CHAPTER ONE

INTRODUCTION

1.1 Background on Masculinity Research

Gender has often been used as a framework for analysis and programme development. However, these gender programmes had mostly been about women and their difficulties and had marginalized men and boys until a few decades ago (Barker & Ricardo, 2005). The study of the male gender or masculinity started around the 1970s and 80s due to the process of industrial and political modernisation (Campbell & Bell, 2000; Connell, 1987; Kaufman, 1987). This gave rise to the notion of the man in crisis (Campbell & Bell, 2000). The man in crisis idea meant that men were in a struggle to live up to the social expectations of their sex role and were in a struggle of identity crisis (Appolis, 1998; Campbell & Bell 2000; Elliot, 200; Reddy, 1998). This was because, with the process of modernisation, women were becoming more involved in what was previously known as the men's world. That is, women were now in the workplace and running households (Campbell & Bell, 2000; Elliot, 2003). With this notion of the man in crisis, new social movements emerged and with them came the sentiment of the new man. The new man was more involved in the family, community and environment and was a diversion from traditional masculinity (Appolis, 1998; Elliot, 2003; Morrell, 1998; Ratele, 1998; Reddy, 1998).

The conception of the man in crisis and the rise of the new man meant that masculinity was no longer seen simply as a biological or psychological state but rather a socially constructed entity in a particular historical context (Campbell & Bell, 2000; Morrell,

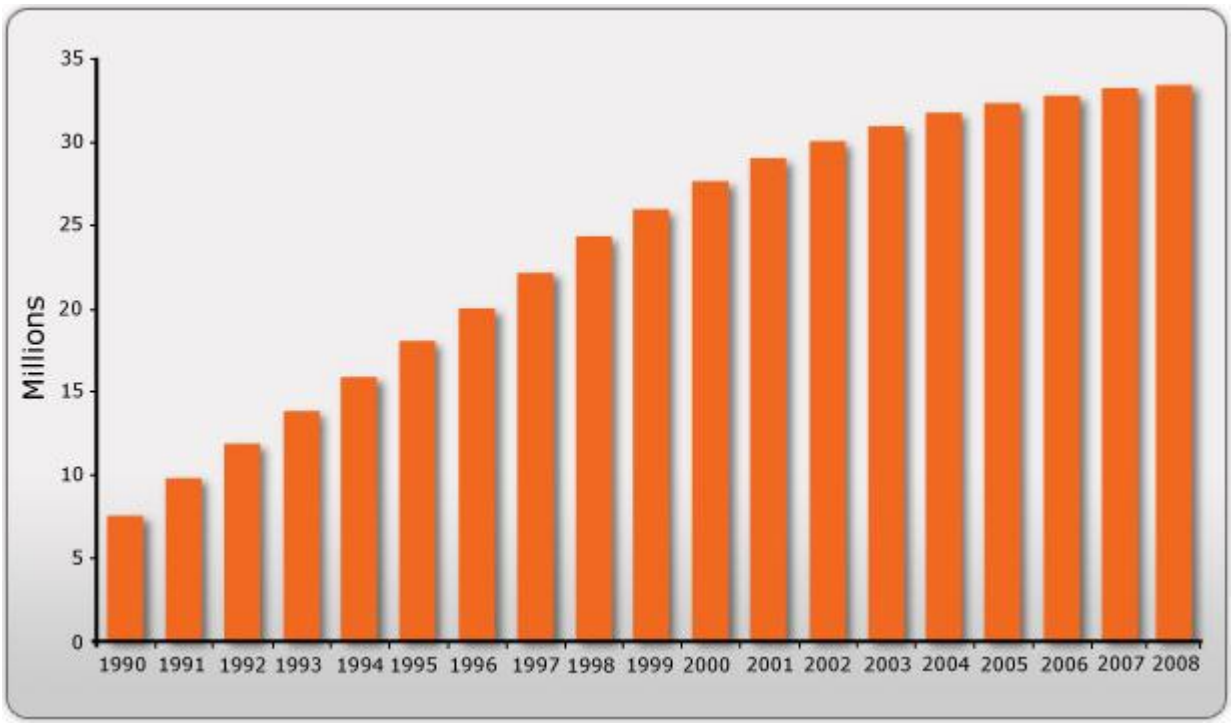
1998). Therefore, according to social constructionism, masculinity changes and there is no one masculinity but rather different masculinities within different cultural and historical contexts. Therefore, the study of this changing masculinity became vital not only in getting to know more about masculinity but also to help understand how masculinity can be used to inform programmes against risky behaviours, domestic violence and social problems such as HIV/AIDS (Campbell & Bell, 2000; Morrell, 1998).

HIV/AIDS has accounted for over 28 million of deaths world-wide since 1981 and currently there is no cure for this pandemic (UNAIDS, 2009). The number of new infections seems to be increasing year after year.

Year 2008	**Estimate**	**Range**
People with HIV/AIDS	33.4 million	31.1-35.8 million
People newly infected with HIV in 2008	2.7 million	2.4-3.0 million
AIDS deaths in 2008	2.0 million	1.7-2.4 million

(Table 1: estimated numbers of deaths accounted for by HIV in the year 2008 (WHO, 2008).

