were too scared to approach the girl. I don’t know where their problem was- but the guy got a girl for them, and they ate (had sex)” (P10, aged 23, FGD 2).

According to young men’s narratives, the ‘*isitimela*’ gang rape had a high potential for negative outcomes for men. It resulted in multiple unplanned sexual debuts for young men who felt pressured to participate in an effort to prove their masculinity to their peers, as proudly described by the encounter narrated by P10. This ritualistic rape had dire consequences for the victims of rape.

‘*Isitimela*’ was not only dangerous because of the sexual rape that was subjected to women by multiple men without their consent, but it was also physically dangerous to them. Participants reported stories of unthinkable acts performed by men on women with a high sex drive when they were tired of having sex with the lady. For example, a participant recalled a story that went around the community about a girl that was penetrated with a broom handle during a gang rape. A participant said:

“Yeah, men have done this a lot. ‘Amajita’ have had a lot of sex because of these group sex. One time, a few years ago, there was a story about guys who had a girl, and they got tired. Apparently, she kept asking for sex, and Some of them even used broomsticks to penetrate the girl [laughs]. That was crazy. It turns out they had performed two or three rounds each on that day. One of the guys who was there came back and told the story of when we were playing snooker. You were there [pointing at another group member; all laughed]” (P10, aged 23, FGD 2).

Ground facilitator: *Who was the guy?*

“A lot of people come and go here. It was one of the guys that use to stay here” (P10, aged 23, FGD 2).

Group facilitator: *How did you feel about that?*

“It was bad for the girl for sure, but that girl was also just someone who had come from somewhere to the club, not someone from here. We get a lot of girls from the township, from here, from Isipingo and other places. You can go to a club even now, you will find people” (P10, aged 23, FGD 2).

The risks of ‘*isitimela*’ did not end with the victim being at a heightened risk of experiencing severe physical and sexual trauma. She and other young men who felt obliged to engage in the sexual act to fit with the ‘*amajita*’ group fully were at risk of contracting sexually transmitted infections, including HIV. Participants were aware of the dangers and risks associated with shared sexual encounters that are posed by gang rape. According to participants, men who told stories of having engaged in the gang rape reported to have used a condom.

Group facilitator: *Is it safe in terms of STIs and HIV?*

“I think Men always use condoms when they share a girl” (P13, aged 20).

“Yes, the guy said he didn’t wanna (want to) lie. He said the first girl he came back with from the carwash, they had sex, four guys and one girl, and they all used condoms...we don’t know about other girls and other guys (P10, Aged 23)

However, young men extrapolated from their in-group behaviour and argued that since men who mostly engaged in rape at clubs were drunk, participants were confident that some had had sex without a condom or had a condom damaged during the sex but would never share with their peers in fear of being judged. In the data extract below, a participant argues that he knows that young men would not report to their peers if their condoms were damaged during the ‘*isitimela*’:

“I know that ‘umjita’ never tells if his condom burst during ‘isitimela’ [train] sex. It is not easy for anyone to tell others because you don’t know how they would look at you, and you start worrying about HIV” (P10, aged 23).

The findings reported in this study about witnessing arrangements of gang rape are shocking. However, they show the willingness of men to share even self-incriminating stories in order to attain peer respect and approval in their social settings. These findings paint a great picture of toxic masculinities where women are used as tools for men’s sexual pleasure. Rape has been defined by Germanos (2024) as a tool of physical domination and a manifestation of men’s supremacy, domination and control over women. Thus gang rape is partly a manifestation of

toxic masculinities as means of attaining power and dominance by men who otherwise cannot realise their hegemonic masculinities (Connell & Messerschmidt, 2005). These findings are important; they provide another angle of examining masculinities and GBV, which has largely been understood from a woman's perspective and experiences.

These findings raised ethical issues that were mitigated through clear reflexivity in Chapter 5 (Green & Thorogood, 2018), where I identified myself as a researcher trained as a social worker and discussed the limitations of confidentiality that I was by law mandated to report criminal behaviours such as rape. I adopted and maintained a clear stance of behaviour disapproval without coming across as judgmental to participants. Knowledge of 'gang rape' behaviours being illegal and having a far-reaching impact on victims was discussed. The researcher encouraged non-judgmental self-reflection of participants' behaviours, and participants reported 'realising' that some of their behaviours, such as not actively disapproving of other men's narratives of rape but instead showing admiration for these men, encouraged rape behaviours and had far-reaching destructive consequences to women that were rape by men to prove sexual virality and masculinity to peers. Since these narratives were recollections of events based on stories shared by their peers, it was challenging to determine additional details about when these acts of violence took place and who the actual perpetrators and victims were. Participants in this study did not know the women that were involved, could not identify the men that narrated these stories, and none of them indicated that they participated in these acts of gang rape when probed by the researcher. So, it was difficult to follow up and report more details on these acts of sexual violence. The researcher emphasises that, despite their very disturbing nature, sharing these narratives is essential for illustrating the destructive and toxic behaviours that are celebrated within male peer culture in this context.

THEME 3

MECHANISMS REINFORCING AMAJITA'S MASCULINITIES

6.9 INTRODUCTION

Varying factors that ranged from peers to families and communities encouraged men to engage in negative masculine behaviours. Community-shared concepts with a significant influence on men's behaviours, such as 'isoka' as opposed to 'isishimane', and the outcomes that were associated with these norms, such as respect for the former and ridicule for the latter, enforced negative behaviours in men. This section discusses an interplay between the macro and micro systems of ecosystems manifesting in varying mechanisms that reinforced 'amajita's' masculinities perceptions and heightened sexual risk behaviours (Paquette & Ryan, 1990).

6.10 REINFORCING HEGEMONIC MASCULINE NORMS

The study unveiled mechanisms used to enforce and reinforce young men's risky behaviours. Young men presented their social group as the main source of pressure for the young men to engage in sexual relationships and activities. Those who disobeyed the norm were punished through shaming and name-calling. The young men agreed that some of the behaviours they engaged in were proof that they were real young men and that they were not gay. One of the young men said:

"We engage in these things because it's not easy being identified as gay when you're not. You know these guys, if they start calling you 'istabane' (gay), it sticks, and everyone hates you. So, we end up moving with current trends. If you don't do things done by 'amajita', we just say that you are gay, a boy who does not do what other boys do. Boys dislike being called gay, and so when 'amajita' call them 'istabane', they start trying to do what other boys do" (P8, aged 19).

6.10.1 PRESSURE TO ENGAGE IN RELATIONSHIPS AND SEX: BURDEN OF PROOF

Peer pressure formed the basis of the social foundation for ‘*amajita*’. Most young men strongly believed that their identities were closely linked to the number of women they were engaged in relationships with and sexual encounters in which they participated. Clearly, not all young men voluntarily pursue women. One participant said:

“You must show them; thus, ‘amajita’ must see you approaching a girl, and they must see you walking with her to your place. This serves to show that you are ‘umjita’” (P23, aged 25, FGD 1).

Pressure from ‘*amajita*’ plays a significant role in shaping young men’s behaviours and decisions. The pressure took varying forms, from having to prove to other guys that one is a full ‘*umjita*’. One participant said:

“There is that pressure to prove oneself; it's that pressure because relationships and situations change when ‘amajita’ think you are gay. So, you are at the end forced to prove yourself that you are not gay by having sex with a girl and making sure that they know about it” (P18, aged 25, FGD 1).

By virtue of being seen with a girl, the first ‘concrete’ proof of being ‘*umjita*’ would have been obtained. However, even this proof was questionable when a young man was seen only once with a girl. The participants indicated that having sex with a girl at an unknown location was questionable. Thus, a young man was pressured to bring the girl home and sneak her in while the others watched. Some participants said:

“For now, it is not important what you did to her once at your place. What is important is your ability to get her to your place. That proves a lot to us. You are ‘umjita’ to us. We will later get to whether you had sex or not. For me, if you asked me to accompany you to see the girl, and then one day I’ll see you walking with her to your place, you would have finished. You are ‘umjita’ to me” (P23, aged 25, FGD 1).

“But it can’t be just once. That is not good enough. We must see her come several times. You are not done. We must see that what you did on the first day was enjoyed. We see that by her coming back again” (P1, aged 20).

The findings suggest that sexual encounters the young men were involved in were made public to the group as proof that one had sex with a girl. Bragging about sexual experience has been reported elsewhere as important for peer approval of masculinities (Stern et al., 2015). The participants indicated that even if one had a girlfriend, other group members would request that he produce evidence of his sexual encounter with her. One participant said:

“When you come back to us after having sex, when you come back to us, we must see that you are happy when you have had sex. However, if you come back sad, we know that you did not get it [sex]” (P23, aged 25, FGD 1).

The findings suggest that the pressure also came from the broader society, where those who had sex with girls were praised by adult men. The participants indicated that these praises indirectly influenced all the young men to approach girls and have sex with them to gain trust and receive praise from elderly males in society. Some participants said:

“...Like your father will praise you if for getting many girls, and that is what men do” (P14, aged 25).

“No, you feel good, better as a character after being praised as a man for being seen with many girls and having lots of sex. It encourages people to see you as a ‘real man’” (P 19, aged 25).

As noted, all the young men aspired to be ‘real men’, and so they ended up adopting behaviours that influenced them to engage in both safe and unsafe sex at a tender age. Other studies have indicated similar findings, where young boys at the high school level engage in peer-approved behaviours for acceptance (Govender, 2011) and look up to taxi drivers as their role models who have access to multiple sexual relationships (Govender et al., 2019). Evidence from previous studies shows that peers (Selikov et al., 2009; Govender, 2011; Stern et al., 2015), families (Ragnarsson et al., 2010) and communities at large (Vincent, 2008; Ragnarsson et al., 2009; Lynch et al., 2010; Ragnarsson et al., 2010; Klass et al., 2018) played a role in reinforcing negative masculine behaviours of ‘amajita’ characterised by heightened sexual risks.

These findings add to the understanding of masculinities as strictly heterosexual (Connell & Messerschmidt, 2005). Men engaged in sexual behaviours to prove their masculinity (Ngcobo, 2018) and also to prove that they were not homosexuals (Ratele, 2014; Ngcobo, 2018). This proof of heteronormativity was important as it defined those who belonged and those who were othered from ‘*amajita*’ (Connell & Messerschmidt, 2005). This shows the policing of masculinities by peers in the micro level of the ecosystem, cultural expectations on the macro, and families and social institutions that instilled culture on the mezo and exo levels of the microsystems (Paquette & Ryan, 1990)

6.10.2 PUNISHING THE ‘BAD’: CONSEQUENCES OF NON-CONFORMING TO ‘AMAJITA’ NORMS

A rule of thumb observed from young men in being ‘*umjita*’ included having a girlfriend or girlfriends or being seen persuading and talking about girls, having sex either alone or in groups, being heard talking about your enthusiasm and experiences about sex and other behaviours that follow. Young men who did not conform to the general idea of being ‘*umjita*’ faced dire consequences or punishment, depending on the group’s perception of the young man in question. While those who were ‘*isishimane*’ faced constant ridicule and name-calling, they still benefited from belonging to the social group. Those suspected of being gay and had failed to prove their heterosexuality faced exclusion from the group, coupled with name-calling and more specifically, gay (‘*isitabane*’) was a label given to the young men who did not engage in any behaviour identified by ‘*amajita*’ as a critical part of their identities. It was reported that:

“If you do not do things done by ‘amajita’, we just say you are gay...this refers to a boy who does not do what other boys do. Boys do not like being called gay; so, when ‘amajita’ call them gay, they will start trying to do what other boys do” (P8, aged 19).

Not showing interest in women and not participating in sexual activities resulted in some young men being perceived as and labelled gay. All the interviewed young men were aware of the negative consequences of being associated with a gay label. Most men reportedly engaged in risky behaviours due to the fear of being labelled gay and losing their social circles. Young men who were labelled gay were shunned by ‘*amajita*’. Other studies report a high risk of

bullying and even death of men suspected of homosexuality in SA (Lynch et al., 2010; Ratele, 2014). The reasoning for these homophobic perceptions was based on misinformation and a lack of experience around gay people. For example, the young men thought gay people would want to have sex with them when drunk; thus, they could not sit with them.

“As ‘amajita’, we sometimes drink, and when we get drunk, we just get together as a group to smoke and sleep in one room. So, if a guy told us he is gay, we would always think he wants us drunk to have sex with us, you see. We can lie to each other, but we would never stay with that person” (P23, aged 25, FGD-1).

When asked about the guy they suspected of being gay, the young man said he had girlfriends and never attempted to have sex with any of the guys in the social group. Assimilating their perception of gay people wanting to have sex with ‘amajita’, P22 likened gay people to serial killers, stating that sitting with them is easier when their actions are not known but impossible when their actions are public. He said:

“If you didn’t know that someone was a serial killer, you would chill with them, but as soon as you get to know about them, you tend to avoid them. It is not that they have changed behaviour or anything, but it’s like you are protecting yourself. You start looking at them another way” (P22, aged 25, FGD-3).

Being associated with gay people as ‘umjita’ was detrimental to the young men’s identities. Therefore, they avoided any connection with gay people. The young men’s dating and sexual behaviours were found to be largely influenced by ‘amajita’s narratives. Risky behaviours are normalised and rewarded, while behaviours that digress from the norm are punished.

6.10.2.1 Isishimane: A label earned by sexually starved men

Not having a girlfriend was closely studied, and these men were labelled ‘isihimane’, which means ‘he who can’t get women’ (Hunter, 2010; Manyapeló et al., 2019). The young men understood that some of their group members did not have girlfriends at the time of the interviews. One participant said:

“I know some of amajita who do not have girlfriends, and that is not manly. One should have a woman for him to be categorised as a man” (P3, aged 15).

However, these young men were still part of the ‘amajita’ group because they had girlfriends or engaged in courtship in the past, or ‘amajita’ knew the girls in whom those young men were interested. A participant without a girlfriend was asked why ‘amajita’ were not shunning him, and he stated that the group was less critical when they were aware of another young man’s interests in certain girls. He said:

“They know girls I like, and even when a girl passes by, I am active to show that I see the skirts” (P13, aged 20).

Ridiculing and name-calling were common for young men who presented with all the acceptable behaviours, including displaying enthusiasm for sex but did not have a girlfriend or many girls and were not seen persuading them to have sex. This ridiculing also affected those who were secretive about their relationships and lacked the capacity to brag about them. Some participants indicated that they were victims of ridicule and name-calling. One of them said:

“I don’t relate with some guys in the sense that I need to know a girl better before dating her. Sometimes, you will find that some shy guys would not approach girls because they are scared of being embarrassed by girls and laughed at by guys. It happens, and sometimes ‘amajita’ would say you will survive your whole life by masturbation because you don’t approach girls. They also called you ‘isishimane’ because ‘amajita’ have never seen you talking or walking with a girl” (P5, aged 21).

The findings indicate that ridiculing affected some young men. To understand the impact of name-calling on participants’ attitudes and behaviour and to comprehend the narrow ways of judging who deserved and who did not get respected within the group. One participant added that:

“I always see someone they insult getting angry, but I saw that guy talking to girls. He is not a person to show when he is doing stuff, but he gets insulted by ‘amajita’” (P5, aged 21).

The inability to secure girlfriends was utterly disrespected, and people who had been seen with girls before were perceived as ‘going through a dry phase’. Those who had never been witnessed with a girl and were not able to contribute towards sexual discourses were perceived as gay and subsequently excluded from the group. Another participant said:

“Let me put more emphasis on what P8 is saying. Sometimes, if you cannot get a girlfriend, you can be called (ngqingili) derogatory words referring to gay people. Being called this is not nice, but it is mostly because you do not have a girlfriend, and that is where the mistake is. But, if we see you with a girl, we can see that there are actions of ‘umjita’ here, you see” (P8, aged 19).

Gay people were not welcome in the young men’s group, and those suspected of being gay received constant ridicule until they could prove that they were not gay by securing a girlfriend and engaging in sexual intercourse with proof. Non-engagement in these activities or not showing proof of having been involved in sex resulted in one’s manhood being questioned.

“There is even one guy I know who had a girlfriend and would take her to his house. I do not know if he was scared or his penis had erection problems, but he did not have sex with his girlfriend, and they say he did have sex when he was called by his friends in ‘isitimela’” (P10, aged 23).

The pressure to conform to peer behaviour and the inability to engage in expected behaviours for varying reasons resulted in young men lying about their sexual experiences, at least to fit in the group. These findings on ‘*isishimane*’ and belonging within the group of ‘*amajita*’, while ridiculed for lacking an important key ideal of ‘*amajita*’s masculinities, namely girlfriends and sexual experiences, are key in understanding micro systemic policing and enforcement of masculinities (Paquette & Ryan, 1990, Connell, 1995). Young men defined behaviours that are accepted to be part of ‘*amajita*’ and also clearly defined behaviours that were totally unacceptable to ‘*amajita*’, creating social categorisation boxes that allowed them to rank how each young man fitted against the categories, resulting in a masculine hierarchy within the group of ‘*amajita*’ (Connell & Messerschmidt, 2005). At the same time, this categorisation allowed men to ‘other’ non-conforming people and excluded them from the masculine group (Connell, 1995). This created a mechanism of enforcing masculinity, as young men strived to

belong with 'amajita' and also to climb the hierarchy of masculinities by engaging in peer-approved behaviours.

6.10.2.2 Homophobia

Young men who were not as lucky in presenting persuading lies about sex and had failed to engage in other behaviours deemed manly, were labelled gay and excluded. This was reportedly occurring mostly among young men who had never sat or performed any of the 'amajita' rituals. These men were perceived as homosexual and called 'isitabane' (gay).

"...There are amajita that are not amajita. They are feminine, girly and play with girls. Those are not amajita..." (P11, aged 20).

Those labelled gay could not belong with *amajita* and were excluded.

"We can't stay with gays, they want us... a gay person can't sit with amajita, you can't be gay and connect with amajita... so if a guy told us he is gay, we would always think he wants us drunk to have sex with us, you see. We can lie to each other, but we would never stay with that person" (P23, aged 25).

The exclusion of those perceived as gay was also influenced by perceptions of *amajita*. Young men disassociated themselves with suspected gay men in fear of guilt by association.