Figure 1: HIV/AIDS Global trends (UNAIDS, 2009).



In 2009, Sub Saharan Africa accounted for 1.4 million deaths and 22.4 million people living with HIV/AIDS (UNAIDS, 2009). The study of masculinity as a socially-constructed phenomenon, however, gives a new hope in attempting to decrease the number of infections and deaths. Understanding how men construct their masculinity may help in understanding and changing men's risk behaviours (Barker & Ricardo, 2005). It is important to note that HIV as a social issue is directly related to how men construct their masculinities in a social context (Barker & Ricardo, 2005). That is, men's socialisation has implications for the spread of HIV/ AIDS (Barker & Ricardo, 2005; Malebranche, Fields, Bryant & Harper, 2007). In Africa, the association of masculinity with risky behaviour has important implications for the efforts of development agencies and governments to reduce the spread of the HIV/AIDS pandemic (Barker & Ricardo, 2005).

1.2 Research Objectives and Rationale

The HIV/AIDS pandemic has forcefully galvanized the world into action, particularly challenging them to examine how boys have in the past been socialised into manhood and generational masculinity values. In this regard, targeting boys is fast gaining prominence as a medium-term strategy for changing male behaviour and developing new masculinities. According to Barker and Ricardo (2005), applying a gender perspective with young men helps to understand many of the root causes behind HIV/AIDS in Africa. This is because understanding how men construct their masculinity may help in understanding how young men can be engaged as protective forces and allies in ending the HIV/AIDS epidemic. Activities such as developing new rites of passage, which take into consideration the changing roles of men in society, and particularly recognizing the principles of gender equality, are gradually being accepted as a social norm (Aar, Flisher, Kaaya, Onya, Fuglesang & Klepp, 2006; Barker & Ricardo, 2005). This current research study follows on a number of other studies on masculinity and risk behaviour and HIV/AIDS (Kometsi, 2004; Lynch, 2008; Mankayi, 2006; Varga, 20008).

This research study aimed at exploring the perceived impact of socio-cultural messages and practices (initiation process) around the stages of puberty, in constructions of masculinity and sexuality in young Xhosa male adults, and how these have implications on the HIV pandemic. The research study is centred on the assumption or belief that cultural experiences and practices[1] play a major role in how one constructs masculine and sexual identity. Therefore, this research aimed, firstly, to explore the social construction of masculinity and sexuality of Xhosa men. Secondly, the study aimed to identify the key

[1] For the purposes of this research, the term 'cultural experiences' refers specifically to the Xhosa initiation practice and messages around this practice.

pubertal experiences that Xhosa men receive and the meaning given to these experiences of masculinity and sexuality; thirdly, to analyse how the pubertal experiences and messages they receive before and after initiation influence the way they construct their masculinity.

Traditional/hegemonic masculinities have been largely associated with the high spread of AIDS. This is because hegemonic masculinity is associated with high risk behaviour, power and oppression of women (Campbell & Bell 2000; Santana, Raj, Decker, Marche & Silverman, 2006). Therefore, understanding how masculinities are constructed may help to understand what factors predispose these masculinities to high HIV spread rate, which in turn can be used to inform interventions around HIV prevention. Hunter (2004) refers to these masculinities as the '*isoka*[2] masculinities'. These are usually constructed around the need for men to have multiple sexual partners, which has overwhelming implications on the country's HIV prevalence rates (Hunter, 2004).

Being initiated forms an important part of Xhosa and other African masculinities. As indicated in the above paragraphs, circumcision (which is part of initiation in Xhosa culture) has implications for masculinity and sexuality, and this has implications for the spread of HIV or lack thereof. Previous research studies have proved that circumcision decreases the rate of HIV transmission up to 60% (Auvert, Taljaard, Lagarde, Sobngwi-Tambekou, Sitta & Puren 2006; Bailey, Moses & Parker, 2007; Gray**,** Kigozi**,** Serwadda, Makumbi, Watya, Nalugoda, Kiwanuka & Moulton, 2007). Three randomized controlled clinical trials were conducted in Africa (South Africa, Uganda and Kenya) to verify whether male circumcision reduces the risk of HIV infection. In South Africa, the

2. *Isoka* in this study refers to a man with more than one partner and who believes that to be a real man you need to have more sexual partners.

percentage decreased up to 60%, in Kenya by 53% and in Uganda by 51% (Auvert et al., 2006; Bailey et al., 2007; Gray et al., 2007). However, other authors caution that for men who are circumcised knowing that circumcision has this effect, might have major implications on how they behave sexually and therefore, expose them to increased chances of being infected (Barker & Ricardo, 2005). In relation to this, this study investigates how the AIDS epidemic has impacted on the way in which circumcised Xhosa men position themselves as men and sexually in their context. It is important to note that although the studies referenced above are based on medical and not traditional circumcision, it is possible that the latter could yield the same results if the conditions of the medical process are followed.

Therefore, the study of masculinity as constructed through initiation processes is an important area of study in attempting to find ways of reducing the spread rates of HIV/AIDS in South Africa. This research study specifically chose to study this phenomenon from the Xhosa perspective due to the public knowledge of circumcision in the Xhosa culture. Although there are other cultures that practice circumcision in South Africa, information on Xhosa initiation is readily accessible from previous studies.

The aims of the study were addressed by attempting to answer the following questions:

1. What is the role of puberty and circumcision in constructing masculinity in Xhosa males?
2. What impact does masculinity as constructed through puberty and circumcision have on risky sexual practices?

3. What messages do young Xhosa men receive in puberty about masculinity and sexuality, from whom, and what role do these messages have in constructing the meaning of manhood?

1.3 Brief Outline of Methods and Scope of Research

This research study was conducted using a qualitative research design, as this involves a deeper interactive process that seeks to understand people's interpretations of themselves and the world in their natural setting. The sampling procedure used was non-probability, purposeful- snowball sampling techniques. Purposive sampling was used to tailor the specific criteria needed for this research (refer to chapter three: sampling). Snowballing was used as a second sampling method due to unavailability of willing participants. This means that available participants who met all the research requirements were asked to recruit other participants they knew with the same required characteristics. To collect data semi-structured interviews were used. Lastly, discourse analysis was used to analyse the data (refer to chapters three and four).

1.4 Outline of the Research Study

Introduction: This section introduced the problem to be investigated, as well as the research study objectives, research questions and rationale. A basic outline of the theoretical framework that drives the research was also briefly introduced.

Literature review: This section of the paper includes literature and previous research relevant to the topic of interest. It also includes literature on the concepts of masculinity, Xhosa circumcision, puberty, HIV/AIDS, body image and sexuality.

Research methodology: In this chapter, the methods used to recruit participants, collect and analyze data are discussed. The theoretical framework for using these methods for data collection and analysis are explained and motivated for.

Research findings and discussion: The findings obtained from the analysis used are presented and discussed. These results will reflect the discourses that were generated out of the data and further be compared to available literature.

Summary and conclusion of findings: A detailed summary of the research findings forms part of this chapter, including recommendations and suggestions for future research, theory and intervention or practice.

1.5 Key Terminology

For the purposes of this research, wherever the following terms are used they refer to the following basic meanings unless otherwise stated in that section.

Circumcision: the cutting or removal of the foreskin from the penis (CDC, 2008).

Gender: ways in which social differentiation into categories of male and female is given meaning in a society (Flood, 2000).

Hegemonic masculinity: the dominant and most desired form of masculinity in a particular society (Connell, 1995).

Heterosexuality: sexual relationship of a male with a female partner and vice versa (Rich 1980).

HIV/AIDS: HIV- human immunodeficiency virus/ **AIDS-** acquired immunodeficiency disease syndrome

Masculinity: meanings given in any particular society to being a man (Connell, 1995).

Puberty: developmental stage with physical changes between ages 10- 16

Sex: biologically male or female.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This chapter contains the literature that was reviewed in relation to this research study. The central topics of discussion relate to definitions of masculinity and how these are framed within the social constructionist paradigm. The primary goal of this research study was to explore how Xhosa males construct their masculinity and sexuality and how these intersect with their sexual practices which might result into contracting HIV/AIDS. The literature specifically on African masculinities and particularly that of the Xhosas will be reviewed. In addition, the literature on sexuality with the focus being on heterosexuality is also reviewed. The rationale for focusing on heterosexuality is because, globally, heterosexual sex is the main source of HIV/AIDS transmission and it accounts for most HIV/AIDS infections (Flood, 2000). The literature further explores the social construction of masculinity and sexuality and the impacts of these on HIV/AIDS infections and interventions.

2.2 Masculinity

2.2.1 Definitions of Masculinity

It is believed that to be a man is not simply to be: a man must do what a man does, display and prove his manhood, in order to establish unchallenged manhood (Lynch, 2008; Miles, 1991). The universal feature of masculinity is that it should be achieved. This means that, masculinity requires one to act in particular ways before one's social group (Barker & Ricardo 2005; Connell, 2003; Gilmore, 1990; Pollack 1998). These acts are evaluated and judged by others in the group to see if they live up to social norms and

expectations of how a man should be like (Pollack, 1998). For a man to be taken as a man he must possess certain characteristics to prove that he is not a woman (Brannon & Davis 1976; Hopkins 1996; Lynn, 2008). These characteristics include that a man must have self control, power, moral superiority, toughness, aggression, a strong achievement motivation and independence, sexual prowess, sexual conquest of women and heading a nuclear family (Barker & Ricardo 2005; Lynch, 2008). This view of masculinity suggests that masculinity is rigid and homogenous. However, with changes in society and modernisation, it has been discovered that masculinity is not homogenous and rigid but rather fluid and there are not one but many masculinities (Glover & Kaplan 2004; Lynn, 2008).

Taking the above into account, some researchers define masculinity as the extent to which men describe standards for masculine behavior through their relationship with socio-cultural norms and values (Leach, 1994; Mankayi, 2006; Morell, 1998). That is, it refers to "social roles, behaviours and meanings prescribed for men in any given society" (Kimmel & Aronson, 2000, p. 503). Segal (1990) and Beynon (2002) define masculinity as a social construct embedded in culture and socialization; it involves historical and geographic factors. Therefore, there is no single masculinity; how the construct is defined and presented depends on one's social context. This is because, as this study argues, masculinity is socially constructed and varies within each socio-cultural and historical context. This brings forth the argument that there are, therefore, different forms of masculinity. The different masculinities might present differently in different societies but they all co-exist with each other and have one form predominating (Connell, 1995).