"Sometimes we don't mind chilling with gays, it's just that sometimes we are trying to avoid being judged by other guys because they will think you are not gay too" (P8, aged 19)

The gay label and exclusion were common for young men who did not engage in any behaviour identified by *amajita* as a critical part of their identities, as used as a daily insult within the group. All young men interviewed were aware of the negative connotations associated with being called (*isitabane*) 'gay' from a young age. This was the most feared form of labelling. Most men engaged in risky behaviours in fear of being labelled gay and losing friends.

“It's hard coz you start looking for sex to prove that you are not gay. Some end up having sex with anyone, even not their type, because of pressure they are getting from us, ‘amajita’. You must convince us. Amajita won't tell you anything, but you will just see that they want you to prove yourself... that's people who were in the closet, they are scared of people's judgement, that's why they tried dating girls” (P10, Aged 23)

The markers of homosexuality for young men were dependent on non-conformity to expected peer-approved behaviours. The knowledge of how non-conforming gay men are unfairly treated globally (Marks, 2017; UNADIS, 2023), bullied and even killed for their perceived deviation from the norms in SA (Lynch et al., 2010; Ratele, 2014) encouraged young men suspected of homosexuality to engage in peer approved behaviours to redeem their masculine identities as reported by (Ngcobo, 2018), as presented in the following subtheme below. This highlights complex macro-level systems of enforcing masculinity globally through media and locally through cultural expectations that manifest in social exclusion at an individual micro level (Paquette & Ryan, 1990; Connell & Messerschmidt, 2005). *Amajita's* narratives largely influenced young men's dating patterns and risky sexual behaviours. Risky behaviours are normalised and rewarded, while behaviours that digress from the norm are punished, causing young men to gravitate towards sexually risky behaviours in their plight to be accepted members of *amajita*.

6.11 OUTCOMES OF RIDICULING THOSE NOT HAVING SEX: ADOPTION OF PEER-APPROVED BEHAVIOURS

The need to gain respect from the group and, therefore, dispel ridicule and name-calling worsened risky behaviours among ‘*amajita*’. Clearly, the participants' comments suggest that when one member of the group received harsh criticism for not participating in some sexual activities, this resulted in other members of the group being influenced to experience those sexual acts. A participant added:

“It makes you feel bad because you look like a fool around ‘amajita’; so, they will call you inyoni (a fool) and say you don't know anything about sex. After that, you will see

that some have started doing it too because the next time you talk about it, you will see more people will support it” (P14, aged 25).

The young men who did not engage in risky sexual behaviours were treated similarly to those who had not had sex, as they were called names, less respected and seen as inexperienced fools. One participant said:

“You will be a laughing stock among amajita; so, to avoid that treatment, you would find yourself engaging in sex even if you had not planned it” (P5, aged 21).

6.11.1 ATTEMPTS TO FIT IN WITH AMAJITA: LYING TO AVOID RIDICULING

A young man who reported not having had his sexual debut, felt the pressure from ‘amajita’ to persuade many women to have sex with him. What is more important to note about this young man’s sexual experiences is that ‘amajita’ did not know that he was a virgin because he lied about having sexual experiences to participate in ‘amajita’s sexual discussions. Two young boys who reported no sexual encounters reported lying about their sexual experiences in order to fit in. A participant said:

“No, we do talk about sex. We just lie and say we have had sex and talk about what we know so that other guys do not ridicule us” (P3, aged 15).

Lying spanned from those young men without girlfriends and those seen with girls but had not had sex with them. It also occurred when ‘umjita’ was seen going into his house with a girl but could not convince her to have sex with him.

“It happens that amajita sees you going to your place with a girl, but the girl does not want to have sex with you. Then you come back and lie, saying you hit it. You lie to protect your dignity” (P19, aged 17, FGD 1).

The findings indicate that to avoid issues such as exclusion from social groups, those who were considered gay also engaged in extensive heteronormative relationships and sexual activities. The participants indicated that some young men who were homosexuals and still too scared to

reveal their sexuality found it challenging to identify with their true selves and were forced to engage in heterosexual relationships just to fit in and belong to the ‘*amajita*’ group. Some participants said:

“...That’s people who were in the closet. They are scared of people’s judgements, and that is why they tried dating girls” (P10, aged 23).

“You know there is a guy who has a lot of girlfriends. He carries a lot of cash, but even today, I know that he is gay, but he is lying. He just dates girls so that he can come and sit with us as ‘amajita’, but that guy is gay. I know him, but I will not say his name because P10 did not say anything about his virgins’ names [laughs]” (P1, aged 20, FGD 3).

The engagement with girls protected potentially gay young men from social exclusion. P15, who was a virgin, expressed that while his peers did not know anything about his virginity. He was confident because they had seen him persuade girls and heard him talking about sexual intercourse, essentially lying about sexual experience to avoid being ridiculed. He said:

“I have lived with them for a long time. They have seen me do a lot of things, and they know that when we talk, I always have something to say about sex, which shows that I am still ‘umjita’” (P15, aged 21).

The need to belong to the group resulted in the young men who were suspected of being gay by the group members engaging in behaviours that were perceived as ‘acting straight’ for them to be approved by their peers and enjoy their belonging with ‘*amajita*’. One participant said:

“You know, there is a guy who has a lot of girlfriends. He carries a lot of cash, but even today, I know that he’s gay but lying. He just dates girls so that he can come and sit with us as ‘amajita’, but that one is gay. I know him, but I will not say his name because P10 didn’t say anything about his virgins’ names [laughs]” (P1, aged 20, FGD 3).

As long as the suspected gay men provided proof of their heteronormativity, they were accepted and made to stay within the social group of *amajita*. A participant said:

“You know, there are a few guys that we suspect of being gay, but we cannot distance ourselves from them because they have girls, and we know they hit it [have sex]. So, for

them to stay normal like all of us, they date girls. I am sure if a friend told us that they don't feel attracted to girls, and they want guys, we would not want to chill with that person, we just do not want to stay with you” (P1, aged 20).

The findings of this theme have traced an interplay of the ecosystem level in influencing young men's social behaviours (Paquette & Ryan, 1990). The findings show that global media, societal expectations of men, communities, local culture, families, and peers played a role in creating understandings of masculinities and enforcing the masculine identities of ‘*amajita*’ (Connell & Messerschmidt, 2005). This adds to the broader understanding of masculinities that provides a context-specific multi-level influence and manifestations of masculinities (Connell & Messerschmidt, 2005; Mfecane, 2020)

THEME 4

OPPORTUNITIES FOR ELIMINATING RISKY BEHAVIOURS

6.12 INTRODUCTION

Masculinity can significantly influence men's health-seeking behaviours (Govender, Poku, Armstrong, & George., 2020). Traditional masculine norms often emphasise traits such as strength, stoicism, and independence (Connell, 2005), which can sometimes discourage men from seeking medical care or addressing their healthcare needs. To address these challenges and promote positive health-seeking behaviours among men, it is essential to challenge traditional notions of masculinity that discourage help-seeking and promote self-care. This can be achieved through targeted health education campaigns that address men's specific needs and concerns, as well as by creating supportive environments where men comfortably and openly discuss their healthcare issues without fear of judgment or stigma. Healthcare providers can also play a crucial role by engaging in open and non-judgmental communication with male HIV and AIDS patients, offering tailored health interventions, and advocating for gender-sensitive healthcare policies and practices. In this theme, I start by introducing a lack of information as a factor that adds to young men's vulnerabilities to high-risk sexual behaviours and HIV risks and also worsens their health-seeking behaviours.

6.13 MISINFORMATION RELATED TO HIV AND HIV TESTING

In the finds presented in themes 1, 2 and 3, I show that young men identified their social group as their primary source of information on sexual activities and possible sexual risks. During the interviews, it was noted that the older cohort of the group had serious HIV-related misinformation that could put the whole group at a higher risk of making wrong decisions about their sexual activities. For example, a young man reported that there is a lube that can prevent HIV infection, stating that when the lube is applied and the condom bursts during sex, the HIV virus, if present, stays on the lube, which he washes, and the virus is washed with the lube.

“There is a lube from the ‘Love branded condoms’, and I use it to prevent condoms from bursting, and if the condom bursts, the virus cannot infect me because I wash it off with the lube when bathing” (P10, aged 23).

Similar beliefs about showering after sex as preventing HIV infections were once reported as an HIV preventative measure taken by the SA former President Jacob Zuma (Sidley, 2006). This misinformation about HIV is part of the political information dissemination through social media that influences men’s perceptions and understandings of HIV infections. More hazardous was the fact that the young men believed that virgin girls could not be HIV-positive. Most young men reported using a condom when sober, but this thin layer of protection was undercut by the fact that the young men reported that there was no need to use condoms when having sex with a virgin girl. One young man reported:

“That was the case with my ex-girlfriend, but the affair broke up. We started our relationship at a young age when we were at school. We grew up together, so I never used a condom because I was the only one who broke her virginity and had sex with her” (P4, aged 25).

The findings evince that HIV-related misinformation encompasses a wide range of myths, misconceptions, and falsehoods surrounding the transmission, prevention, and treatment of HIV. The most common misconceptions manifesting from the interviews include the belief that HIV cannot be transmitted if one is circumcised or through casual contact. A participant said:

“Ngeke-ingthole mina ngisokiwe (HIV won't find me because I am circumcised)” (P22, aged 25, FGD 3).

Additionally, myths about HIV exclusively affecting certain populations perpetuate stigma and discrimination. The participants’ responses erroneously indicated that certain Zulu traditional practices automatically guaranteed their immunity to HIV. Thus, evidence from the findings of this study demonstrates that the participants believed that because they hailed from a particular group, it was impossible for them to get infected. One participant averred that:

“I am a Zulu warrior, and as such, I am not going to get infected because (ngiyachatha mina) I spade” (P7, aged 20).

The findings suggest that the young men preferred indigenous health systems to the clinics. The participants indicated that they shied away from the clinic because of the way they were treated; hence, their preference was the use of traditional healers by the young men. Some participants said:

“I don’t go anywhere. I heal myself. I went to a traditional healer when I got seriously ill, and I got the help I needed” (P1, aged 23).

“It’s not easy for most guys to go to the clinic. They would rather ask ‘amajita’ for help when they have problems than go to the clinic. Some will go there very late when their friends have failed to attend to them. Most men prefer going to places like traditional healers. They prefer to [phalaza] vomiting and [gqqhuma] steaming. Most men don’t trust clinics but trust traditional medicine” (P10, aged 23).

Notable is that the dissemination of misinformation about HIV creates significant barriers to HIV testing. Fear, stigma, and lack of accurate information contributed to reluctance among individuals to get tested for HIV. This delay in HIV testing does not only jeopardise individuals’ health outcomes but also hinders efforts to control the spread of the disease within communities. One participant said,

“Why should I get tested? I mean, we have (imbiza) traditional spading potions that we take, and these are strong. Besides, (omkhulu bethu) our forefathers used to drink these in the olden days. Why didn’t they get infected? This testing thing, you will find what you are looking for” (P1, aged 23).

While some participants believed that they were immune to HIV, a number of these participants acknowledged the existence of the virus but were not keen to get tested for it because of the processes involved in getting tested for HIV at the clinics. Some of them indicated that there was a lack of information on what happens after one has been tested, especially regarding the treatment given by healthcare workers in these facilities. Some participants noted:

“I acknowledge that the virus exists, but we shy away from getting tested for it because we have seen how HIV-positive people are treated in clinics when they go there to receive their medication” (P16, aged 23).

“The nurses shout at the top of their voices in clinics, saying (‘Heyi wena bhuti wenkinga-ngaphambili woza la !’) Hey you brother with a problem at in his manhood (STI), come here!’. This is embarrassing, and that is why most of us shy away from the clinic” (P15, aged 21).

The participants indicated their reasons for shying away from HIV testing in clinics and suggested ways in which the youth could assess their HIV status without being embarrassed by healthcare workers in clinics. The findings suggest that there is a need to make testing services affordable and youth-friendly; for instance, the participants indicated the need to have HIV-testing kits easily accessible in the same way as condoms are accessible. Alternatively, these kits should be sold at a relatively low price. A participant said:

‘It is better to have these HIV-testing kits accessible for free, just in the same way as condoms are accessible for free. I mean that if I go to the toilet, I should find a testing kit; that way, I will test myself, you know” (P12, aged 20).

When advised by the researcher on the reasons why testing is done in a health facility by a healthcare worker, the participants were not aware of these reasons. The researcher cautioned the young men from conducting HIV testing by themselves, highlighting risks that could result from self-testing:

‘It is usually advised that HIV testing should be done in a healthcare facility by a qualified person because not all people can stomach their results should they come out positive. Healthcare workers are trained to handle such situations with care, and they give appropriate advice, encouraging individuals to go for counselling before and after testing. The good thing about visiting a clinic is that you are positive today. They give you ARVs without hesitation, for free” (Researcher).

The participants recapped this information and were keen on accessing the right HIV-testing services. The findings attest to the inadequacy of information in communities such as Malukazi

because they are the subaltern of society. Therefore, the participants reiterated the need to have information such as the one shared by the researcher available to them. A participant commented:

“Why are we not aware of such information? I do not believe that that information ever crossed my mind...like what happens to me when I find out I am positive. (Tjo!) yoh, Well, I learnt something from this today. So, they must advise you and stuff like that, like talk to you about starting pills. The great thing now is if I am positive, then there are those pills they give you (P12, aged 20).

At a societal macro-level of the ecosystem, Understanding HIV risks was informed by wide social media, often with false information, as shown by (Sidley, 2006). In addition, a myriad of influencers from macro-level cultural beliefs, ideologies and use of traditional medicines, social institutions such as clinic services, nurses' attitudes on an exo- and micro-levels of the ecosystem, and peers at the micro-level negatively influenced participants' perceptions and understandings of HIV and health-seeking behaviours (Bronfenbrenner, 1989; Paquette & Ryan, 1990).

6.14 OPPORTUNITIES TO IMPROVE YOUNG MEN’S PROTECTION FROM HIV

The young men in the study also talked about the need to reduce HIV, as they were aware of their own risky behaviours that exposed them to HIV. A critical preventive method for HIV provided by one of the young men included the need to delay sexual debut. He said:

“For me personally, I think no one should have many girlfriends or boyfriends. We should all have the same thinking. I think that amajita should encourage each other to delay having sex until they are mature enough to know the risks associated with sex” (P1, aged 20).

Another young man agreed with the above participant, as he highlighted that it was important for young men to start having sex when they are mature enough to know the risks and

consequences that come with sex. The participant further highlighted that young men should not be pressured by their own peers to engage in sex when they are not ready for it. He said:

“I think young men should be discouraged from having sex when they are still young and immature. They should not listen to their peers and be pressurised into proving that they are real men” (P5, aged 21).

The need to prove their masculinity made the young men vulnerable to HIV, with peer pressure being at the forefront. The pressure to conform to group norms was mentioned as very critical in exacerbating young men’s vulnerability to risky sexual behaviour.

6.15 MAKING REPRODUCTIVE HEALTH SERVICES YOUTH-FRIENDLY

The attitude of health care providers, particularly nurses, has been cited multiple times in the findings above as demotivating young men from accessing clinics. Some participants indicated that they shied away from accessing the clinic for sexual issues because of the unfriendly attitudes of healthcare workers working in the clinics. The participants indicated that healthcare workers’ attitudes in local clinics or healthcare facilities were demeaning and that they would instead continue engaging in unsafe sexual behaviours rather than be ridiculed by healthcare workers.

“I would rather not visit the clinic at all. The nurses there have an attitude and tendency of wanting to embarrass you in crowds” (P7, aged 20). Some of the young men who participated in the study provided alternatives to making healthcare services more accessible and applicable to the youth. Youth-friendly healthcare services are immensely important for ensuring the sexual and reproductive health and well-being of young men and women (NSP, 2023). Hence, there is a need to improve young men’s access to and the utilisation of health services. The participants indicated that the reproductive health services were not accessible to them as young men. One participant highlighted that it was important for clinics and hospitals to have young male nurses who help ‘*amajita*’ as they are of the same age as them and are more knowledgeable about their experiences. One participant said:

“We need male nurses of our age. As amajita, we need nurses who are familiar with our concerns so they can model what needs to happen for us. It’s better to go to the clinic to get help from someone who understands you. So, we need someone, such as a nurse, who can chill with ‘amajita’ and also be able to help them” (P9, aged 23).

This suggests that access to healthcare services such as condoms was difficult for young men, as the healthcare facilities were largely not youth-friendly. Risky behaviours and increased HIV-related infections amongst the youth underscore the need to rope in social media to enhance HIV prevention alternatives. A participant indicated that:

“Facebook should be used to communicate with young men on issues around HIV. Young people spend most of their time on Facebook. Putting HIV-related information on Facebook can help young men” (P12, aged 20).

The youth are the world's largest population engaged in social media. Thus, by using social media, a significant portion of the youth population might be readily and affordably reached. Therefore, social media can be an effective tool to improve interventions focused on reducing sexual behaviours and the promotion of condom use amongst young men.

Some participants were of the notion that the involvement of the youth in designing healthcare access programmes would aid the youth in confidently accessing healthcare services. The participants suggested that having programmes tailored to satisfy their needs and preferences was ideal because if people of their age were involved, they would be conversant with the needs of the youth. One participant said:

“If only we were involved in all these campaigns that have to do with HIV, I think we would be more interested in engaging with people of our age. Eyyyy, you go there only to find there are old people you cannot even engage with at length; rather, they can even scold you” (P4, aged 25).

The findings show that young people may be hesitant to seek reproductive health services if they fear that their privacy might be compromised. Creating a safe and confidential environment can help build trust. The participants indicated that the nurses at the clinics were not friendly to them and had no sense of privacy as they would shout out in front of everyone about their medical conditions. Hence, their trust in the traditional modes of healing was enhanced. One participant said:

“You know, these days, nurses have no sense of privacy. They tend to embarrass you in front of everyone when you go there seeking help. It demotivates anyone wishing to go there; hence, we drink our traditional medicine. At least traditional healers have private places where they are found, and your situation is guaranteed of safety with them” (P15, Aged 21).