The predominating masculinity is usually referred to as hegemonic masculinity; this usually represents the cultural ideal of the masculinities. Hegemonic masculinity gives men a superior status. As a result of this ideology, most men feel pressured to possess the hegemonic characteristics such as physical strength and fitness. To appear weak, emotional, or sexually inefficient is a major threat to their self-esteem (Jeftha, 2006). To be content, these men must feel that they are decisive, self-assured, and rational. Masculine gender role stress may develop if a man feels and demonstrates that he has acted 'unmanly'. Acting 'manly' among peers often results in increased social validation or general competitive advantage (Jeftha, 2006). The pressures (such as to be more powerful, have more money) that men experience because of how they construct their masculinities may lead them to taking unnecessary risks.

Traditional expectations are that men should take risks and these risks have, over the years, extended to having frequent sexual intercourse (often with more than one partner), together with exercising authority over women. Having multiple sexual partners puts men at greater risk of contracting HIV/AIDS and other sexually transmitted infections; this also creates a risk to women by way of transmitting HIV and other sexually diseases to them (Jeftha, 2006). The expansion of such behaviour may be said to encourage men to force sex on unwilling partners (Jeftha, 2006). As part of masculinity constructions, men take sexual risks to boost their social status as mostly seen in hegemonic and subordinated masculinities (Goniwe & Gqola, 2005).

The hegemonic form of masculinity is ruled by the desires of high sexual pleasure, power and physical strength (Goniwe & Gqola, 2005; Jeftha, 2006). According to Connell (2008), male privilege and social power are produced and reinforced through the

consensus of hegemonic masculinity, which is based on the construction and upholding of ideas, institutions and behaviors that give birth to and protect male dominance. This is why hegemonic masculinity presents an idealised version of masculinity, of how 'real men' should behave, (Connell, 1993; Jeftha, 2006; Morell, 1998). It presents an ideology where a man is expected to be strong, virile and aggressive (Hayes, Porter & Tombs, 1998). These characteristics supposedly determine one's behavior in general and towards women in particular. In addition, a man is expected to protect the reputation of his family group by jealously guarding the sexuality of its female members. Moreover, it is accepted that a man must actively chase after women to enhance his own reputation for sexual prowess (Hayes et al., 1998).

This notion of masculinity is confirmed in societies where polygamy is widely accepted as a norm and other cultures or religions, such as Indonesian Muslims who believe that polygamy is from God (van Wichelen, 2009). To confirm this, in a study done by Varga (1997), the participants argued that multiple sexual partners signified being a real man and an *isoka* which validates masculinity. Conversely, having one partner meant you are an *isishimane* and you are disgraceful to masculinity. The participants went further by arguing that polygamy or "*isokahood"* was generational and part of their culture (Varga, 1997).

Although hegemonic masculinity seems to be dominant and evident in most contexts, it is important to note that masculinity is a product of culture; it is shaped, expressed and negotiated differently in different cultures (Connell, 1995). Men in different socio-cultural contexts are socialised differently to their masculinities and as social actors.

People make use of cultural symbols and theoretical systems, linguistics and other figurative systems to construct meaning to their world (Campbell & Bell, 2000; Hall, 1997). As a result, masculinities are contested, constructed and reconstructed all the time (Connell, 1995). Marginalized men often attempt to compensate for a subordinate status by taking on alternative forms of masculinities and associated behaviours (Courtenay, 2000).

As stated in the introduction, for a long time it was believed that there was only one form of masculinity until later in the 1970's and early 1980's where alternative masculinities were in response to women's movements and gay rights activism. Initially, these new forms of masculinities, or the new man was seen as vulnerable, self-questioning and sensitive (Tolson, 1977). However, today the media depicts the 'new man' as cheerfully self-confident in his masculinity; spends time with his family; does not insist that his partner stays at home or has a job of a lower importance to his own; he is non-competitive, caring and he helps with household chores (Campbell & Bell, 2000; Jackson, 1991; Mort, 1988;Tolson, 1977).

The emergence of the new man or new forms of masculinity gave rise to new questions regarding the agenda of sexual politics concerning the ways in which masculinity is personified, how male subjectivities are constructed and experienced, and the extent to which they can be changed (Morell, 1998). However, as Morrell (1998) as well as Campbell and Bell (2000) further caution, it is important to note that sometimes the new forms of masculinity can be accommodated within the existing patriarchal structures, confirming their elasticity and adaptability rather than indicating a shift in the sexual balance of power. Traditional patterns of masculinity may be temporarily disrupted by

shifting gender identities and relations, but this does not often lead to miscalculating the persistent imbalance of power between men and women.

Contrary to the above, Cockburn (1983) argues that above all, recognition of a plurality of masculinities can be guaranteed to give rise to a possibility of multiple resistances. In other words, the new man or the new forms of masculinity challenge the values of power and oppression associated with traditional or hegemony masculinity. According to Cocks (1989) and Segal (1990), this resistance last has the possibility of bringing about change in social and political issues such as HIV/AIDS and, to make it last, one must start to explore the various instabilities and contradictions that are within the conception of masculinity and make a determined effort to uncover the spatial structures that support and maintain its dominant forms.

2.2.2 Masculinities in sub-Saharan Africa

When making a gender analysis of young men in Africa, one must take into account the plurality of masculinities. Different versions of manhood in Africa are socially constructed and fluid over time and different settings. Africa has numerous masculinities, some associated with being *isoka*, a warrior, a miner, while others may be associated with farming, cattle herding and circumcision (Barker & Ricardo, 2005). Africa has indigenous definitions and versions of manhood, defined by tribal and ethnic group practices as well as new versions of masculinities shaped by certain religions such as Christianity and Islam and by western influences such as the global media. Therefore, a young African man might perceive gender norms from traditional rites of passage and elders in his cultural group, or receive messages about manhood from rap songs from western cultures (Barker & Ricardo, 2005), or, most often, both.

According to Barker and Ricardo (2005), the social requirements for what makes a man in Africa is his ability to achieve some level of financial independence, have income (in whatever means), and afterwards start a family. Therefore, according to a man in Uganda as cited by Barker and Ricardo (2005), being a man depends on whether you can afford to get married and have children. In most traditional societies or cultural groups the transition between boyhood and manhood is done through the processes of male initiation or circumcision. Being initiated has strong ethnic implications but also evokes the idea of manhood which is responsible, respectful and wise (Crous, 2005; Morrell, 2001).

Previous research in Africa has shown that masculinity and sexuality are linked (Price & Hawkins, 2002; Wood & Jewkes, 2001). Wood and Jewkes (2001) report that, in Xhosa males, manhood is defined by the number of girlfriends a man has. The same was noted in a Zambian study by Price and Hawkins (2002), where sexual relationships were the centre of masculinity. Post independent migrant workers reported deeply held notions of male privilege as centered on sexual negotiations (Campbell & Williams, 1996). Research on masculinity and HIV in South Africa indicates that masculine role expectations such as multiple sexual partners, risk taking, needs for 'flesh on flesh' sexual pleasure and desire for African men to have many children, often limit the effectiveness of HIV prevention programmes (Campbell, 1997). This is an important factor to note in this research because this study explores one of the African masculinities and the factors involved in its construction and their implications for HIV/AIDS.

2.2.3 Masculinity and Xhosa Male Circumcision

As mentioned in the section above, initiation (circumcision) is familiar in many parts of African societies and also other cultures such as Jewish and other ethnicities (Barker & Ricardo, 2005). In South Africa, this practice is most dominant among the Xhosa culture but also seen in other cultures such as Zulu and Sotho in both rural and urban areas. This study focuses on the Xhosa male circumcision because, although circumcision is also practiced by other cultures, it was traditionally well known as a Xhosa ritual (Ncayiyana, 2003).

Male circumcision in South Africa has been and is still largely evident among most Xhosa groups. However, the ritual constructions of Xhosa manliness have centred on the axis of circumcision which differentiated boys from men (Mager, 1997). Whereas the ideal boy is strong, brave, a good stick fighter and one to whom others would defer, the ideal young man is restrained by knowledge of Xhosa law, an eloquent speaker and a strong leader. Thus, these characteristics constitute a cultural template for the construction of male identities (Mager, 1997). Due to this, male circumcision is a very significant rite of passage for the Xhosa culture. As stated above, this practice is seen as an instrument of passage from *ubukhwenkwe* (boyhood) to *ubudoda* (manhood).

The process of the Xhosa circumcision is very lengthy; it may take between two to three months to complete. During this period, initiates are taken through different stages of training, each with its own strict expectations and requirements (Mayatula & Mavundla, 1997; Mtuze, 2004). *Abakweta* [3](initiates-in-training) live in special huts (which they themselves build) or bushes isolated from villages or towns for several weeks and as part

[3] *Abakweta* in this study refers to males in the process of initiation or circumcision

of induction, they have their heads shaved. They wear a loincloth and a blanket for warmth and to signal their separation from their outside world (Barker & Ricardo, 2005; Mayatula & Mavundla, 1997; Mtuze, 2004). White clay is smeared on their bodies from head to toe; this signifies protection from ancestors. The circumcision is usually composed of a cut on the foreskin, using a knife or spear. The cutting of the foreskin, according to Beidelman (2005), symbolises the transition from boyhood to manhood stages. During the cutting, the initiate is supposed to feel pain and suffering as these factors demonstrate manhood and fitness. The ability to endure the pain (known as *ukunyamenzela*) are necessities to becoming a man. After the first cut, the men participate in ritual dances and they spend weeks to a month in exclusion to heal (Barker & Ricardo, 2005).

During the process in exclusion they are expected to observe numerous prohibitions and to defer to their adult male leaders (Barker & Ricardo, 2005; Mayatula & Mavundla, 1997). The young men during this time undergo some sort of an informal learning process facilitated by older men. They learn skills such as how to fight, treat a woman, and historical information about their culture and rituals. These rites of passage also act as agents in creating cultural and collective identities (Barker & Ricardo, 2005; Mager, 1997; Vincent, 2008). Mtuze (2004) states that the initiation process also gives a combination of social control and guidance to young people during the time of transition from childhood to adulthood, as well as forming or enhancing a sense of cultural or tribal identity and social cohesion. At the end of this process, the men wash off the clay and they are usually smeared with oil or vaseline and wrapped in new blankets. This is to symbolise that they are now new beings and have left their past behind them and take on

new identities as men (Mayatula & Mavundla, 1997). The huts are also usually destroyed or burned down as a sign of a new start and futures and the new responsibilities of adulthood (Barker & Ricardo, 2005; Magubane, 2001).