The participants indicated that the way the nurses addressed them in clinics when they went there seeking medical attention did not mirror the professionalism expected of a healthcare service delivery system or a healthcare provider working in any healthcare facility. The findings suggest that nurses should be trained on how to handle patients of varying ages, especially adolescents, as this is the most vulnerable group that may shy away from seeking healthcare due to the nature of the service they are given in healthcare facilities. One participant said:

“The South African health sector should extensively provide training for healthcare providers on adolescent-friendly approaches. This should include communication skills, non-judgmental attitudes, and understanding adolescent development and sexuality because this group may be problematic if not handled well” (P15, aged 21, FGD 3).

The findings also suggest that there is a need for local healthcare facilities to offer comprehensive medical services that cater for the youth’s healthcare needs. The participants indicated that not only do they seek medical attention, but they often seek a wide range of services from the clinics, but these are not readily available to them. One participant said:

“Local clinics should provide a range of reproductive health services beyond just contraception and STI testing. Maybe they should include programmes such as counselling on relationships, sexual health education, menstrual hygiene management, and access to HIV and AIDS testing and treatment” (P11, aged 22, FGD 3).

The study findings suggest that there is a need to ensure that youth-friendly services are easily accessible and ideally located in areas where young people congregate, such as schools, youth centres, or online platforms. One participant said:

“These services you are talking about should not be provided in clinics alone. I think these services are supposed to be accessed on any youth-friendly platform; that is youth-friendly. Because you know how we are, my brother...” (P12, Aged 20, FGD 3).

The participants indicated that the language that is used should be understandable and should relate to young people. The participants argued that healthcare centres should provide visually appealing and culturally relevant educational materials, including pamphlets and posters. Participants attributed their lack of access to health care to negative attitudes and rude treatment by nurses and clinicians at micro and meso levels of the ecosystems (Paquette & Ryan, 1990). They believed that the involvement of young people, particularly male nurses in caring for men would allow them to access health care without the judgment they experienced from nurses. In addition, as advocated by the National Strategic Plan of HIV, TB and STI (2023), the inclusion of young people in structuring and informing healthcare policies is essential. This study highlights that respect is important for young men's masculinities and that men value a dignified outlook, which discourages them from using services provided by judgmental and rude healthcare providers (Gibbs et al., 2015). Young people, as avid users of social media, believe that the use of the internet to inform them about HIV would help them understand and prevent HIV infections. This has been vastly implemented as a multi-level tool on the macro-exo-meso systems of the ecosystems, for example, using social media to provide factual information about HIV, advertise locations where interventions are implemented, change perceptions about clinics and services, and even to remind individuals on the micro-level of the ecosystem to take their pills as shown by a systematic review of social media interventions to prevent HIV (Taggart et al., 2015; Garrett et al., 2016; Cao et al., 2017), with positive effects.

6.15.1 PROMOTING CONSISTENT CONDOM USE AMONGST 'AMAJITA.'

Consistent condom use has been shown to be highly effective in preventing HIV among the youth. Young men who partook in the current study also highlighted the importance of condoms and the need for 'amajita' to constantly use condoms whenever they are having sex. One participant said:

"They should know about HIV and know that when they don't use condoms, they are putting themselves at risk of contracting the virus. They must always use condoms" (P3, aged 15).

From the findings, it was evident that there was an understanding of the need to guard oneself against sexually transmitted diseases. The participants demonstrated an understanding of the

dangers of having unprotected sex despite their engaging in risky sexual behaviours. One of them indicated that:

“I don’t know, they need to know how dangerous HIV is, and they will start using condoms. We need to teach ‘amajita’ about HIV and the importance of using condoms” (P2, aged 18).

The participants also indicated that the community structures needed to devise ways of engaging influential stakeholders with vast knowledge about condom use and HIV. They indicated that some information they had previously received in some promotions they attended in primary school was not adequately informative. One participant commented:

“The little knowledge I have about condom use and HIV was obtained from a very young age when I was in primary school. I think at that time, I was too young to understand anything, and there was a need for the community to organise days where we could learn about these things from people with vast knowledge about them” (P16, aged 23 FGD 3).

Some of the participants indicated that they hailed from areas where the promotion of condom use in public was taboo. They argued that talking about condoms with elders was likened to one’s announcement of their sexual activities, which subverted their cultural norms. A young man averred that:

“You cannot announce to your elders that you are now having sex. The moment you talk about condoms, everyone assumes you are having sex, and I mean this is not right, given our cultural and traditional norms. So, whatever we learn about sex and condom use, it is usually behind closed doors” (P15, aged 21).

While some participants indicated the need to enhance and refine communication strategies for marketing condom use in communities, others suggested that sex education be taught in schools as a subject and part of the curriculum. It was reported thus:

“We really cannot talk about these things with elders in our communities because of culture and so forth. So, having a subject on sex education maybe from primary school up to high school can help many youths because most of us know nothing about sex and sexuality” (P15, aged 21).

The participants indicated that consistently using condoms correctly every time they had sex could be the best way of preventing sexually transmitted infections and HIV. Condoms are seen as mitigating the contraction of viruses, including HIV. A participant said:

“Some of us do not know how to wear a condom. I know that if you went to everyone, they will say they know. Why does it break every time? It’s just that if you told ‘umkita’ that, they will think you are undermining them. You need to hold that tip and do it the right way [imitating how to put on a condom]. So, every time we try to wear it, we get frustrated and end up having sex without a condom. So, we really need to be taught how to do it, and amajita don’t know how to and, in fact, most of them do not encourage each other to use the condom, and we just end up losing interest in it” (P17, aged 23).

The findings from the participants indicate the need to have interventions focusing on increasing self-efficacy for condom use, HIV prevention and risk reduction activities, such as the provision of condoms to young people, which they saw as crucial in enhancing condom use and HIV prevention. One of the participants indicated:

“Maybe, if we have workshops in which we are invited to talk about these things and be taught about how to use a condom and the need to protect ourselves from the disease, we could benefit from it because what we are doing is really risky” (P17, Aged 23).

The study found that some participants believed in unprotected sex, which was based on their religious and cultural backgrounds. Some participants quoted the Bible, which purportedly advocates the need for humans to multiply, thus using the Bible to justify their risky sexual behaviours. Another participant commented:

“There is no need for protection. Even the Bible says we must multiply (zalanandinande). I mean, I am Zulu, and it is by nature that we should grow the family’s name and how to do it is another story” (P7, Aged 20).

While some quoted the Bible on the need to multiply, others referred to their traditional and cultural backgrounds as justifications for having unprotected sex. Some participants indicated that being Zulu meant the need to grow the family through having as many children as possible. One participant had this to say:

I am a Zulu man, and the norm is you need to leave a legacy before you die....I wouldn’t want to die young without leaving a baby on this earth. So, I will engage in unprotected

sex with the person, the woman, I will be having sex with her at that time to get a child”
(P10, aged 23).

6.16 CONCLUSION

These findings provide a new perspective on ‘amajita’s identities and add to the bigger puzzle of theorising about men in the local context to form representative understandings of masculinities globally (Connell & Messerschmidt, 2005; Mfecane, 2020). Findings show that there are multiple influencers interacting within the ecosystems that shape young men's perceptions and behaviours. Young men’s ‘amajita’ masculinities are a result of the inability to attain ‘real men’ successful masculinities in SA. Findings suggest that negative hypersexual, hetero-patriarchal beliefs of masculinities worsen young men’s vulnerability to high-risk sexual behaviours and health-seeking behaviours. Consequently, their susceptibility to HIV and chances of not treating HIV when positive results in heightened chances of dying from AIDS-related comorbidities.

The reflexive comments in Chapter 5 and the interaction between participants and researcher in this chapter show that I used the platform of this study to raise awareness about the high-risk behaviours of ‘amajita’. For example, when it came to issues such as ‘*isitimela*’ gang rape, I posed probes that allowed participants to think about behaviours they admired and men they saw as role models in a different light and reflect on their perceptions of gang rape. Participants expressed a realisation of the part they played in enabling other men to engage in rape behaviours by not criticising or calling them out when stories of rape were shared in social settings. In addition, drawing from social work experience at the UKZN HIV centre, the researcher provided correct information about HIV in an attempt to dispel myths and improve the knowledge necessary for self-protection. Participants expressed a lack of awareness about the behaviours they valued as part of their masculine identities. In an FGD, a participant expressed new insights. The discussion provided an opportunity for the participant to reflect on some of their dominant behaviours.

“Ay Selu, this thing makes us grow in some ways. Like we never sit down to discuss these things. I just realized things we do, yoooh. We have so many different opinions, I am enjoying this “. (P18, age 26, FGD 3).

This shows that participants seldom reflected on their behaviours. In addition, it shows a potential for self-reflection and realisation of young men's behaviours' actual negative impact on themselves and others. This indicates an opportunity for learning through self-reflection. In an environment where peer acceptance of behaviours was important, this study shows that it left little room for self-evaluation of behaviours. This study presented an opportunity for participants to discuss and look at their behaviours from a different perspective.

This research elucidates the intricate dynamics surrounding South African young men who self-identify as *amajitas* and their involvement in high-risk sexual activities. The results indicate that the masculine identities of these young men, rooted in their *amajita* social group, exert pressure to engage in risky sexual behaviours, thereby increasing the likelihood of HIV infection. The World Health Organization highlights the potential for men to transform their masculine identities, affirming that they can alter attitudes and behaviours pertaining to sexual and reproductive health, violence against women, and health-seeking behaviour through short-term programs. Scholars such as Ratele (2015) have echoed this perspective.

CHAPTER 7

DISCUSSION

7.1 INTRODUCTION

This chapter focuses on discussing findings which are proffered in an integrative manner. The findings are derived from the previous chapter. This discussion integrates the literature and theory underpinning the study. The findings demonstrate that being identified as a ‘real man’ was the ultimate goal for the majority of the young men who participated in this study. The participants described the three critical transitional stages in the fluid continuum of masculinities that a boy must go through until he becomes a ‘real man’. These stages include being a young boy who lacks experience, becoming ‘*umjita*’ and finally becoming a ‘real man’ employed and married. More importantly, all the participants identified themselves as ‘*amajita*’ except for one who identified himself as a man because he was responsible for his family, expressing his responsibilities as ‘putting food on the table’ whenever possible, which aligns with the global understanding of masculinities where men are responsible for provider roles within their homes (Connell, 1995; Langa, 2020). For most participants, identifying themselves as ‘*umjita*’ meant that each one of these young men was still dependent on parental guidance. While the lack of financial power was at the core of differentiating between ‘*umjita*’ and a ‘real man’, multiple high-risk sexual behaviours and beliefs characterised and defined ‘*amajita*’ as a group. This chapter covers performances and practices of masculinities under the following themes: (1) Perceptions of manhood: ‘A real man’ (2) Learning to be a Man: Culture and Role Models (3) Protest Masculinities: ‘Amajita’ and (4) *Amajita*: Hegemonic fuelled Sexual Risky Behaviours. It then discusses health care issues under the theme (1) Barriers and Opportunities to Accessing Health Care, focusing on healthcare-seeking behaviours and misinformation pertaining to HIV and lastly, discusses opportunities to change the trajectory of men’s access to HIV-related healthcare.

7.2 PERCEPTIONS OF MANHOOD: ‘A REAL MAN’

Participants painted a picture of successful masculinity as ‘real men’. These men were characterised by earning money and supporting a family, characters that are upheld as a global standard of manhood (Connell, 2005). Simply put, successful masculinities can be described as heterosexual, handsome, wealthy, and economically active men (Walker, 2006). In following this understanding by Walker (2006), this study uncovered that the primary characteristics of a ‘real man’ were strictly heteronormative and determined by having a wife, a home, children and the ability to provide for a family (Coles, 2008; Ratele, 2014). The importance of fatherhood and supporting a family comes from the respect and status that society confers to ‘real men’ for having children (Taylor et al., 2013). A child is a physical sign of sexual prowess and heteronormativity and serves as proof of masculinity (Walker, 2006; Ngcobo, 2018). Other studies report similar findings of masculine expectations inclusive of specific behaviours that are required of ‘real men’, such as providing financial support for the family, taking physical risks, engaging in manly activities, initiating sex, and exercising control (Ntuli, 2012; Shai et al., 2012; Shand et al., 2014; Ngcobo, 2024).

Contrary to the global Northern ideals of masculinities that mostly prioritise nuclear families (Connell, 2005; Kramer, 2020), ‘real men’ in the South African context are allowed to have as many wives and girlfriends as they can support (Hunter, 2004; 2010; Zungu, 2019). In the dominant Zulu culture and many other cultures in SA, the wealth of a man is shown through bridewealth. This is demonstrated by Zungu (2019, p.91), stating that “*a man’s beauty is in his cattle/wealth*”, meaning the showcasing of wealth for men through brideprice confirms their masculinity. This is an important ‘manhood act’ that reflects culturally recognised successful masculinities in the SA context (Mfecane, 2020). According to Coles (2008, p238), ‘real men’ “*negotiate masculinity, drawing upon fragments or pieces of hegemonic masculinity that they have the capacity to perform and piecing them together to reformulate what masculinity means to them in order to come up with their own dominant standard of masculinity*”. Evidence from this study suggests that men were influenced by both global hegemonic masculinities and local culture and customs. In addition to the global hegemonic masculine concept of provider roles, these men adopted multiple sexual relationships to define their identities (Hunter, 2004; Lynch et al., 2010).

Findings on ‘real men; are an important context-specific cultural norm that influenced young men’s behaviours and shaped masculinities in Malukazi informal settlements. Other studies have reported successful masculinities in SA as ‘*umnumzane*’ (Hunter, 2004) and ‘*indoda*’ (Mfecane, 2020), which participants referred to as ‘real men’. These men are known for owning a homestead with money or cows that allowed them to acquire multiple wives through paying bride price (Govender, 2023), resulting in successful hegemonic masculinities in context as theorised by the Connellan theory of masculinities (Connell & Messerschmidt, 2005). These men adopt culturally significant norms as part of defining their identities.

Evidence suggests that men who failed to accomplish these expectations, such as finding employment and being able to provide financially, were perceived as unmasculine and failed men (Tafira, 2014; 2018; Toska et al., 2015; van der Riet et al., 2019). In a study of men and women’s negotiation of sexual practices in 14 rural villages across SA, it was reported that unemployed men had little chance of securing women due to their inability to provide for women (van der Riet et al., 2019). This occurred despite high unemployment of approximately 32.9% in 2024 (Pillay, 2024). Studies like van der Riet and Colleagues (2019), Zungu (2019) and Ngcobo (2024) highlight the importance of the ability to successfully assume the masculine financial provider roles in men’s identities. Without this ability, men were prone to fail in securing a girlfriend since they could not provide gifts (van der Riet et al., 2019) and, could not demonstrate their beauty through their cattle (Zungu, 2019) and could not pay bridewealth which requires payment of lump sums of money by men to the women’s family (Rudwick & Posel, 2015). These interfered with men’s masculine identities.

Men who failed to attain the masculine expectations discussed above lost their masculine identities due to disrespect that was afforded to them by peers and communities at large for failing to demonstrate culturally expected manhood behaviours (Mfecane, 2020). Due to failure to showcase the ability to secure a wife, these men are derogatory and labelled as ‘*impohlwa*’, meaning a man who lives alone, without a wife or female companion (Gumede, 2014). These men are presumed to be sexually deprived. In a hetero-patriarchal society where, “*sexual activity was found to underpin social reputation and identity production*” (van der Riet et al., 2019, p.1035). These men’s masculinities diminish and are widely disrespected (Gumede, 2014). This community-wide disrespect is assimilated to “*a social stigma ... worse than an organic disease... if he does not get one after having been medically treated, he may break down and become a psychopath*” (Vilakazi, 1962, p. 50-51).

The othering of men who do not conform to dominant masculinities serves as one of the important tools used by hegemonic men to police masculinities (Connell & Messerschmidt, 2005), specifically othering through homophobia, forming part of excluding men, and in that way clarifying what is acceptable hegemonic masculinities in SA (Ratele, 2014). Evidence in this study shows that the policing of masculinities spanned across the ecosystem level, including cultural ideologies and values that informed social expectations of acceptable masculinities (Paquett & Ryan, 1990). Communities, families and peers played a role in enforcing masculinities by expressing disrespect for men who did not fit the category of ‘real men’ (Mfecane, 2020).

7.3 LEARNING TO BE A MAN: CULTURE AND ROLE MODELS

Findings in the previous chapter show that beliefs about what constituted a man were inscribed on young men from a young age (Zuma et al., 2010; Govender, 2011). Negative traditional perceptions of masculinity and manhood were observed in role models such as taxi drivers with flashy materials attracting multiple women and involved in multiple sexual relations, as found by Govender (2011), who made the core role models for young men. In addition, young men who shared peer-approved masculine beliefs and behaviours with their peers often found little to no scrutiny as young men reported a lack of strong positive role models due to most not having fathers. When role models were present and fathers were involved in young men’s lives, they shared strong negative traditional perceptions of men, reinforcing young men’s negative beliefs and behaviours around masculinity.

7.3.1 TRADITIONAL PERCEPTIONS OF MEN AND WOMEN

Perceptions of masculinity for both ‘real men’ and ‘amajita’ were deeply rooted in a South African context-specific culture (Mfecane, 2020). In the discussion above, I highlight the acceptance of wealth as a global masculine ideal (Connell & Messerschmidt, 2005), that is, however, expressed through culturally significant ‘manhood acts’ (Mfecane, 2020), such as

bridewealth payments for 'real men' in SA, particularly in the dominant Zulu culture (Gumede, 2014; Rudwick & Posel, 2015; Zungu, 2019). The understanding of 'Indoda' (Mfecane, 2020) 'umnumzane' (Hunter, 2004) or 'real men' in this study is deeply entrenched in hetero-patriarchal traditions and customs and forms an integral part of successful masculinities in SA.