This rite of passage includes processes such as abandoning boyhood in favour of manhood. While in some aspects these rites might have strong cultural resonance and positive social control, in other aspects of this socialisation this rite might involve reinforcement of patriarchal gender norms that might have negative consequences for these men (Barker & Ricardo, 2005). Although it can not be generalised, some of these rites of passage might reinforce sex segregation and gender inequalities. This is because these rituals usually include information about sexuality, which has implications for the spread of HIV (as a result of, for example, having unprotected sex) depending on what information is given. Furthermore, after the process the initiate is expected to have sex with women in the village as long as it is not the one they intend to marry; this is said to rid the men of evil, dirt and boyish spirits (Kometsi, 2004; Lynch, 2008). As argued by some researchers, the initiate is also urged by peers and those older than him to have 'live sex' (sex without a condom) to prove his manhood, which exposes his to risk of contracting HIV and other STDs (Barker & Ricardo, 2005; Kamau, 2007).

Similar to many other institutions, the tension between hegemonic and subordinate masculinities in Xhosa men is evident. The men who have been through the initiation process typically take up positions in hegemonic masculinity, whereas those who have not been through this rite of passage are not seen as men and are called *amakhwenkwe*[4] even at an old age (Mtuze, 2004). In Xhosa culture, if you were not initiated the "Xhosa

[4] *Amakhwenkwe* in this study refers to boys who are not circumcised

way" you are seen as less of a man than the men who were. For example, a man in a Xhosa blog stated that those who are circumcised in hospitals are not men but 'plastics', as this is an admission of softness and takes away the mystery of the ritual (Nogo, 2008). This brings about the interest for this research to investigate this notion of being a man in a Xhosa sense and the influence of *ulwaluko*[5] in creating a Xhosa man.

Hegemonic masculinity is ruled by power and in the same sense *ulwaluko* is thought to give that power to the boys who have been initiated. For them, this is a period of transition from being a boy to being a man. Once initiated, they can start doing what men do, which is the basis of masculinity. They start seeing themselves as men. Before circumcision, one is not considered a man, so for Xhosa males masculinity begins after circumcision. This research study looks at this idea of constructing masculinity and the implications it has for the spread of HIV/AIDS.

2.3 Sexuality

Masculinity is mostly about power, particularly power in relation to sexuality (Brittan, 1989). Therefore, this brings about the link between masculinity and sexuality. That is, many people base their sexual identity on their masculine or feminine identity, gender, sexual performance and personal perspectives such as body image and religion (Anderson, 2007). Therefore, sexuality is seen as central to dominant constructions of masculinity and it is important to focus on the pressures on men to be highly sexual in understandings of current practices of men (Mankayi, 2005). Having stated the above, it is important to note that similarly to masculinity there is no standard definition of what

[5] *Ulwaluko* in this study refers to the process of initiation

sexuality is and also sexuality is socially constructed and context dependent. That is, sexuality is defined differently in different social contexts. Anderson (2001) refers to sexuality as the understanding of who one is sexually and how this impacts on one's identity in all spheres of life. That is, in how one relates to other people of the same and opposite sex emotionally, physically, mentally and spiritually. According to Lynch (2008), sexuality is linked to gender. It is about issues of sexual feelings, preferences and practices.

Hayes et al. (1998) argue that, although sexuality is largely manifested and rooted in one's body, it also includes one's mind, emotions and self understanding of who a person is. As noted above, theories of social constructionism emphasise that sexuality is socially constructed. This means that, as much as sexuality is part of one's physical, emotional, intellectual, and social self, sexuality is also inclusive of a person's feelings about his or her body, how one feels as a boy or girl, man or woman, the way one dresses, moves and speaks, the way they act and feel about other people in their socio-cultural context (Levine, 2003). This means that sexuality impacts on how one thinks of oneself and how one relates to other selves, as well as how others relate to you. Therefore, people express sexuality in different ways in the different historical, social and cultural contexts in which they live. Within each context, there are different sexualities. That is, a person can be heterosexual, homosexual, bisexual or transsexual regardless of their biological sex (Levine, 2003). Heterosexuality refers to being sexually orientated and affectionate to people of the opposite sex (Bohan, 1996). As stated in the introduction, the focus of this study is rather on heterosexuality than the other forms of sexuality. As shown above,

sexuality is a product of the understanding of a person's context rather than universal fixed categories of human experience (Bohan, 1996).

Most people find it hard to differentiate between sex and sexuality. Although sex is one of the factors involved in sexuality, sexuality is more that just sex (Silverberg, 2007). Therefore, it is important that this study draws a line between these two terms. Anna Freud (cited in Silverberg, 2007, p. 1), states that "sex is something you do, sexuality is something you are". This draws a line between the act of sex and the individual's experience of sexuality. Sexuality becomes an inseparable part of one's be-ing, just like one's ethnicity or religious beliefs (Silverberg, 2007). This means that sexuality is more than what one does with another person sexually. To take it further, sexuality is not only about having sex, or taking part in sexual behaviours; it is part of an individual from birth until death (Levine, 1993). Some people choose to enter into sexual relationships, others choose to remain celibate while, others prefer to have sex for fun with more than one partner (Levine, 1993; Silverberg, 2007).

As stated before, how one chooses to express his or her sexuality is strongly influenced by one's masculine or feminine identity and how this was constructed. Therefore, for this study it is important to understand sexuality in connection to masculinity because sexuality cannot be tackled without examining the issues of masculine or feminine identity. This is because this study makes an assumption that, how one sees himself sexually impacts on how one sees himself as man and how a man sees himself impacts on whom he is sexually. Meaning that, a man's sexual identity affects his masculine identity. In turn, a person's masculine and sexual identity is affected by a person's socio-cultural context and interactions. Hence, as one of the key questions, this research study seeks to

explore how masculine ideologies are constructed in order to understand how they influence sexuality, specifically Xhosa or ethnic sexualities, which might expect a rather different construction of these factors than that of dominant discourses or notions of universal hegemonies of masculinity.

In Africa, prevailing norms about sexuality and masculinity indicate that young men are expected to be knowledgeable, aggressive, and experienced in relation to matters of sexuality (Barker, 2000; Barker & Ricardo, 2005). By adhering to these prescribed roles, young men often have more power and voice in intimate relationships and in order to prove their status or role, they engage in risky behaviours that make them vulnerable to diseases such as HIV infection.

For men in sub Saharan Africa, sexual experience is often linked with initiation into manhood and achieving a socially-recognised manhood (Barker & Ricardo, 2005). This fosters a perception of sex as performance, specifically a means by which to show masculine prowess. This was confirmed in a study by Varga (1997), which found that most of the male participants viewed sex as an expression of pleasure and affection but not necessarily commitment. These young men felt that they were pressured by peers to be sexually active within the first two weeks of the relationship and have multiple partners in order to be seen as men, display sexual competency and validate the relationship (Barker & Ricardo, 2005; Marsiglio, 2000; Varga, 1997; WHO, 2000). This sort of behaviour for acceptance usually continues into manhood (Barker & Ricardo, 2005; Lundgren, 1999). Therefore, these sexual behaviours are linked to the sense of self and desire to be socially recognised as a man. Some young Zulu men in South Africa would prefer to abstain until marriage but confess to feeling pressured and fear social

rejection if they do not conform to peer expectations (Barker & Ricardo, 2005). They also report that even young women play a role in reinforcing these traditional views of manhood and sexuality (Barker & Ricardo, 2005; Varga, 2001). Though men can exert coercive, sometimes violent, power over women, much less attention is given to the subtle ways that women consent to and, indeed, can be co-producers of dominant masculinities (Hunter, 2004). Therefore, the notion that men have to have multiple partners is reinforced in a number of ways such as multiple partners out or inside of marriage. This has important implications for sexual behaviour and choices, particularly in relation to use of condoms.

2.4 Social Constructions of Masculinity and Sexuality

Social constructionism is a theory of knowledge that looks at how social phenomena or objects of consciousness develop in social contexts (Freud, 1994). Within constructionist thought, a social construction is a concept or practice that is the construct of a particular group. Therefore, when something is argued to be socially constructed, it means that it is dependent on variables of social interactions rather than any inherent quality that it possesses in itself. As argued in the previous sections, this research argues that masculinity (gender) is socially constructed, not inherent or biological.

Sex (male/female) is biological and inherent, but gender (masculinity or femininity) is socially constructed. This means that one can be born male but not masculine, not meet the social norms of masculinity, therefore, not considered masculine. To achieve a masculine gender status the biological sex is redefined, represented and reconstructed through the process of socialization (Bartky, no date). Lorber (1994) refers to gender as a

social process. She argues that gender creates social differences between what is considered a woman or man. This happens through social interactions throughout one's life. In addition, Jackson (1991) and Campbell and Bell (2000) confirm that gender identities are, from birth, constructed, negotiated, contested and confirmed throughout one's life stages and on a daily basis, as children are shaped into socially-approved patterns of masculinity and femininity.

Social constructionists reject the argument that gender is an innate phenomenon, arguing that gender is purely the construct of interconnected historical social and cultural factors at a certain historical context (Lorber, 1994; Stoltenberg, 1989). In contrast, the essentialists hold that gender, like sex, is an innate essence, meaning that masculinity or gender is inherent (Lynch, 2008; Swart, 1998). In other words, if a person is born a male, they automatically are masculine, regardless of whether they act masculine or not. This then implies that there is no difference between gender and sex. Conversely, social constructionists argue for the difference between the two, and state that sex is what you are born as, but not what you do; gender is how you behave and is constructed through socialisation (Bartky, no date; Lorber, 1994).