The findings in Chapter 6, Themes One and Two indicate that it was acceptable for young men to engage in multiple sexual relationships (Hunter, 2004; Lynch et al., 2010; Zungu, 2019), whereas the same was not acceptable for women, as the act was often met with harsh condemnation. The male sex drive rhetoric asserts that males have high sex drives that must be satiated through frequent sexual activity (Hadebe, 2010). According to a study conducted by Sathiparsad et al. (2010), males view sex as a necessity that motivates them to satisfy their own desires and, as such, they need several sexual partners to fulfil their insatiable and uncontrollable sexual impulses (Bowleg et al., 2011; Hadebe, 2010). Another study reported that hegemonic masculinity and biology make it difficult for men to suppress their sexual urges, thus ending up with multiple sexual partners (Ngidi et al., 2016). In essence, young men's sexual desires are typically portrayed as being inherently uncontrollable (Robertson, 2008; Ragnarsson et al., 2010; Mindry et al., 2015; Klass et al., 2018), with normalised possession of controlling power over sexual partners with multiple sexual partners as a sign of sexual competence by the sex role model (Lynch et al., 2010; Zuma et al., 2016). Such portrayals of young men in the African context help to maintain the stereotypical portrayal of men as sexual predators (Bhana & Pattman, 2011).

In contrast, the cultural expectation is that women are supposed to remain virgins until they get married. Social norms expect women to be faithful to one partner and to suppress their sexual urges. Such rhetoric casts women as passive objects who must first meet men's wants in order for them to qualify as humans (Bhana, 2016; Shefer et al., 2015). In addition, the discourse on male sex drive portrays women as passive objects, serving as men's sex objects who must be gratified through the use of their bodies in sexual intercourse (Bhana, 2016). According to Bhana (2016), young people's sexual interactions portray them as sexually motivated, active, and predatory, whereas young women are primarily portrayed as passive objects created to satisfy men's desires. 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 acquisition of health-seeking behaviours, thus adversely affecting the uptake of HIV-related services (Skovdal et al., 2011). These beliefs were instilled in young men from a young age (Hunter, 2010; Govender, 2011; Manyapelo et al., 2019; Mulwo et al., 2022).

Thus, it was not surprising to note that those young men without girlfriends were disrespectfully identified as *'isishimane'*, meaning a man "... *who cannot get a single lover*" (Hunter, 2004, p. 12). The importance of sex in manhood resulted in all high and vocal sexual desires around men. All participants reported a desire for sexual gratification. The majority of the young men in the study reported having had sex, with the initial sexual encounters having occurred at younger ages. The youngest first sexual encounter was identified as 13 years of age. Globally, early sexual initiation, coupled with unsafe sexual behaviour, manifested as detrimental to reproductive health (Akintola, Ngubane, & Makhaba, 2011). In South Africa, longitudinal research conducted on early sexual initiation indicated that the average age of first sexual activity was lowering, with over 40% of young boys having been reported to have had their first sexual experience before the age of 15 (Richter et al., 2015). Early sexual debut for young men is characterised by inadequate sex education, which makes them vulnerable to HIV (Richter et al., 2015). Additionally, a study conducted in Uganda discovered that early sexual debut was one of the reasons contributing to Uganda's high HIV prevalence rate (Parta, 2016).

Understanding the traditional perceptions, norms and practices are important in filling the global puzzle of understanding masculinities (Connell & Messerschmidt, 2005; Mfecane, 2020). These understandings provide a foundation from which communities, families and peers are part of the environment where masculinity norms interplay and are reinforced on varying levels of the ecological systems (Bronfenbrenner, 1989).

7.4 PROTEST MASCULINITIES: 'AMAJITA'

Hegemonic masculinities such as 'real men' masculinities are the epitome of societal expectations and manifestations of manhood (Connell & Messerschmidt, 2005; Gittings et al., 2020), that is not attainable by all men (Walker, 2006). Thus, men form protest masculinities as alternative forms of claims to power (Connell & Messerschmidt, 2005). 'Amajita' can be understood as a negative protest masculinity in response to 'real men's' unattainable hegemonic-rooted masculine ideals that require financial independence (Connell & Messerschmidt, 2005; Ratele, 2014). Men restructured their identities and adopted protest masculinities. In defending this adoption of alternative masculinities, Gerschick and Miller (1994, p. 37) state, "*Men who reformulate predominant standards in defining their masculinity tend not to overtly contest these standards, but – either consciously or unconsciously – they*

recognise in their own condition an inability to meet these ideals as they are culturally conceived. They respond to an ideal by reformulating it, shaping it along the lines of their own abilities, perceptions, and strengths, and they define their manhood along these new lines". At the same time, protest masculinities can take many forms, including a positive response (Connell & Messerschmidt, 2005). According to Walker (2006), any masculinity that does not conform to heteronormative dominant masculine ideals forms protest masculinity, which includes gay men who may or may not embody masculine norms rooted in hetero-patriarchal values. This study evidence shows that often, men who cannot attain their inspirational masculine identities adopt negative protest masculinities that manifest through a *tense, freaky façade, making a claim to power where there are no real resources for power*" (Connell, 1995, p.111). In this study, young men adopted high-risk sexual behaviours as part of their masculinities.

The participants reported several risky behaviours that formed part of their identities. These risky behaviours included engaging in multiple sexual relationships and partnerships (Ragnarsson et al., 2009; Lynch et al., 2010; Sathiparsad et al., 2010; Govender, 2011; Gibbs et al., 2014; Mindry et al., 2015; Klass et al., 2018), peer approved sexual activities such as 'skoon' or unprotected sex (Selikow et al., 2009; Sathiparsad et al., 2010; Govender, 2011; Mindry et al., 2015); Stern et al., 2015), drug abuse (Sathiparsad et al., 2010) and sharing of misinformation about HIV. These risky behaviours were found to be fuelled by social expectations linked to hegemonic masculinities. The hazards underpinning young men's sexuality, such as the spread of HIV infection owing to having several sexual relationships, were documented elsewhere (Shefer et al., 2015). Similarly, Ratele (2016) indicated that the relationship between the dominant masculinities and risky sexual behaviours among young males has been studied in South Africa. In addition, Ratele (2014) support this study's findings that, indeed, when young men cannot attain masculine ideals based on provider roles, they adopt other measures to assert masculine dominance. Some of the risky sexual behaviours entailed rejoicing over having sex with several girlfriends, which exacerbated the young men's vulnerability to HIV (Ratele, 2016).

As theorised, hegemonic masculinities are exemplary successful masculinities that serve as a ceiling and an epitome of masculinities to which men aspire (Connell & Messerschmidt, 2005; Gittings et al., 2020). In the SA context, 'real men' represent hegemonic masculinities. The findings reveal that the participants adopted some of the 'real men' masculine behaviours and beliefs. Young men exhibited a sense of admiration for men with multiple girlfriends, and they

identified these kinds of men as '*isoka*', defined as a Zulu man in multiple relationships (Hunter, 2004; Lynch et al., 2010). Being recognised as '*isoka*' was respectable in the community and came with praise from peers and adults (Hunter, 2010; Ngidi et al., 2016). Therefore, '*isoka*' is a man who can have sexual relations with multiple girlfriends at once (Bhana, 2010). The idea of '*isoka*' places greater emphasis on a young man's capacity to acquire and control several sexual partners than it does on his ability to attain maturity (Ratele, 2016). The young men who participated in this study seemed encouraged and inspired to become '*isoka*' or '*players*' as this presented a celebrated identity. The young men's resolve to demonstrate their manhood and sexual prowess takes precedence over their concern about getting infected with HIV (Bowleg et al., 2011). Understandings and theorising of masculinities have been criticised for using Northern Hemisphere men as representative of global masculinities (Connell & Messerschmidt, 2005).

Multiple sexual relationships with women formed an essential part of the narrations expressed by '*amajita*' regarding their identities. '*Amajita*' collectively indicated that women played a significant role in shaping their identities. Multiple sexual relationships were celebrated among young males. The participants demonstrated that a young man may risk losing his status as a 'real man' among his friends if he refrains from having sex with his girlfriend or girlfriends (Sathiparsad et al., 2010). Boasting to peers about having sex with girlfriends gives young men the superiority that sets them apart from those who refrain from having sex (Bowleg et al., 2011; Govender, 2011; Sathiparsad et al., 2010; Stern et al., 2015). For the majority of the young men, a thorough search for a woman suitable marriage served as the motivation for them to interact with several girlfriends as sexual partners. Thus, while preparing to pick a partner to start a life with, young men might end up enjoying themselves socially through engaging in multiple sexual relationships. One of the young men who took part in the study believed that his present relationships were more like training than marriage prospects and claimed that he would not find a suitable wife among the young women he was now interacting with. These findings are in line with earlier studies that reported that gendered roles and masculinity gave men the privilege of enjoying unrepressed sexual interactions with a variety of women (Bhana, 2016; Ngidi et al., 2016). These risky sexual behaviours were done not only for pleasure but also as proof of masculinity and an assurance that an individual belonged with '*amajita*'.

Belonging to a group was crucial for the young men, as it made them feel a sense of connectedness. The group enabled these young men to share information, resources, alcohol and cigarettes. Hence, the '*amajita*' group served as a strong source of social support for these

young men. The participants acknowledged that while their group bond was often helpful to their daily needs, the close group relationship was also destructive. Some of the participants indicated that belonging to the ‘*amajita*’ group promoted risky sexual behaviours, and those that did not partake in it were ridiculed. These findings are in line with those established in Sathiparsad et al. (2010), whose study reported that social, cultural, and societal norms shape young men’s behaviour. The context where coercive sexual encounters and numerous partnerships can be perceived and supported by ‘real men’ is created by the dominant cultural standards (Bhana et al., 2009; Govender, 2024). Hence, young men act and conduct their lives in accordance with the expectations and messages about how to act they receive from their surroundings (Ntuli, 2012). In some cases, the young men reported the conflicting pressures they experienced between their knowledge about HIV and AIDS and safer sexual behaviour and their behaviour, or between what they said they should do and what they actually did. This resonates with findings from a study that cited peer influence as an important factor in determining sexual risk-taking among tertiary students (Ngidi et al., 2016). Peer groups were perceived to be the young men’s source of knowledge about how they were supposed to behave, and this was where individuals were pressured to act according to the group’s expected norms (Bhana, 2010).

The Cornelian hegemonic masculinities theory has been criticised for missing important parts of masculinities by focusing on Western men and values (Connell & Messerschmidt, 2005). South African research leads of masculinities argue that research must consider cultural influence and produce evidence of context-specific masculinities in SA (Gittings et al., 2020; Mfecane, 2020). In response to this criticism of global understandings of hegemonic masculinities, Connell and Messerschmidt (2005) in *Hegemonic Masculinity: Rethinking the Concept* argue for context-specific exploration and research of masculinities to add to the bigger global puzzle and theorisation. This study found that ‘real men’ and hegemonic masculinity draw from global hegemonic masculinities and are constructed in line with local culture. Local masculinities, particularly protest masculinities, which are influenced by ‘real men’ masculine ideals, had an impact on young men’s risky sexual behaviours. This finding is consistent with the findings of previous research that reported that young men’s sexual behaviours significantly correlate with their adherence to traditional hegemonic masculine norms, such as risk-taking, self-reliance, and emotional control (Malinga & Ratele, 2016; Ngidi et al., 2016; Okoror et al., 2016), and they are penalised or shamed for non-conformity to such

norms (Ratele, 2014). Peers played a huge role in policing masculinities for 'amajita' and ensuring that those who conformed belonged and those who did not were excluded.

7.4.1 ABSENCE OF POSITIVE ROLE MODELS

Male figures in a boy's life influence perceptions and practices of masculinities (Connell, 1995). This study notes that the majority of young men grew up without fathers and understood some of their risky behaviours as partly influenced by the absence of a father figure. One aspect affected by the absence of a father figure is the formation of a secure attachment style. A secure attachment typically develops when a child has consistent, loving interactions with their primary caregivers, which often include both parents (Malekpour, 2007). In the absence of a supportive father figure, a child may struggle to develop this secure attachment, leading to difficulties in forming healthy sexual relationships later in life. This can manifest in seeking validation and intimacy through risky sexual behaviours rather than pursuing meaningful connections built on trust and respect (Sroufe & Fleeson, 2013).

Furthermore, fathers often play a crucial role in providing guidance and setting boundaries around sexual education and behaviour (Halstead & Reiss, 2003). Without this guidance, male children may lack the necessary knowledge and understanding to make informed decisions about their sexual health (Aggleton & Campbell, 2000). They may engage in risky sexual behaviours such as unprotected sex, multiple sexual partnerships, or substance abuse during sexual encounters, thus increasing their risk of contracting sexually transmitted infections (STIs), unintended pregnancies, and emotional harm (Mazibuko et al., 2023).

The absence of a father figure can also adversely impact self-esteem and identity development. Fathers often serve as role models, providing a framework for understanding gender roles and expectations (Sharaievska et al., 2023). Without this influence, individuals may struggle to form a secure sense of the self and may seek validation through risky sexual behaviours as a means of filling the emotional void left by the absence of paternal support (Bataille & Hyland, 2023). Thus, individuals who grow up without a father figure are more likely to experience psychosocial stressors such as poverty, family instability, or exposure to violence, all of which can contribute to their engagement in risky behaviours as a coping mechanism (Wangudi, 2019).

The absence of father figures as positive role models for young men was detrimental to their socialisation and perceptions of masculinities and behaviours. Young men's masculinities were primarily influenced by their social group of 'amajita' and peers at a micro-level of the ecosystems (Paquett & Ryan, 1990; Ngcobo, 2018). In the scoping review presented in Chapter 2, studies show that peer pressure was instrumental in exacerbating young men's high-risk sexual behaviours (Govender, 2011; Gibbs et al., 2014; Lynch et al., 2010; Ngidi et al., 2016; Ragnarsson et al., 2010; Sathiparsad et al., 2010; Selikov et al., 2009; Stern et al., 2015; Vincent, 2008). These studies indicate that peer pressure to peer-approved high-risk sexual behaviours was done to evade social exclusion. This study focused on young men who live away from their families and share strong bonds with 'amajita', sharing their daily living needs. Thus, exclusion from this group could be detrimental to these young men's masculine identities and, most importantly, access to resources. Thus, it is not shocking that other studies report the need to belong with peers as important, so much so that young men engage in high-risk behaviours to fit in, engaging in sexual acts for the sole purpose of sharing sexual experiences with peers and being accepted as part of the group. Studies report similar findings, with a young man in Stern and colleagues (2015) reporting engaging in sex for peer social acceptance and fitting it, resulting in him feeling disappointment and guilt. The participant narrates his experience of sex for peer acceptance, "*It was a quick thing. To be honest with you, when I'd done it, I didn't want to see her for some reason. I didn't want to look at her face...I never enjoyed it the first time, although the sensation was there of the ejaculation and stuff... Yes. I boasted to my friends later, and they said, welcome to the party, now you're a man*" (Stern et al., 2015 p. 807). This study indicates that the intersection of a lack of a father figure and risky sexual behaviours is essential to the consideration of holistic approaches that focus on the provision of support, education, and resources to individuals and families. This may include initiatives aimed at promoting positive father involvement, comprehensive sexual education programmes, access to healthcare services, and interventions that address the underlying psychosocial factors contributing to risky sexual behaviours. By addressing these issues at both the individual and systemic levels, it is possible to mitigate the adverse effects of the absence of a father figure and thus promote healthier sexual behaviours and relationships.

7.5 AMAJITA: HEGEMONIC FUELLED SEXUAL RISKY BEHAVIOURS

The study further identified hegemonic masculine norms that tended to reinforce young men's risky behaviours. The social group to which the young men belonged was identified as the primary source of the pressure for them to engage in sexual activities. The main reason why some young men feel pressured to engage in sexual activities in order to improve their reputation is because of this cultural standard enforced by peers. Traditional stereotyping puts a lot of pressure on some young men, and this could compel them to engage in risky behaviours in order to 'prove' their manhood (Mfecane, 2020; Ratele, 2014). This was an expected norm for the young men, and those who did not conform to it were ostracised. It was important for these young men to prove their masculinity to peers to evade social exclusion (Govender, 2011). Thus, peer pressure served as the social foundation for '*amajita*'. This shows the interplay between societal and cultural norms on the macro and the meso-system of the ecosystems where cultural norms of heteropatriarchy are enforced through peer-to-peer policing and social exclusion as punishment for those who do not conform to norms (Bronfenbrenner, 1989).

The majority of the young men firmly believed that the number of women they were in relationships with and the number of sex acts they engaged in were directly related to their identities. Meso-system peer pressure on the ecosystems was not only the source of pressure for young men to engage in sexual activities (Bronfenbrenner, 1989). Additional pressure came from an interplay of macro-micro ecological systems (Bronfenbrenner, 1989). The community at large, especially older men, glorified young men having sex; thus, this acted as a catalyst for other young men to have sex so as to obtain social approval (Hunter, 2010). Thus, the eagerness to be regarded as a real man influenced the young men to adopt these risky behaviours. Another possibility is that some of the participants may have felt pressured by the group environment to conform to and impress the other male members in the group by expressing their opinions on the basis of socially acceptable norms of 'what it means to be a guy' (Stern et al., 2015). Therefore, there is a known link between risk-taking behaviours and masculinity, and irresponsible sexual behaviour may be seen as an essential component of what it means to be a man (Bowleg et al., 2011).

Consequently, risky sexual behaviours among '*amajita*' were worsened by the need for community, family and peer approval to win respect from the group and stop taunting and name-calling. Those who had never engaged in sex were viewed as naive and were called names such as '*isishimane*' and treated with less respect, just as young males who do not engage in risky sexual behaviours. '*Isishimane*', a man who experiences trouble finding lovers, was thought to be cursed and required cleansing (Hunter, 2004; Hadebe, 2010; Gumede, 2014). Thus, most of the young men resorted to lying about their sexual experiences to avoid being ridiculed by their peers and thus be able to fit in the group. The young men who desired to protect themselves by avoiding premature sexual relationships were ridiculed, which depicts the power dynamics not only between men and women but also within the male community itself (Malinga & Ratele, 2016). The young men eventually come to believe that they must participate in dangerous sexual practices in order to demonstrate their masculinity and commitment to other guys and to a particular group (Bhana & Pattman, 2011).

7.5.1 THE IMPORTANCE OF SEX ON YOUNG MEN'S IDENTITIES

Sexual prowess is an important masculine ideal globally (Connell & Messerschmidt, 2005; Walker, 2006). The findings demonstrate that sex was an essential component of the young men's identity as '*amajita*'. The young men believed that sex was a vital factor for the formation of their identities as '*amajita*' and 'real men' in general. As a result, boys who choose not to have sex with a girl are ridiculed for failing to uphold the hegemonic notions of masculinity. This shift toward young males not engaging in risky sexual behaviours has also been noted in previous studies conducted on young masculinities (Bhana, 2016; Shefer et al., 2015). These young males are determined to remain devoted to a single partner (Langa, 2020). Some young men are making a lot of effort to embrace alternative, non-toxic masculinities and be different. This complex process is marked by self-doubt and contradictions (Langa, 2020; Ratele, 2016), which become apparent when these young men are taunted and ridiculed by peers for not adhering to practices underpinning hegemonic masculinities (Govender, 2011). Some of the young men choose to be in-between, oscillating between the hegemonic and alternative viewpoints of masculinity, a scenario that leads to some tensions and contradictions in their masculine identities.

Sex was not just performed for pleasure but also as a means of establishing and upholding respect among peers (Stern et al., 2015). The act of pressuring other young males to engage in sexual activity was seen as a way of distinguishing between a real ‘*umjita*’ and those who were less of ‘*umjita*’ and maybe gay. Due to this fixation with sex as a component of peer identity, young men are being pressured into premature sexual experiences. These young men were aware that their failure to have sex with women would result in them being ostracised and disrespected within the ‘*amajita*’ group (Govender, 2010; Stern et al., 2015; Ngcobo, 2019). For some men, the inability to secure a sexual partner has historically been significant (Vilakazi, 1962) and remains important (Ngcobo, 2024), so much so that they engage in coercive sexual advances and in rape to prove their masculinity. In the findings pertaining to the importance of sex in young men’s identities, participants indicated awareness that some men engaged in shocking rape scenes to prove masculinity, see ‘*Isitimela*’: *Group sexual encounters (ritualistic rape)* on page 152 in Chapter 6. These indicated that some of the men who raped women did so to prevent name-calling and other loss of masculinity through ridicule by peers.

According to findings about ‘*isitimela*’, some men raped women in an attempt to ensure that they and their friends had sexual experiences. Drunk women would be lured on the understanding that they were going to have sex with the ‘player’, who would arrange for his peers also to have sex with the same drunk woman. This planned rape was referred to as ‘*isitimela*’ (train). This was done to ensure that all the members within the peer group had sexual experience, which was an essential requirement for the young men belonging to ‘*amajita*’. Consequently, these findings point out that a young man who could not secure girls for sexual purposes but was friends with men who engaged in ‘*isitimela*’ could be pressured into group sexual encounters so as to fit in with the group fully (Holtzhausen, 2012; Vetten & Haffejee, 2005). Evidence shows that increasingly younger boys are included in gang rape by older men, with Holtzhausen (2012) reporting a thirteen-year-old boy implicated in a gang rape of a mentally disabled seventeen-year-old in Soweto, SA. It was widely believed that having sex was something that ‘men’ were biologically destined to seek out and that men who did not have sex were ‘less than a man’. These beliefs are instilled in men from younger ages (Hunter, 2004). In order to ensure that all those who belonged with ‘*amajita*’ were ‘real young men’, the participants stated that some men reported having engaged in ‘*isitimela*’ to prove their masculinity.

Participants were aware that although the '*isitimela*' strategy could be well thought out by the men involved in raping a woman, the women who were to be slept with were not consulted, and, more significantly, they were too drunk to make decisions about whether or not they wanted to participate in the sexual activity. The young men engaged in elaborate deceptive plans and techniques designed to ensure that the drunk woman was not aware that they were exchanging her for sex; these techniques included having sex in a dark room, not talking while having sex and sharing perfume to deceive the drunk woman into thinking that she was having sex with the initial guy. This came to light when one of the participants brought a drunk girl for him to have sex with her and for the other members of the group to have sex with her. In order to deceive the drunk young woman into thinking she was having sex with one man, '*amajita*' shared the same perfume with fellow group members to fool the young woman's smell senses. Numerous research studies conducted in Sub-Saharan Africa have revealed that alcohol usage and recreational drug use were strongly associated with unsafe sexual behaviours (Bhana, 2016; Ratele, 2016). Drug and alcohol use impairs an individual's judgement and decision-making, which in turn promotes unsafe sexual behaviour. The risk of HIV infection among drugs and excessive alcohol users grows in step with the rise in unsafe sexual behaviours (Hadebe, 2010).

The group sex practice, coupled with the dislike for condom use amongst young men, worsened the risks of HIV infections. More concerning was the risks imposed on the victim of rape. Firstly, the psychological and physical trauma the victim suffered was never a concern for the young men. This is shown by the young men not only having sex with their rape victim but doing other bodily harmful acts such as using a broom handle to penetrate the victim. This was a show of power and domination that was aimed at humiliating the drunk girl who fell into the hands of the young men. Evidence shows that for the offender, rape is not about sexual pleasure but more about power (Chapleau & Oswald, 2010). The young men's sexual acts also highlighted the victim's increased risks of experiencing unplanned pregnancy and contracting STI or STD-related infections, including HIV.

It was noted that since this was not defined as rape until the researcher questioned '*isitimela*'. Participants viewed men who engaged in this rape activity as men who had access to women. As shown by other studies, young men aspire to role models with access to women for sex (Govender, 2011). Perpetrators of gang rape often do not identify their behaviours as rape. In a recent court case of a woman drugged by her husband and raped by 50 men in France, only 15 perpetrators admitted that their behaviour constituted rape (Gozi, 2024; Schofield, 2024).

The ‘player’ title was given to men with multiple sexual partners and, more importantly, was given to men who secured women with ease both for themselves and for the group sex as well. While participants of this study reported not engaging in this act, they had the knowledge and had narratives they shared about this sexual encounter and rape through encounters at local shebeens and clubs with men who facilitated these sexual encounters of rape. Young men respected and admired the ‘player’ title.

The social peer approval of ‘umjita’ as someone with sexual experience pressured men to engage in high-risk sexual behaviours, including early sexual debut (Peltzer, 2010) and criminal activities such as rape for social acceptance (Holtzhausen, 2012). The issue of gang rape is an issue that requires attention across the world. Rape is a demonstration of men’s power over women in the hetero-patriarchal toxic masculinities (Connell, 1995), where men perceive women as objects they own and can lease to other men (Gozi, 2024; Schofield, 2024). Studies show that men from impoverished backgrounds rely on negative masculine ideals, which the hegemonic masculinities theory identifies as protest masculinities, to ascertain their masculine worth and manhood (Connell & Messerschmidt, 2005; Ragnarsson et al., 2010; Jewkes & Morrell, 2012). This study shows that ‘*amajita*’ drew their masculine identities from global and ‘real men’ hegemonic masculinities that value social prowess (Connell & Messerschmidt, 2005). In addition, young men’s understanding and practices of sex were influenced by cultural understandings and ‘isoka’ masculinities that encourage men to have multiple sexual partners (Mfecane, 2020). This resulted in the formation of context-specific ‘*amajita*’ masculinities that represent protest masculinities found in South African townships (Msibi, 2012).

7.5.2 PUNISHING AND THE EXCLUSION OF NONCONFORMING YOUNG MEN

Heteronormative and ‘*amajita*’ peer norms and nonconforming behaviours exhibited by the young men were punished by their social groups. Those young men who did not conform to the general idea of being ‘*umjita*’ faced adverse consequences. Name-calling and ridicule were some of the forms of punishment meted out to ‘*isishimane*’ for non-conformity to the social group’s hegemonic masculinity. A single young man who is unable to find a lover or who is not very “sharp with girls” is described as an ‘*isishimane*’ (Hunter, 2004; Hadebe, 2010). This is the opposite of a man who has succeeded in life, is regarded as the girls’ favourite, and is

described and defined by the idealised and appreciated '*isoka*' masculinity (Ntuli, 2012). No one celebrates '*isishimane*' because girls do not want to be associated with such weak and unsuccessful men (Meth, 2009). '*Isishimane*', or a person without a female sexual partner, would not be considered seriously by his peers who typify real masculinity (Habebe, 2010). These men were accepted by '*amajita*' and perceived as black sheep of the social group. Findings indicate that they had to show interest in women at least and be willing to be mentored by players on how to approach girls.

Those young men who were suspected of being gay were excluded from the group and subsequently marginalised. Just like the '*isishimane*', they were called derogatory names such as '*isitabane*' or '*ungqingili*', which were both derogatory isiZulu-based references meaning 'gay', a label given to young men who do not identify with and conform to the behaviour of '*amajita*'. In Black cultures, men who exhibit signs of being gay or bisexual are shunned and referred to as weaklings (Bowleg et al., 2011). This was the highest insult to masculinity, and studies show that men suspected of being gay were at risk of bullying (Lynch et al., 2010) and even death (Ratele, 2014). The findings further demonstrate that young men suspected of homosexuality were forced to engage in heteronormative relationships and sexual activities as a strategy tailored to avoid exclusion from social groups. Hence, young men engage in as many sexual encounters with females as possible in an effort to avoid being stigmatised by their peers. Furthermore, because homosexuality is seen as a weakness and not a sign of being a 'real man', most young guys do this to avoid being called gay or '*isitabane*' (Msibi, 2013). In order to avoid stigma and labels, males must demonstrate their masculinity to both society and their peers (Msibi, 2013; Sathiparsad et al., 2010).

All of the young men who partook in the study were aware of the drawbacks associated with having a gay identity. Most guys exhibited risky behaviours to avoid being classified as gay and to preserve their social standing in the group. The basis for these homophobic attitudes was a combination of incomplete knowledge and inexperience with gay individuals. The concept of identity among gay youths is a contested and fluid domain (Matebeni, 2017), and hence, it can be understood as too treacherous a terrain to navigate. There was a belief that associating with gays would result in them wanting to have sex with the young men when they got drunk. Therefore, it was damaging to the '*umjita*' identity for the young men to be associated with gay people. In essence, the young men developed strategies designed to defend their heterosexual identities, gender-based non-conformity, and dissociation from gay-coded behaviour (Matebeni, 2017). Langa (2020) exemplifies the paradox of gay youth visibility in that the

response to it frequently consists of the normative society issuing a warning to those who are not yet visible to remain obscure, failure of which repercussions will be applied. Thus, Black gay teenagers frequently find themselves being forced to choose between multiple identities so as to be able to fit in the group. According to Shefer et al. (2015), oppression places homosexual masculinities at the bottom of a male gender hierarchy, and the cultural stigmatisation of homosexuality results in gay men being dominated by ‘straight’ men.

Homosexuality was used as a tool to ‘other’, categorising men as heteronormative or nonconforming and police masculinities (Connell & Messerschmidt, 2005; Ratele, 2014). In a study exploring constructions and perceptions of masculinities in South Africa and Malawi, Ratele (2014) found that homophobia was important in defining masculinities and created a clear line between hetero-conforming men and those who identify or are socially identified as homosexual due to not fitting with the heteronormative norms. Similar to Ratele (2014), Lynch and colleagues (2010) explored masculinity constructions by HIV-positive men in SA and reported that homophobia was important in creating in-and-out perceptions of masculinity where those who do not conform to macro systems of societal expectations and microsystems of family and peer pressure to conform to masculinity are labelled as outsiders and discriminated (Bronfenbrenner, 1989). These studies report that men perceived as gay were at risk of even being killed as a means to protect culture and masculinities (Lynch et al., 2010; Ratele, 2014).

7.5.3 ALCOHOL, DRUG AND HIV RISKS

Alcohol abuse formed part of ‘*amajita*’s’ protest masculinities (Hatcher et al., 2022). The young men further indicated that being drunk increased their level of arousal and demand for sexual activity. Rape in the form of ‘*isitimela*’ and unprotected sex was highly influenced by the drinking culture (Vogelman & Lewis, 1993; Holtzhausen, 2012; Ngcobo, 2024). These findings have been shown to be shockingly predominant in SA (Egenasi et al., 2023; Vetten & Haffejee, 2005; Vogelman & Lewis, 1993), with increasingly younger men engaging in gang rape (Holtzhausen, 2012). According to Malinga and Ratele (2016), alcohol and substance abuse impairs judgement and makes people more open to unsafe sexual interactions, and it is also indirectly linked to an increased risk of HIV infection. In a study conducted in South

Africa, Scheibe et al. (2016) found that drug and alcohol usage may increase the chance of contracting HIV for young men and women. Epistemological research has also demonstrated that alcohol intake increases myopia and impairs cognitive function, which increases the likelihood of having unprotected, transactional, forced, and regrettable sex with unreliable or contemporaneous partners (Matzopoulos et al., 2012). Additionally, drinking alcohol is inevitably linked to high-risk sexual intercourse with HIV-positive individuals (Shuper et al., 2009). Thus, it is impossible to dismiss the effect of alcohol use on risky HIV-related behaviours (Matzopoulos et al., 2012).

This study found that similar to Holtzhausen's (2012) findings of older men inviting younger boys to participate in gang rape. Similarly, this study's findings show that men who arranged in '*isitimela*' invited their peers to satisfy themselves sexually with the woman who was not aware of the multiple men having sex with her. In blaming the victim of group rape, participants noted that men who invited others for gang rape apparently did so because the women forced them to call their peers by taking longer to reach orgasm, and when drunk, they reportedly demanded more sex even after the men had attained orgasm. Young men were aware of the risks associated with shared sexual experiences and believed that those who engaged in '*isitimela*' used protection when they were doing so. However, some of the participants acknowledged that some men would not share with others if they did not use a condom or if their condom burst during '*isitimela*', further risking increased HIV-related risks to the women victim of rape and other peers involved in the group sex. Due to dominant narratives about unprotected sex. This gang rape posed a high risk of HIV transmission. This study's findings raised ethical issues that are addressed in Chapter 5 about the researcher's reflexivity and positionality, starting from page 100.

Unprotected sex was reported to worsen when young men were intoxicated. Although young men were aware that unprotected sexual intercourse puts them at risk of HIV infection, they urged each other to '*hit it skoon*' because of peer pressure. Respect and admiration were given in return for exhibiting risky sexual behaviours. Previous research, including a study conducted by Jama Shai et al. (2010), has highlighted inconsistent condom use as one of the deadliest HIV-related risky behaviours, as it puts both male and female sexual partners at risk of contracting HIV and AIDS. This study shows that peers on the micro-level of the ecosystem had a strong influence on each other's behaviours (Bronfenbrenner, 1989).

Additionally, improper condom use is connected to conventional masculine ideals, with some South African men believing condoms are only appropriate for sex workers and diminish the pleasure of sex (Ackermann & de Klerk, 2002). Promoting consistent condom use among young boys in South Africa is a critical public health initiative that should aim at reducing the risk of contracting sexually transmitted infections (STIs) and experiencing unintended pregnancies (Beksinska et al., 2011). Promoting condom use among young boys in South Africa involves addressing a range of factors, including cultural norms, educational gaps, access to resources, and social attitudes toward sexual and reproductive health (MacPhail & Campbell, 2001). Effective interventions should be comprehensive, culturally sensitive, and tailored to meet the specific needs of the target population.

7.6 BARRIERS AND OPPORTUNITIES TO ACCESSING HEALTH CARE

Beliefs and perceptions of masculinities that portray men as strong and independent negatively impact men's health and health-seeking behaviours (Govender, Poku, Armstrong, & George., 2020). The findings indicate that *'amajita'* as a group remained an important source of knowledge sharing regarding HIV. However, limited knowledge and information filled with myths and unfounded beliefs about HIV posed a risk to young men. Despite this, there were opportunities for learning and a potential for behaviour change, with necessary awareness interventions. The potential for behaviour change was drawn from young men's willingness to listen to the researcher when information was shared and their sharing of recognising their engagement in risky behaviours.

7.6.1 MASCULINITIES AND HEALTH SEEKING BEHAVIOURS

According to the hegemonic masculinities theory, traditional notions of masculinity often discourage men from expressing vulnerability or exhibiting help-seeking behaviours, including health-related concerns (Connell & Messerschmidt, 2005; Farrimond, 2012; Gough & Noviova, 2020). Men may feel the pressure to appear strong and self-reliant. Studies have

shown that men associate health-seeking behaviours with being a weak man (Gibbs et al., 2015). Such beliefs compel men to downplay or ignore poor health symptoms, even when there are indications of a serious health issue (UNAIDS, 2022). Traditional notions of masculinity impose rigid expectations on men to embody machismo masculinities with traits such as strength, toughness, and self-reliance (Adams & Frauenheim, 2020; Connell & Messerschmidt, 2005; Scott, 2018). These expectations can have profound effects on how men perceive and respond to their own health concerns.

Men are often socialised to suppress emotions and avoid showing signs of vulnerability (Connell, 1987). Expressing feelings of pain or discomfort may be perceived as a sign of weakness, contradicting the ideal of stoic masculinity (Connell, 1995; McAteer & Gillanders, 2019; Smith, 2024). As a result, men may hesitate to acknowledge or discuss symptoms of ill-health, fearing that doing so would undermine their perceived strength or resilience. Men often fear being judged by others if they admit to experiencing health issues or seeking medical help. There is a pervasive belief that real men should be able to handle their problems independently without relying on others, let alone showing signs of weakness. This fear of judgment can result in men preferring to suffer in silence rather than risk being perceived as inadequate or incompetent (Gibbs et al., 2015; Iacoviello et al., 2022).

According to the Connellan theory of masculinities, traditional masculinity promotes the value of self-reliance and independence (Connell & Messerschmidt, 2005; Iacoviello et al., 2022). Men are often expected to take care of themselves and solve their problems without external assistance. This belief may force men to downplay their health concerns or attempt to self-diagnose and self-treat, even when professional medical intervention is necessary. Additionally, seeking help for health issues may be perceived as a form of dependency, which goes against the ideal of masculine autonomy (Scott, 2018). Some scholars argue that men may resist seeking medical care out of a desire to maintain control over their own bodies and lives, even if doing so puts their health at risk (Courtenay, 2000; Crawford, 2022; Nettleton, 2020), and this is in tandem with the findings from this study.

Furthermore, the findings evince that cultural norms and societal expectations play a significant role in shaping men's attitudes toward health-seeking behaviours. In many cultures, men are socialised to prioritise work, productivity, and the needs of others over their own health and well-being (Connell & Messerschmidt, 2005). This emphasises that culture puts on self-sacrifice and duty, which can deter men from prioritising their own health needs and seeking

timely medical attention. The findings suggested that admitting to health concerns or seeking help may be perceived as an admission of weakness or failure to live up to the established masculine ideals. Men may internalise these fears and avoid seeking medical care, even when experiencing serious symptoms or health issues. This fear of appearing weak or vulnerable can have detrimental effects on men's physical and mental health outcomes. Evidence shows that macrosystems of the ecosystems that include cultural values influence both the understanding of masculinity under the local culture and ensure that behaviours of men align with the cultural values by posing masculinity policing that defines what constitutes a man within the specific cultural context (Bronfenbrenner, 1989; Mfecane, 2020).

Real men in SA embody a “*dominant form of an idealised masculinity within a society, which imposes meanings about the position and identity of other forms of masculinity and femininity*” (Gittings et al., 2020, p. 224). However, due to poverty and unemployment, these men could not identify with the provider role (Ngcobo, 2023). Real men's masculinities then become “*a gender identity that society conceives, and many men work toward. It is not a status that many men occupy*” (Walker, 2006, p. 6). Participants of this study aspired to ‘real men’ masculine identities. In addition, for some of the participants, it was age; they were still too young to get jobs and play these hegemonic masculine expected roles as they were still in school. However, as shown in other studies, even young men in schools saw men with flashy material possessions and men who could provide for women, such as taxi drivers, as their role models (Govender et al., 2019). Young men who could not live up to these standards found alternative ways to assert their masculine dominance (Connell & Messerschmidt, 2005; Ratele, 2014).

7.6.2 HIV MISINFORMATION

Another important finding from this study was the apparent misinformation about HIV amongst young men, which further put them at a higher risk of contracting the virus. The social group to which the young men belong is where they get the bulk of the information about sexual activities and their potential risks. During the interviews, it emerged that the group's elder cohort had major misconceptions about HIV, and these could have compelled the entire group into making risky choices regarding their sexual behaviour. This macro-level system of influence closely monitored and peer-policed confirmatory high-risk sexual behaviours for

young men (Bronfenbrenner, 1989). For instance, a young man said that taking a bath right away after the condom has ruptured during sex would stop an infection. Similar beliefs rooted in misinformation by former SA president Jacob Zuma about a shower after sex as a protective HIV measure (Sidley, 2006) could be part of the influence that shaped young men's myths about HIV.

The dangerous belief among young men that virgin ladies cannot be HIV-positive worsened this situation. Attributing the spread of HIV to the failure to wash up after engaging in unprotected sexual intercourse may encourage hazardous behaviours spurred on by the mistaken belief that just washing private parts with soap and water immediately after unprotected sex will serve as a preventative measure (Sidley, 2006; Shumba, 2018). This is unquestionably a result of the false information and misconceptions being spread about HIV and AIDS enforced media after former President Zuma's trial (Sidley, 2006) and continues to spread amongst young men who are prone to conforming to peer-approved messaging due to peer pressure. A more practical justification for the need to intensify preventive programmes for young people is based on the idea that because they have less access to reliable information about the potential negative effects of unsafe sexual behaviour, they are more likely to become infected with HIV (Bhana, 2010). According to Matebeni (2017), adults' conventional and frequently contradictory views of young people severely limit their access to knowledge, sexual health services, and protective resources like condoms.

7.6.3 OPPORTUNITIES FOR CHANGE IN HEALTHCARE ACCESS

The young men who participated in the study provided strategies that could reduce the risks of contracting HIV infections amongst '*amajita*'. The need to ensure that health services cater to men's needs (Dovel et al., 2016; Cornell et al., 2021; Phiri et al., 2022; Medina-Marino et al., 2023) are youth-friendly is critical to a serious HIV prevention strategy (NSP, 2020; UNAIDS, 2024). One of the strategies suggested by the young men is encapsulated in delaying sexual debut. This is consistent with findings from a study conducted by Wand and Ramjee (2012) in South Africa, which reported that adolescent risky sexual behaviour, unintended pregnancies, and STIs, including HIV, can all be avoided if targeted interventions focus on postponing sexual debut. Encouraging young people to delay their sexual debut was viewed as a priority

in efforts designed to reduce the HIV epidemic in Sub-Saharan Africa (SSA) during the 2000s as part of the interventions on the macro-level of the ecosystems consisting of ‘Abstinence, be faithful, and use a Condom (ABC)’ approach to HIV prevention (Bronfenbrenner, 1989; Kaplan et al., 2013). Another study reported that delayed sexual debut has been linked to a decline in the incidence of HIV (McGrath et al., 2009).

The participants further indicated that healthcare services were not youth-friendly, which acted as a barrier preventing them from accessing healthcare services. Since clinics and other locations where teenagers can obtain condoms are practically inaccessible, it is crucial to intervene in the exo-system of the ecosystems and increase accessibility to health care and youths’ access to condoms. This is true since not every clinic accommodates young people. Additionally, staff members in healthcare facilities exhibit judgmental behaviours, thus frequently preventing young people from accessing condoms (Bhana, 2016). Condoms must be a part of a raft of HIV prevention programmes targeting all populations since they are very effective when used correctly and regularly (Baxter & Abdool Karim, 2016). Limited access to condoms is frequently asserted to be a significant structural barrier for those who may have the desire to consistently use condoms to enhance safe sex (Lubombo, 2015). Numerous studies have shown that condoms are an effective way of preventing the heterosexual spread of STIs and HIV when used correctly and regularly (Guttmacher Institute, 2014; Lubombo, 2015).

In addition, another strategy that emerged from the findings was the importance of using social media as a tool designed to prevent HIV. HIV prevention and treatment activities are increasingly utilising social media, particularly via mobile technologies and social networking sites (Jones et al., 2014). Social media may be a particularly important avenue for macro-to-micro ecosystems levels inclusive interventions that promote HIV prevention among younger people, who are constantly present on social media platforms (Bronfenbrenner, 1989; Hailey & Arscott, 2013; Taggart et al., 2015; Garrett et al., 2016; Cao et al., 2017). A huge population of South African youths with access to social media provides a platform to accelerate access to public health information, particularly messages on risk behaviours and HIV prevention strategies. Therefore, it is essential that all organisations working to coordinate and implement prevention programmes for HIV and other infectious diseases have an active social media strategy focusing on the youth (Kaplan & Haenlein, 2010). Thus, social media can improve young people’s sexual health outcomes (Taggart et al., 2015; Garrett et al., 2016; Cao et al., 2017).

7.7 CONCLUSION

The researcher argues that successful hegemonic masculinities in SA are represented by ‘real men’ masculine identities. ‘*Amajita*’ manifests as a response to the inability to attain hegemonic masculinities. Negative masculine ideals characterise ‘amajita’ masculinities, worsening their engagements in high-risk sexual behaviours and health-seeking behaviours, leading to exacerbated HIV risks and AIDS-related deaths. I argue that addressing the barriers to health-seeking behaviours requires challenging the traditional notions of masculinity and the promotion of more inclusive and supportive attitudes toward men’s health. This includes de-stigmatising help-seeking behaviours, providing education on the importance of early detection and treatment, and creating welcoming and non-judgmental healthcare environments. Encouraging open communication and de-stigmatising vulnerability can empower men to prioritise their health and seek the care they need without fear of judgment or reprisal. This study underscores the urgent need for evidence-based research to guide interventions aimed at reshaping perceptions of masculinity among ‘*amajitas*’. To tailor interventions for ‘*amajitas*’ effectively, this study advocates for comprehensive research to understand context-specific masculinities, particularly those exhibited by young men in informal settlements, and to utilise this knowledge in crafting interventions that support ‘*amajitas*’ in redefining their understanding and expressions of masculinity. This approach holds promise for improving the health outcomes of ‘*amajitas*’ by promoting safer behaviours, fostering healthier masculinity norms, mitigating risky sexual conduct, and ultimately reducing the prevalence of HIV infections among young men in South Africa. The next chapter delves into the recommendations and conclusions deriving from the findings of this study.

CHAPTER 8

RECOMMENDATIONS AND CONCLUSIONS

8.1 INTRODUCTION

This chapter begins by revisiting the thesis title to refresh the reader’s mind. It then discusses the relevance of the theories adopted in this study. The chapter describes the limitations of the study and explores the contributions that the study is poised to make towards the extant literature and the entire body of knowledge. It finally proffers recommendations and conclusions deriving from the study.

8.2 TITLE OF THE THESIS

The original title of this thesis was *“HIV Infect Women And Kill Men”: A Qualitative Investigation of Masculinity Impact On HIV Risks and Health-Seeking Behaviours of Men in Kwazulu-Natal*, Later revised in line with the findings to *Exploring Constructions of Masculinity and its Influence on sexual practice, HIV risk and health-seeking behaviours of young men in Malukazi/Malagazi informal settlement in Durban*.

The original (first) title highlights the gendered impact of HIV, with women often bearing a disproportionate burden of caregiving responsibilities for family members living with HIV (UNAIDS, 2024), while men may face higher mortality rates due to delayed diagnosis and treatment (Cornell et al., 2021; Medina-Marino, 2023 NSP, 2023). These gender disparities in HIV outcomes reflect broader inequalities in accessing healthcare and social support systems.

The study findings presented in Chapter 6 and discussed in Chapter 7 show that traditional notions of masculinity can influence young men’s behaviour in ways that increase the risk of heightened HIV transmission. For example, norms around masculinity may encourage men to engage in risky sexual behaviours, such as engaging in multiple sexual partnerships and

unprotected sex, as a way of demonstrating virility or dominance. These behaviours can contribute to the spread of HIV within communities. Furthermore, the title suggests that masculinity may also play a role in shaping young men's health-seeking behaviours in the context of HIV. Men may be less likely to seek HIV testing or treatment services due to the fear of appearing weak or vulnerable or concerns about stigma and discrimination associated with HIV. This reluctance to engage with healthcare services can delay diagnosis and treatment, leading to worse health outcomes. The findings of this study resulted in the revised title, which is suitable for presenting the findings in a narrative arch anchored on the masculinities of the young living in informal settlements in South Africa.

Overall, the selected title, "*Exploring Constructions of Masculinity and its Influence on sexual practice, HIV risk and health-seeking behaviours of young men in Malukazi/Malagazi informal settlement in Durban,*" highlights the need for a gender-sensitive approach to HIV prevention and care and that should take into account the ways in which masculinity shapes young men's behaviours and experiences. By understanding the role of masculinity in HIV-related risks and health-seeking behaviours, interventions can be developed to address the specific needs and challenges faced by young men in preventing and managing HIV. The use of a qualitative inquiry suggests a nuanced exploration of the role played by masculinity in shaping young men's HIV-related risks and health-seeking behaviours. Qualitative methods, such as in-depth interviews and focus-group discussions, allowed the researcher to explore the lived experiences and perceptions of young men in relation to HIV, thus uncovering the complex interplay of social, cultural, and individual factors.

8.3 RELEVANCE OF THE THEORY: THE ROLE OF MASCULINITY IN YOUNG MEN'S HEALTH-SEEKING BEHAVIOURS

The hegemonic masculinities theoretical framework posits that masculinity is not an inherent trait but rather a socially constructed identity shaped by cultural norms, beliefs, and expectations (Connell & Messerschmidt, 2005). In the context of HIV and AIDS, masculine norms can influence men's behaviours and perceptions related to health, risk-taking, and help-seeking. This theory helps to unpack the dominant gender norms and expectations surrounding

masculinity in KwaZulu-Natal. By examining how these norms dictate behaviours such as sexual practices, condom use, and healthcare utilisation, the researcher was able to identify the ways in which masculinity influences HIV-related risks and health-seeking behaviours among young men.

Additionally, this theory also highlighted the concept of hegemonic masculinity, which refers to the dominant and idealised form of masculinity within a given culture (Connell & Messerschmidt, 2005; Ratele, 2014). In KwaZulu-Natal, hegemonic masculinity may promote ideals of toughness, self-reliance, and risk-taking behaviours, which can contribute to an increase in HIV-related risks and men's reluctance to seek healthcare services. The masculinities theory acknowledges that masculinity is not monolithic and that there are multiple expressions of masculinity within any given society (Connell, 1995). Exploring alternative masculinities and how they intersect with HIV-related risks and health-seeking behaviours provided a more nuanced understanding of the diverse experiences and needs of young men in KwaZulu-Natal.

This study explores context-specific masculine ideals, adding to the understanding of theorising about successful masculinities in SA (Mfecane, 2020). This study adds to hegemonic masculinities theory by bringing evidence that shows 'real men' as South African hegemonic masculinities that draw masculine ideals from global performances of masculinities and local culture, tradition and socialisation. In addition, this study provides new insights into men who are not financially dominant but have found other means of upholding their social dominance through protest masculinities (Connell & Messerschmidt, 2005; Walker, 2006; Ratele, 2014). These newly adopted means of dominance are what Connell argues is important in bringing a context-specific that are non-western understanding of masculinities, which then provides a fuller picture of global presentations of masculinities (Connell & Messerschmidt, 2005). This study indicates that hyper-heteronormativity, women, sex, violence and belonging within '*amajita*' defined young men's identities.

The Ecological Systems conceptual framework and the Social Constructionism Theory are both highly relevant frameworks adopted to foster an understanding of the complex dynamics of HIV-related risks and health-seeking behaviours among men in KwaZulu-Natal, particularly in the context of masculinity. This theory, developed by Urie Bronfenbrenner, emphasises the interconnectedness between individuals and their environment, recognising that human behaviour is influenced by multiple layers of social systems (Bronfenbrenner, 1989; Paquette

& Ryan, 1990). In the context of HIV and AIDS, this perspective acknowledges that individual behaviours are influenced not only by personal factors but also by broader socio-cultural, community, and structural factors.

At the microsystem level, individual behaviours related to HIV risks and health-seeking behaviours are influenced by personal experiences, social networks, and family dynamics (Bronfenbrenner, 1989). Understanding how masculine norms are constructed and reinforced within these interpersonal relationships provided insights into how men perceive and engage with HIV prevention and treatment efforts. The mesosystem involves the interactions between different microsystems, such as the relationships between individuals and their communities, healthcare systems, and cultural institutions (Bronfenbrenner, 1989). Exploring how masculinity intersects with these broader social systems can illuminate how community norms and healthcare access negatively impact men's attitudes and behaviours related to HIV and AIDS. The exosystem and macrosystem represent the broader socio-political and cultural contexts that shape individuals' lives (Bronfenbrenner, 1989). Factors such as poverty, gender inequality, stigma, and discrimination can all influence HIV-related risks and health-seeking behaviours among men. Understanding these structural determinants through an ecological lens can help to highlight the systemic barriers that men face in accessing HIV prevention and treatment services.

Incorporating both the Ecological Systems conceptual framework and the hegemonic masculinities theory from a Social Constructionism standpoint into the study allowed the researcher to comprehensively analyse the complex interplay between individual, interpersonal, and structural factors shaping the risk of HIV and health-seeking behaviours among men in KwaZulu-Natal, with a specific focus on the role of masculinity. This multi-dimensional approach can inform more effective interventions that address the socio-cultural determinants of HIV and AIDS in the region.

8.4 THE STUDY'S CONTRIBUTIONS TO ACADEMIC KNOWLEDGE

This study contributes significantly to academic knowledge in several ways. It provides valuable insights into the complex interplay between gender norms, masculinity, and health

outcomes, particularly in the context of HIV and AIDS. By examining how masculinity influences the risks posed by HIV and health-seeking behaviours among men, the study deepens an understanding of the social determinants of health. It contributes to the growing body of literature on gender and health disparities. Masculinity is a multifaceted construct that varies across cultures and contexts (Jewkes et al., 2015). This study contributes to academic knowledge by offering a nuanced analysis of how masculine norms and expectations shape men's attitudes and behaviours related to HIV and AIDS in KwaZulu-Natal. By exploring the intersectionality of masculinity with other social identities and structural factors, the study provides a comprehensive understanding of the lived experiences of men in the context of HIV and AIDS.

A qualitative inquiry into the impact of masculinity on HIV-related risks and health-seeking behaviours adds depth to existing theoretical frameworks, such as Social Constructionism and the Ecological Systems Perspective. By grounding theoretical concepts in empirical data, the study contributes to refining and validating theoretical models that seek to explain the complex dynamics of health behaviours and their outcomes. Important to note is the fact that academic research plays a crucial role in informing evidence-based policies and interventions to address public health challenges. The findings of this study can inform the development of targeted interventions tailored to address the specific needs of and challenges faced by men in accessing HIV prevention and treatment services in KwaZulu-Natal. By highlighting the role of masculinity in shaping health behaviours, policymakers and healthcare providers can design more culturally sensitive and effective programmes meant to reduce HIV transmission and mortality rates among men.

The study bridges the gap between disciplines such as public health, sociology, anthropology, and gender studies, fostering interdisciplinary dialogue and collaboration. By drawing on insights from multiple disciplines, the study offers a holistic understanding of the complex social, cultural, and structural factors driving HIV and AIDS disparities among men in KwaZulu-Natal, enriching academic discourse and facilitating knowledge exchange across various fields.

Precisely, a qualitative investigation of the impact of masculinity on HIV-related risks and health-seeking behaviours among men in KwaZulu-Natal contributes to academic knowledge by advancing an understanding of gender and health, unpacking the role of masculinity,

informing theory development, guiding policy and practice, and fostering interdisciplinary dialogue.

8.5 LIMITATIONS OF THE STUDY

The study's sample did not fully represent the diverse population of men in KwaZulu-Natal. Recruitment and sampling methods inadvertently excluded specific sub-groups, such as marginalised communities or men with limited access to healthcare services, thereby limiting the generalizability of the findings. In addition, the participants may have provided responses bordering on what they perceived as socially desirable rather than reflecting their true attitudes and behaviours. This bias could have occurred due to the sensitive nature of the topic (HIV and AIDS and masculinity) or societal expectations regarding masculinity, leading to underreporting of risky behaviours or overemphasis on health-seeking behaviours.

Conducting research in a multicultural setting like KwaZulu-Natal posed challenges related to language proficiency and cultural understanding. The translation and interpretation of data may have resulted in inaccuracies or misinterpretations, particularly when exploring nuanced concepts such as masculinity and health behaviours. More so, the issue of the researchers' own biases and perspectives may have influenced data collection, analysis, and interpretation processes. Preconceived notions about masculinity or HIV and AIDS could have shaped the research process, potentially leading to the overlooking of alternative perspectives or the misrepresentation of participants' experiences.

The study's findings may have been influenced by the specific socio-political and cultural context prevailing during data collection. Social attitudes towards masculinity, HIV and AIDS, and healthcare services may evolve over time, potentially impacting the relevance and applicability of the study's findings in future contexts. Qualitative research inherently focuses on depth rather than breadth. Thus, the study may not have captured the full range of factors influencing HIV-related risks and health-seeking behaviours among men in KwaZulu-Natal. Certain contextual factors or individual experiences may have been overlooked due to the study's narrow scope or limited sample size.

Addressing these limitations required careful methodological planning, reflexivity, and transparency in reporting findings. The researcher strived to maximise diversity in the sample,

minimise biases in data collection and analysis, acknowledge the study's limitations, and adhere to ethical guidelines to ensure the validity and rigour of the research findings.

The global COVID-19 pandemic also limited this study. The Covid-19 restrictions impacted data collection. The researcher had to abide by the restriction rules, thus extending the data collection timeframe. The time away from data collection due to COVID-19 allowed for a tentative data analysis that informed the FDG. In addition, the researcher received a Rhodes scholarship for an opportunity to enrol in a Master of Science (MSc) in Evidence-Based Social Intervention and Policy Evaluation (EBSIPE) program at the University of Oxford in the United Kingdom. This master's was done from September 2020 to September 2021. This improved the researcher's skills and understanding of research ethics, thus benefiting this study. In addition, this exposed the researcher to a global research platform that allowed for additional training, such as advanced qualitative methods and attending global conferences, which provided detailed peer reviews of the study processes and findings.

8.6 RECOMMENDATIONS FOR FURTHER RESEARCH

Based on the findings of this study, several recommendations have been proffered for further research to deepen insights into an understanding of the topic and to address knowledge gaps. These recommendations include the following:

- There is a need to conduct longitudinal studies to track changes in masculinity norms, HIV-related risks, and health-seeking behaviours among men over time. Long-term follow-up initiatives can provide insights into the dynamics of behaviour change, the effectiveness of interventions, and the persistence of gender disparities in HIV and AIDS outcomes.
- Also, further studies should consider comparing masculinity norms and their impact on HIV risks and health-seeking behaviours across different cultural, socio-economic, and geographical contexts in South Africa and beyond as a matter of necessity. Comparative studies can elucidate the role of context-specific factors in shaping gender dynamics and informing the development of culturally tailored interventions.
- The researcher recommends that future research should consider exploring the intersectionality of masculinity with other social identities, such as race, ethnicity,

sexual orientation, and socio-economic status, in influencing HIV-related risks and health-seeking behaviours among men. Such intersectional analyses can uncover the unique challenges faced by marginalised groups of young men and guide efforts to address health disparities in the light of HIV and AIDS.

- The researcher further recommends a further study combining qualitative with quantitative methods and approaches, such as surveys or behavioural observations, to triangulate findings and provide a more comprehensive understanding of the impact of masculinity on HIV and AIDS outcomes. Mixed-methods approaches can capture both the depth and breadth of young men's experiences and behaviours related to HIV and AIDS.
- New interventions should be designed and evaluated to promote positive masculinities, reduce HIV-related risks, and improve health-seeking behaviours among men in KwaZulu-Natal. Such interventional studies can test the effectiveness of gender-transformative approaches, community-based initiatives, and healthcare interventions in addressing gender disparities in HIV and AIDS outcomes.
- There is a need to evaluate existing policies and programmes related to HIV and AIDS prevention, treatment, and care to assess their alignment with gender-sensitive approaches and their impact on young men's health outcomes. Policy and programme evaluation studies can identify areas for improvement and inform the development of evidence-based interventions.
- There is a need to engage communities, including young men, women, healthcare providers, and community leaders, in participatory research processes to co-create knowledge, identify priorities, and develop contextually relevant solutions to address HIV and AIDS and gender disparities. Community-based participatory research approaches can enhance the relevance, acceptability, and sustainability of research findings and interventions.

By pursuing these recommendations for further study, researchers can contribute to the advancement of knowledge, informing policy and practice, and ultimately reducing HIV and AIDS disparities among young men in KwaZulu-Natal and similar contexts.

8.6.1 RECOMMENDATIONS DRAWN FROM STUDY FINDINGS

From the study findings, the researcher has drawn a number of intervention-focused recommendations, which are illustrated below. Thus, there is a need to:

- Implement comprehensive sex education programmes in schools to provide accurate information about sexual and reproductive health, including the proper use of condoms, the risks posed by engaging in unprotected sex, and the importance of consistent condom use.
- Engage young people as peer educators and empower them to disseminate information about condom use. Peer-led interventions can effectively reach out to and resonate with the target audience.
- Design interventional strategies that are culturally sensitive and respectful of local beliefs and practices. Understanding and addressing cultural norms around sexuality could determine the success of any programme.
- Improve access to condoms by making them readily available and affordable, especially in areas with high prevalence rates of HIV and AIDS and other sexually transmitted infections (STIs).
- Involve community leaders, parents, and other stakeholders in promoting sexual and reproductive health. Community support can help break down barriers and reduce the stigma associated with condom use.
- Launch media campaigns using various channels (television, radio, and social media) to raise awareness about the importance of condom use. These campaigns can address HIV and AIDS-related misconceptions, reduce stigma, and promote positive attitudes toward safe sex, as these are also youth-friendly platforms.
- Establish youth-friendly health services that provide confidential and non-judgmental care. This can encourage young boys to seek information and access healthcare centres without fear of stigma.
- Conduct workshops or training sessions that focus on building negotiation and communication skills, which are essential for young people to discuss and negotiate condom use with their partners.

- Integrate condom promotion efforts with broader HIV prevention programmes. Since condom use is a crucial component in preventing the transmission of HIV, aligning various efforts can be impactful.
- Regularly monitor and evaluate the effectiveness of health interventions. Collecting data on condom use rates, knowledge levels, and behaviour changes will help refine and improve future programmes.

It is important to recognise the notion that promoting consistent condom use requires a multifaceted approach that addresses not only knowledge gaps but also social, economic, and cultural factors influencing individuals' behaviours. Collaborating with local communities, healthcare providers, and educators is crucial to the success of such initiatives.

8.7 CONCLUSION

Traditional notions of masculinity in the Malukazi Informal Settlement influence young men's behaviours, potentially increasing their vulnerability to the risks posed by HIV. Thus, their engagement in unprotected sex, multiple sexual partnerships, and reluctance to seek healthcare services are perpetuated by the fear of appearing vulnerable or weak. The findings have revealed that prevailing masculine norms contribute to stigma and discrimination surrounding HIV and AIDS, hindering young men from accessing testing, treatment, and support services. Fear of being perceived as 'less masculine' deter individuals from seeking care, leading to delayed diagnosis and treatment initiation.

The study identified various barriers young men face in accessing healthcare services, including socio-economic factors, limited access to healthcare facilities, and cultural perceptions of masculinity. These barriers exacerbate HIV-related risks and impede efforts to promote preventive behaviours and early detection. The findings suggest the need for a nuanced understanding of how masculinity intersects with other social determinants of health, such as poverty, education, and access to resources. Addressing HIV-related risks among young men in Malukazi requires comprehensive approaches that consider the complex interplay of these factors.

The study underscores the importance of addressing gender norms, socio-economic disparities, and structural barriers in HIV prevention and care efforts. By understanding and addressing the

complex interplay between masculinity and health-seeking behaviours, interventions can be designed to promote gender equity, empower communities, and reduce the transmission of HIV and its associated impacts. In this study, I recommends gender-transformative interventions aimed at challenging traditional notions of masculinity, thus promoting gender equity and empowering young men to adopt healthier health-seeking behaviours. This could involve engaging with communities to redefine masculinity in ways that prioritise health-seeking behaviours and promote respectful relationships. Given the unique context of informal settlements like Malukazi, the study highlighted the importance of developing community-based interventions that are culturally sensitive, accessible, and tailored to address the needs of young men. Engaging community leaders, peer networks, and local organisations can enhance the effectiveness and sustainability of HIV prevention and care initiatives. The research findings could inform policy recommendations to address structural inequalities, thus improving access to healthcare services and promoting gender-sensitive programming in informal settlements. Policy interventions may include initiatives designed to strengthen healthcare infrastructure, expand HIV testing and treatment services, and integrate gender perspectives into public health policies.

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Annexures

ANNEXURE 1: ETHICAL CLEARANCE



04 November 2019

Mr Seluleko Eric Ngcobo (214508206)
School of Built Environment & Development Studies
Howard College Campus

Dear Mr Ngcobo,

Protocol reference number : HSSREC/00000284/2019

Project title: HIV infect women and kills men: An investigation on the impact of masculinity on HIV risks and health seeking behaviours of men in KwaZulu-Natal

Approval Notification – Full Committee Reviewed Protocol

This letter serves to notify you that your response received on 28 October 2019 and 03 November 2019 to our letter of 11 October 2019 in connection with the above, was reviewed by the Humanities and Social Sciences Research Ethics Committee (HSSREC) and the protocol has been granted **FULL APPROVAL**

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.

This approval is valid for one year from 01 November 2019.

To ensure uninterrupted approval of this study beyond the approval expiry date, a progress report must be submitted to the Research Office on the appropriate form 2 - 3 months before the expiry date. A close-out report to be submitted when study is finished.

Yours faithfully



.....
Professor Urmilla Bob
University Dean of Research

/ms

Humanities & Social Sciences Research Ethics Committee
Dr Rosemary Sibanda (Chair)
UKZN Research Ethics Office Westville Campus, Govan Mbeki Building
Postal Address: Private Bag X54001, Durban 4000
Website: <http://research.ukzn.ac.za/Research-Ethics/>

Founding Campuses: Edgewood Howard College Medical School Pietermaritzburg Westville

INSPIRING GREATNESS

ANNEXURE 2: GATEKEEPER LETTER

Malukazi Community Counsellor
92 Old Main Road
Isipingo
4110
Date: 23/10/2019

University of KwaZulu-Natal
Howard College
Mabel Palmer Room 220
Durban
4001
Email: [REDACTED]
Cell: [REDACTED]

Dear Mr Ngcobo

Re: Permission to Conduct Research with Malukazi Young men.

I hereby grant you permission to conduct your research at the Malukazi Community. I am aware that you will be working with young men in trying to understand masculinity impact HIV vulnerability. We are aware the title of your proposed research:

"HIV infect women and Kills Men: An investigation of masculinity impact on HIV risks and health seeking behaviours of men in KwaZulu-Natal"

We have noted methods used to conduct the proposed study and the permission to enter the community is thus given. Feel free to contact us and utilize our sports facilities, office and hall spaces, make arrangements with us to ensure secure spaces. We hope to see fruitful outcomes from your study.

Kindly provide us with the study findings upon attaining your degree.

All the best.

Names: Mngadi SV.
Signature:
Date 23/10/2019



ANNEXURE 3: LETTER OF EDITING



Mufasa Research Consultancy

SERVING WITH DISTINCTION

25 July 2024

To Whom It May Concern,

Re: Editor's Letter

Amajita: Masculinity and Sexually risky behaviours behaviours of young men in a South African Informal Settlement

Below is the scope considered during language editing of the above titled doctoral thesis:

- Grammar check
- Sentence construction
- Spelling check
- Punctuation
- In-text referencing
- Formatting/ document layout

As a professional editor, I pledge that the above aspects of the manuscript were, to the best of my knowledge, meticulously and correctly done at the time the work was sent to the candidate. However, I am not responsible for any corrections that were made after the editing process finalised.

Yours faithfully,

[Redacted Signature]

Kemist Shumba (PhD)

PhD in Health Promotion: University of KwaZulu-Natal [UKZN]
Master of Social Science in Health Promotion (*Case Study*): UKZN
Bachelor of Social Science Honours in Cultural & Media Studies: UKZN
Postgraduate Certificate in Education: Great Zimbabwe University
Bachelor of Arts (English): University of Zimbabwe

Cell: +[Redacted] Email: info@mufasarc.co.za Web: www.mufasarc.co.za
Address: 7 Chartham House, 180 Brand Road, Glenwood 4001, Durban, South Africa

ANNEXURE 4: TURNITIN REPORT

Ngcobo Seluleko Eric 214508206 PhD Thesis

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Submitted to The Robert Gordon University

ANNEXURE 5: INFORMATION SHEET

UKZN HUMANITIES AND SOCIAL SCIENCES RESEARCH ETHICS COMMITTEE (HSSREC)
APPLICATION FOR ETHICS APPROVAL
For research with human participants
INFORMED CONSENT RESOURCE TEMPLATE

Information Sheet and Consent to Participate in Research

Date: ___/___/_____

Dear participant.

My name is Ngcobo Seluleko Eric, a PhD student from the School of Applied Human Sciences at the University of KwaZulu-Natal.

You are being invited to consider participating in a study titled “HIV Infects Women and Kills Men: An Investigation of Masculinity Impact on HIV risks and health seeking behaviours of men in KwaZulu-Natal”. This study aims to understand the influence of masculinity on sexual practice, HIV risks and health-seeking behaviours among young men. The study is expected to work with 20 participants: 10 young men who will participate in mobile interviews and 10 young men who will form a group that will meet two times a month for five months at Malagazi/Malukazi. The duration of your participation is expected to be an hour for the interviews and an hour for the focus group meeting. The group will meet one or two times a month for a period of five months.

The study will not provide any monetary gains to participants. We hope that the study will create a comprehensive analysis that will shed light on men’s vulnerability to HIV and AIDS-related mortality and provide recommendations that will shape the policies and practices of Governments in South Africa. The outcomes of the study will provide the focus for intervention on men and HIV.

This study may invoke feelings. Should you feel upset by anything during the mobile interview or group meeting, the researcher will be there for you to talk. The researcher will also refer you to Social Worker Mrs Nzuzo, who will be tasked with counselling services for the study.

This study has been ethically reviewed and approved by the UKZN Humanities and Social Sciences Research Ethics Committee (approval number: To Be Completed).

In the event of any problems or concerns /questions, you may contact the researcher by emailing 214508206@stu.ukzn.ac.za or call [REDACTED] or the UKZN Humanities & Social Sciences Research Ethics Committee, contact details 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

Mobile Participant: In this study, you were chosen to use snowball sampling, meaning the researcher was referred to you by an informant. You will be expected to show the researcher around your community and your chosen social places. The researcher will be talking to you as you tour the community.

Focus Group Participant: In this study, you were selected by the researcher because you met the needs of this study. You will be expected to participate in the group for five months.

Your participation in this research is completely voluntary, and the researcher will not be making any payment for your participation.

You are allowed to withdraw from the study at any time. Any discomfort that may lead to holding back of information or withdrawing from the interview will not be penalized.

The researcher would appreciate being notified of withdrawals for efficient organization of the interviews and focus groups.

The researcher will only terminate participants from the study if they disappear without notice for more than a month. This would be done to allow continuing of interviews or focus group.

Please note that the researcher will keep all the information that you share during the interview confidential. Your names and identity will remain confidential; pseudonyms will be used in the research report. The interview transcripts will be stored in secure storage and destroyed after five years.

—

ANNEXURE 6 : INFORMED CONSENT FORM

CONSENT FORM.

I.....have been informed about the study titled "HIV infects women and Kills Men: An investigation of masculinity impact on HIV risks and health seeking behaviours of men in KwaZulu-Natal" by Mr Ngcobo Seluleko Eric.

I understand the purpose and procedures of the study.

I have been given an opportunity to ask questions about the study and have had answers to my satisfaction.

I declare that my participation in this study is entirely voluntary and that I may withdraw at any time without affecting any of the benefits that I usually am entitled to.

If I have any further questions/concerns or queries related to the study I understand that I may contact the researcher at 214508206@stu.ukzn.ac.za or call [REDACTED].

If I have any questions or concerns about my rights as a study participant, or if I am concerned about an aspect of the study or the researchers then I may contact:

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

I hereby provide consent to:

Audio-record my interview YES / NO

Signature of Participant Date

Signature of Witness Date
(Where applicable)

Signature of Translator Date
(Where applicable)

ANNEXURE 7: PARENTAL ASSENT

UKZN HUMANITIES AND SOCIAL SCIENCES RESEARCH ETHICS COMMITTEE (HSSREC)

APPLICATION FOR ETHICS APPROVAL

For research with human participants

INFORMED CONSENT RESOURCE TEMPLATE

Information Sheet and Consent to Participate in Research

Date: ___ / ___ / ___

Dear Guardian.

My name is Ngcobo Seluleko Eric, a PhD student from the school of Applied Human Sciences, at the University of KwaZulu-Natal.

You child is being invited to consider participating in a study that titled ““HIV infect women and kill men”: A qualitative investigation of masculinity impact on HIV risks and health seeking behaviours of men in KwaZulu-Natal”

The aim of this study is shed insight into the influence of masculinity on notions of sexual practice, HIV risks and health seeking behaviours among young South African men. The study is expected to enroll 20 participants, 10 young men who will participate in mobile interviews and 10 young men who will form a group that will meet two times in a month for five months at Malagazi. The duration of your participation if you choose to enroll and remain in the study is expected to be an hour for mobile interviews and a hour for focus group meeting for the period of five months.

The study may involve invoking emotions and emotional discomforts. The study will not provide any personal gains to participants. We hope that the study will create a comprehensive analysis that will shed light to men’s vulnerability to HIV and AIDS related motility and provide recommendations that will shape policies and practices of Governments in South Africa, the outcomes of the study will provide focus for intervention on men and HIV.

Should you child feel upset by anything during the mobile interview or group meeting, the researcher will be there for you to talk. The researcher will also refer your child to Social Worker Nzuza who will be tasked with counselling service for the study.

This study has been ethically reviewed and approved by the UKZN Humanities and Social Sciences Research Ethics Committee (approval number: To Be Completed).

In the event of any problems or concerns/questions you or your child, you may contact the researcher by emailing 214508206@stu.ukzn.ac.za or call [REDACTED] or the UKZN Humanities & Social Sciences Research Ethics Committee, contact details 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

Mobile Interview Participant: In this study your child is chosen using snowball sampling, meaning the researcher was referred to you or you were referred to the study by an informant because you were seen as fit to the needs of this study.

Focus Group Participant: In this study your child is selected by the researcher because he meet the needs of this study,

Your child's participation in this research is completely voluntary and the researcher will not be doing any payment for your participation.

Note that your child are allowed to withdraw from the study any time. Any discomfort that may lead to holding back of information or withdrawing from the interview will not be penalized.

The researcher would appreciate being noticed of withdrawals, for efficient organization of the interviews.

The researcher will only terminate participants from the study if they disappear without noticing for more than a Month, this would be done to allow continuing of interviews. And focus group

Please note that all the information that your child share during the interview will be kept confidential by the researcher and my research supervisor. Your child's names and identity will remain confidential, pseudonyms will be used in research report. The interview transcripts will be stored in secure storage and destroyed after five years.

ANNEXURE 8 : PARENTAL ASSENT FORM

I..... the gaudian/ parent of.....have received a request to allow my son to participate in a study. I have been informed about the study titled "HIV infect women and kill men": A qualitative investigation of masculinity impact on HIV risks and health seeking behaviours of men in KwaZulu-Natal" by Mr Ngcobo Seluleko Eric

I understand the purpose and procedures of the study.

I have been given an opportunity to ask questions about the study and have had answers to my satisfaction.

I declare that my sons' participation in this study is entirely voluntary and that He may withdraw at any time without affecting any of the benefits that I/my son usually am entitled to.

If I have any further questions/concerns or queries related to the study I understand that I may contact the researcher at 214508206@stu.ukzn.ac.za or call [REDACTED].

If I have any questions or concerns about my rights as a study participant, or if I am concerned about an aspect of the study or the researchers then I may contact:

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

Guardian Contact details: _____

Signature of Guardian

Date

Signature of Witness
(Where applicable)

Date

Signature of Translator
(Where applicable)

Date

ANNEXURE 9: INTERVIEW SCHEDULE

Interview Guide: semi structured Questions

1. Demographic Data

Age: _____ Date of Birth: ___/___/___ Sex: _____
Race: _____ Marital status: _____
Purpose of Resident at Malagazi: _____ Other Home Location: _____
Form of Income: _____ Approximate amount P/M: _____
Number of Children: _____ Age of children: _____
Name the source of income: _____ R _____ Monthly
Educational Background: _____ Last grade passed _____ Year _____
Activities since school: _____

FDG Guide

1. What is the impact of masculinity attribute on health seeking behaviours of young men?
 - What is the impact of masculine attributes on access and uptake of health care services?
2. What masculine attributes are shared and seen by young men as important part of their manhood?
 - How does these attribute impact on young men's dating and sex behaviours?
3. What are the reasons associated with the causes HIV risks from young men's perspective?
4. What role/s does women play in constructing men's identity and in making men vulnerable to HIV, from men's perspective?
5. What hinders current efforts on reducing HIV?
 - What could be done to reduce HIV risks from young men's views?

Interview Questions.

1. Health seeking behaviours and uptake.

1.1 How often do you visit the clinic ?

1.2 When was your last visit at the clinic?

- 1.3 What was the reason for your last clinic visit?
- 1.4 Estimate: In a year, how many times do you go to a clinic ?
- 1.5 Have you ever tested for HIV ?
- 1.6 When was the last time you tested for HIV ?
- 1.7 Have you ever tested for STI?
- 1.8 When was the last time you tested for STI?
- 1.9 What was the reason behind testing for HIV/STI?
- 1.10 Do you think men access health care services when they need them ?
 - What makes men seek health care services ?
 - (if men do not access health care services) Why ?
- 1.11 What health care assistance do men use when they are sick or need health care ?

2. Masculinity and Manhood.

- 2.1 What attributes and qualities are shared by young men of Malagazi that makes them 'real' men?
- 2.2 What does it mean to be a man in this community?
 - How are men expected to behave around women and children in this community ?
 - Are men expected to behave differently when with other men? Explain.
- 2.3 What kind of a man are you ?, what makes you that men ?
- 2.4 Have you been in a relationship?

- At what age did you start dating ?
- How many girlfriends have you had since ?
- Currently who are you in a relationship with ?
- How many partners do you have?
- Do you have sex with all your partners ?
- Is it ok for a man to have more than one partner? Explain.
- How does these attributes (in Q1) influence your dating style and relationships?
- How does these attributes (in Q1) influence your sex life?

- How do you show that you love your partner ?
- What kind of sex do you have, with whom?
- When was the last time you had sex ?
- Do you use protection when having sex with your partner ?
- Do you consider HIV and Pregnancy when having sex ? (if yes How ?).

Choice of partners: What qualities do you look for in a girl?

2.5 At what age should men start dating and having sex ? is it the same for women?

3. Reasons for HIV infections.

3.1 What do you think makes men vulnerable to HIV infection ?

3.2 What do you think causes men to be infected with HIV ?

3.3 How do man and how does those action put them in danger of HIV?

3.4 Lets talk about factors in this community that you think make men vulnerable to HIV infection.

Probe for- alcohol and drug abuse , Gender based violence, multiple partners and unprotected sex.

4. Women's role in men's identity

Do you think women influence the way men behave?

4.1 what do you think women consider and want as an ideal men? (in dating, sex practice and masculine attribute shown by men in your community) ?

Do you think women influence men's vulnerability to HIV ?

4.2 if yes: How do women make men vulnerable to HIV infections?

5. Hindrance of current mitigation efforts; Suggestions and recommendations.

"HIV infect women and kill men"

What HIV interventions do you know that have been implemented in the community?

- Why do you think more men die of HIV?
- Are HIV prevention methods accessible in your community?

- Can you tell me about prevention methods that you can easily access in your community?
- Do you and your friends' access these ?

- Do you think anything should be done to reduce men's death and increase their access to health care services?

- If YES: What do you suggest should be done?

Probe for:

- *What do you think should be done by:*
 - o *Men – in terms of their identities, dating , sexual behaviours.*
 - o *Women*
 - o *Government*

Do you think young men like (condoms), in most sexual encounters if **not** what could be the reason causing them not to use condoms? If **yes** what could be done to encourage more condom (contraception) use in young men?

Additional questions

Have you ever hit a woman? Explain

Have you ever been hit by a woman?

Should you ever hit a woman and why?

In anytime of your life, have you experienced seeing anyone hit a woman?

- What was the reason?
- What did you think?

What did you do?

ANNEXURE 11: COREQ

Table 1. Consolidated criteria for reporting qualitative research (COREQ) checklist.

NO	ITEM	DESCRIPTION
Domain 1: Research Team and Reflexivity		
<i>Personal Characteristics</i>		
1.	Interviewer/facilitator	First author
2.	Credentials	IB.A. Honours (first author) and PhD (second author)
3.	Occupation	Graduate Student (first author) and Associate Professor (second author)
4.	Gender	Female (first author) and nonbinary (second author)
5.	Experience and training	Coursework and mentoring (first author) and previous research experience (second author)
<i>Relationship with Participants</i>		
6.	Relationship established	Relationship was established via phone screening and scheduling of interview, as well as at beginning of interview (P-5)
7.	Participant knowledge of the interviewer	Participants were informed of the researchers' training and purpose of the study
8.	Interviewer characteristics	The reason and interest in the research topic were shared with the participants (p. 5)
Domain 2: Study Design		
<i>Theoretical Framework</i>		
9.	Methodological orientation and theory	Constructivist grounded theory (P-5)
<i>Participant Selection</i>		
10.	Sampling	Purposive and snowball sampling (p. 4)
11.	Method of approach	Participants were recruited via online posters. Participants contacted the researchers as first approach (p. 4)
12.	Sample size	17 (p. 5)
13.	Non-participation	Not applicable
<i>Setting</i>		
14.	Setting of data collection	Clinic
15.	Presence of non-participants	No one was present besides the researchers
16.	Description of sample	Predominantly female (12 females, 5 males), ages ranged from 20 to 46 years old (M=28.1, SD=7.50), and 13 participants identified as Caucasian, 2 as South-East Asian, 7 as First Nation, and 1 as bi-racial (p. 5)
<i>Data Collection</i>		
17.	Interview guide	Participants were presented with the prompt: "Tell me about your self-care, starting anywhere you are comfortable with, and then completed an interview. It was not piloted (P-5)
18.	Repeat interviews	Five participants completed repeat interviews (p. 5)
19.	Audio/visual recording	Interviews were audio recorded (p. 5)
20.	Field notes	Memos were written by the interviewer (first author) after each interview
21.	Duration	Approximately 60 min per interview. On average. Range= 45 to 95 min (p. 5)
22.	Data saturation	Saturation was discussed (P-5)
23.	Transcripts returned	Transcripts were not returned to participants for comment and/or correction
Domain 3: Analysis and findings		
<i>Data analysis</i>		
24.	Number of data coders	Two coders coded the data
25.	Description of the coding tree	No coding tree was used
26.	Derivation of themes	Themes (processes) were derived inductively from the data (p. 6-7)
27.	Software	Microsoft Word was used to manage the data
28.	Participant checking	Participant feedback on the findings was not used
<i>Reporting</i>		
29.	Quotations presented	Participant quotations were used to illustrate the themes (processes). They were not identified (pp. 6-12)
30.	Data and findings consistent	There is consistency between the data presented and the findings
31.	Clarity of major themes	Major themes (processes) are clearly presented in the findings (pp. 6-12)
32.	Clarity of minor themes	Not applicable

Review Background

HIV pandemic is still considered the biggest threat to humankind (Roisseau, 2016). There has been plenty of research and interventions aimed at combating HIV infection and AIDS worldwide. One of the shortcomings of many HIV interventions has been the exclusion of men (Shand et al., 2014; Dovel et al, 2016). South Africa is not immune to the impact of intervention that focused on women and children and sidelined men. National representative data consistently shows that the exclusion of men in HIV interventions has resulted in a rise of South African male mortality, with men being two times more likely to die of AIDS related deaths than women (Bärnighausen et al., 2014; UNAIDS, 2019).

The country accounts for the highest number of people living with HIV across the world, the country carries 7.9 million prevalence which is approximately 18% of the world's HIV prevalence (SABSSM VI 2018; Kharsany et al, 2018; UNAIDS, 2019). With South African youth aged between 15 and 25 experiencing the highest HIV pandemic in the world (UNAIDS 2010). In addition, half of the worlds population between the ages of 15 to 19 living with HIV are in seven countries, namely South Africa, Nigeria, Kenya, India, Mozambique and Tanzania (Avert, 2017). Although South African has seen a steady decline in new HIV infections (StatsSA, 2018), incidence, prevalence and HIV related death of men remains unacceptably high (UNAIDS, 2017; StatsSA, 2018).

HIV research and intervention has largely focused on women and children, and unsurprisingly findings of national representative data shows that there is no significant change and HIV prevalence and incidents remains high (HIPSS, 2018; SABSSM IV, 2018). In a society with gender inequalities, toxic masculinity and dominance of men over women, men's susceptibility to HIV transmission translate to women's vulnerability as men dictates how, when and with whom sexual intercourse is done (Maharaj & Munthre, 2006; Ritcher, Mabaso, Ramjith, & Worry, 2015). This points to the importance of understanding men's behaviours and developing intervention focusing on men's behaviours and susceptibility to HIV infections.

HIV vulnerability in men continues despite the country's best effort in attempts to combat the spread of HIV by deploying accessible HIV testing and counselling (HTC) with free accessible high coverage of Antiretroviral therapy to the South African population. The country also adopted the National Strategic Plan for HIV, TB and STIs 2017–2022 which aims at fast-tracking improved access to ARVs, healthcare and decrease HIV (National Strategic Plan, 2012). South Africa has also implemented the 90-90-90 strategy in efforts to combat the epidemic. This strategy aims at having 90% of HIV positive South Africans to know their status, 90% of HIV positive people on ARVs and 90% of HIV positive individuals taking ARVs to have a suppressed viral load by the year 2020 (UNAIDS, 2019). It is clear current intervention does not change the trajectory of HIV in men, thus the need to understand factors making men vulnerable to HIV and preventing them from accessing current interventions.

In South Africa development of effective and relevant intervention needs to be prioritized. This can be done by developing interventions based on understanding the roots of men's vulnerabilities. Evidence show that without focusing on factors that solely affect men's vulnerabilities, South Africa may take longer to change the HIV epidemic trajectory (Peltzer, Matseke, Mzolo, & Majaja, 2009; Shend et al., 2014). There is a limited comprehensive understanding of men's vulnerabilities based on toxic masculine ideals.

To my best knowledge, there are no recent reviews that aim at comprehensively evaluation of masculine impact on South African men's HIV vulnerabilities. This systematic review will

assemble current evidence on hegemonic masculine ideals impact on men's behaviours and health in South Africa.

Review Framework

A systematic review needs a clearly structured plan to allow for clear trail of how the review was done (Arksey and O'Mailley 2005; Bettany-Saltikov 2010). This review adopts the style of review by Arksey and O'Mailley (2005), that involves Five steps of the review described below. Firstly, a research question is identified. Secondly, relevant studies are identified. Thirdly specific studies that meets the inclusion criteria and the aims of the review are selected. fourthly, the selected studies are recorded and lastly the data from studies is extracted, summarized and reported.

1st identifying research question

This review's research question is as follows:

What masculinity related factors are associated with vulnerability to HIV/AIDS, poor health seeking behaviours and consequently mortality of men aged 15 and above in South Africa?

Specific question that will be answered in this review are as follows.

1. What are masculine factors drive HIV infection and transmission in young men in South Africa?
2. What hinders men from accessing health care services?

2nd Targeted studies

This review targets only published peer reviewed research articles. Qualitative and mixed method studies will be included with a focus on qualitative, descriptive parts of the study. The following journals and databases were recommended by a University of KwaZulu-Natal psychology research librarian as fit for the purpose of this review: Science direct, Pubmed, sabinet (SA research), abscohost, google-scholar, thus will be used as sources of literature this review. Studies with both men and women will be included with the review focusing only on outcomes reported about the male participant. Only studies conducted in South African areas inclusive of rural, urban, townships and informal settlements. This review will include studies published within a Ten-year period, from the year 2009 to the year 2019. Only studies published in English will be included for practicality

The following terms will be used to search articles, 'and' will be used to link these words for more inclusive search.

- HIV drivers and determinants in Men or Masculinity or Drivers of HIV or Health Seeking behaviours or risky behaviours or AIDS or Men Mortality or young men mortality

Refence list of included studies will be se searched for relevant studies.

3rd Relevant study selection

A tittle screening will be conducted on identified studies and studies that are related to the topic of this proposed review will be recorded by being uploaded on Journal online folder and exported to a desktop Endnote. Studies that are relevant by tittle will undergo an abstract screening by two independent reviewers. Repetition of studies will be identified and

eliminated. Studies that do not meet the inclusion criteria of this study based on the abstract will be excluded from the Endnote database. When the abstract screening is finished all studies that are left on the data base will be subject to data extraction guided by inclusion criterion and the data will be subject to evaluation and summary.

For a study to be included in this review, it must address the question of the review, meaning they must be empirical, Peer reviewed studies focusing on South African heterosexual men vulnerability to HIV. Qualitative studies focusing on factors that increase HIV vulnerability on South African heterosexual men will be prioritised. This review will utilise SPIDER to identify studies for inclusion. According Methley and colleagues (2014) to SPIDER stands for S-Sample, P-Phenomenon of Interest, D-Design, E for Evaluation and R-for Research Type. According Methley and colleagues (2014) This is a framework fit to identify and set a criterion for inclusion of both qualitative and mixed methods studies.

S- Sample: this review will focus on studies reporting on South African young men, studies working with both men and women will be included with focus only on their reporting about the male part of the study.

P- Phenomenon of interest: this review will focus on [masculinity ideals] factors making men vulnerable to HIV and HIV related death.

D- Design: this review will include both qualitative and quantitative designs, meaning studies that employed interviews, ethnography, surveys and case studies, focus groups will be included.

E- Evaluation: Studies that seeks to explore, describe and report on participants views, beliefs, understanding and knowledge, experiences, Feelings, attitudes, perceptions, feelings on factors that make young men vulnerable to HIV and factors that hinders men from accessing health care services and uptake on health care.

R- Research Type: Qualitative and mixed methods studies will be included with focus on qualitative report.

Exclusion: Non-empirical studies from uncredited journals (e.g., Think pieces), unpublished studies and grey literature such as academic thesis will be excluded from this review. Non-South African studies, studies focusing on HIV acquisition that does not include heterosexual men risks such as Mother to child transmission, drug use in injections will be excluded. Studies focusing on key population such as men who have sex with men (MSM), Gays, Bisexual men, women, children and old age population will be excluded.

4th Selected study recording

A standard data extraction table will be developed and used by two independent reviewers to record identified and fitting studies. The data extraction table will then be merged and result will be recorded, where the two reviewers disagree, a third person will be tasked with creating consensus and making final decisions.

5th Data Summary and reporting.

A qualitative research thematic analysis will be employed to analyse extracted data, this reiterative method of grouping themes (Terre Blanche & Durrheim, 2006) will be used with Malpass's notion of first, second and third order constructs, where the first order are based on articles presentation of original data collected through interviews with research participants, second order is the interpretation of ideas and views of the participants by the author (26, Musheke et al, 2013; Tong, 2014). This review will compare second-order constructs to

develop new interpretations of data from the reviewers, which will represent the third-order constructs (26, Musheke et al., 2013, Tong 2014). This review aims at creates new understanding of secondary data by using translation process where concepts and ideas are transferred across different studies [Mushke et al, 2013, Tong, 2014]. Third-order constructs will be created through a reiterative process where concepts that emerge from transferred concepts reflect meanings that are carried by original articles. New and deeper interpretations of findings will be reported in this review to illustrate the relationship of masculinity-related factors that influence risks of HIV infections and HIV-related death among South African men.

Quality assessment

This review will use SPIDER to identify relevant studies. In addition Consolidated criteria for reporting qualitative research (COQED) checklist will be adopted to ensure that included studies are of good quality. These two methods will be adopted to raise the quality of this review findings by ensuring that included studies reported trustworthy findings (Booth 2014). The COQED checklist will ensure that studies included in this review report author characteristics, study methodology including theoretical framework, participant selection methods, setting of the study, and methods of data collection and analysis to ensure transparency and trustworthiness of studies included. Two independent reviewers will review each article, with a third person to resolve conflicts of reviewers' understanding of the original data.