The essentialists further argue that, since every man is physiologically the same, there are no different masculinities and no form of masculinity has achieved hegemony. Whereas according to social constructionists, masculinities are different and socially based (Campbell & Bell, 2000). Therefore, there is more than one form of masculinity. In addition, there are socially-approved forms of masculinity which have achieved hegemony, while other forms of masculinity are subordinated. This is further proved by

the existence of different sexualities such as heterosexuality and homosexuality. If gender was not constructed, then essentialists imply that all men have one form of sexuality.

To further support the argument for gender as socially constructed, Witt (1997) states that men are socialised into believing certain characteristics are definitive in determining their manliness and masculinity. The socialisation of masculinity begins in early stages of infancy. A person's self identity is a result of various ideas, attitudes, behaviours, and beliefs to which he is exposed. From the beginning of a male's life, he is socialised into the belief that he should be 'tough' (Witt, 1997). For example, when boy child hurts himself, he is typically told that boys do not cry, but when a girl goes through the same, she is encouraged to cry and pampered for crying. As a result of this, men are expected to be resistant to pain and not show any emotion; showing emotion would be a sign of weakness and society would view them as abnormal or inferior (Pollack 1995; Jeftha, 2006).

Children internalise messages about gender from an early age, with consciousness of sex role differences being found in toddlers (Witt, 1997). A study by Witt (1997) discovered that children at two and a half years of age use gender stereotypes in negotiating their world and are likely to generalise gender stereotypes to a variety of activities, objects, and occupations. There also exists the belief that boys are often required to do 'men's work' outside of the home such as mowing the lawn, cleaning the garage, etc., and not 'sissy women's work' such as cooking and cleaning (Witt, 1997). Katz (1995) explains that even some advertising imagery equates masculinity with violence. For boys this implies that aggression is instrumental and it enables them to establish their masculinity. A study done by Bowker (1998) on toy advertisements argued that 68.6% of the

commercials positioned toward boys contain incidents of verbal and physical aggression. This research helps explain that it is not just the reinforcement of close caretakers to the child that legitimate masculinity but that of society as a whole (Bowker, 1998; Witt, 1997).

This section has reinforced the assumptions of this research, by arguing that sex and gender are different. Sex is innate and gender is socially constructed through socio-cultural and historical interactions which take place during the process of socialisation. Therefore, gender can be reconstructed, re-achieved and is fluid. In addition to masculine or gender identity being learned through social interactions, it is also learned through one's own lived experiences of being a male (Butler, 1993).This means that masculinity is also performative and embodied. For example, experiences with one's father as well as one's own experiences of being a father are critical in learning how to act and be as a father. Therefore, it is through one's own practices that one learns how to be a man (Butler, 1993). The notion of masculinity as embodied or experienced and expressed captures this view of how one becomes a man (Butler, 1993). Therefore, masculinity is not only constructed; it is also experience-based (Connell, 1987).

2.5 The Body as an Agent in Shaping Masculinity and Sexuality

According to Connell (2000) and Mankayi (2008), the body plays an important role in construction of masculinity and sexuality. This means that bodies are not only viewed as being biological but also as part of the social construction of how men behave and are viewed as men (Mankayi, 2008). Connell (2000) argues that it is hard to look at constructions of masculinity and sexuality without looking at the body. This is because masculinity and sexuality take place within the different bodies and the different bodies

are of importance in masculinity. Therefore, the body is not only biological but has a social meaning which impacts on masculinity and sexuality. For example, you may find that many females would desire a man with a "six pack" to one without. This means that one of the desired attributes of being a man include bodily fitness or muscular strength (Klein, 1999). To add to this, Bartky (no date) states that masculinity and sexuality surface through the 'flesh'. Unless a body is recognizably masculine through certain gestures, appearances, postures, movements and social interactions of the body, gender is hard to prove.

If a person grows up with a positive image and messages about his or her body, it is likely that they will have a positive sexual identity (Gillen, Lefkowitz & Shearer, 2006). This means that that person will feel sexually attractive. To illustrate this point, Gillen et al. (2006) did a study on the relationship between body image and sexual performance. They found that men who grow up with positive messages about their bodies are more likely to be comfortable with their bodies. Moreover, these people are more likely to be more comfortable having sex and therefore better sexual enjoyment. Those who had negative perceptions about their bodies are less comfortable with their bodies and less likely to engage in risky sexual behaviours (Gillen et al., 2006). Similar results were also evident in an almost similar study done by Anderson in 2001.

It is easy to ignore or to view as simple the relationship between sexuality, masculinity and the body. However, Gillen et al. (2006) state that the relationship between body image and sexuality is not simple. The relationship between the body and sexuality is not only limited to sex (Anderson, 2001). Messages people have about their bodies contribute

not only to how they see themselves sexually nor are these messages necessarily or exclusively connected to sexual intercourse; they also have a bearing on how people relate to others around them, whether of a different sex or not (Levine, 1993, Anderson, 2001, Silverberg, 2007). The messages also contribute to how people view themselves in terms of self esteem. For example, preferences of whom to date might be influenced by the body image of the person who will be dated. Therefore, body image affects both sexuality and masculine and feminine identity. Therefore, the relationship between sexuality and body image is interdependent.

The preceding section on sexuality argued that sex (sexual intercourse) is learnt in boyhood not only as means to pleasure oneself but as an achievement that reflects upon the position of a man within the pecking order of sexuality (Seidler, 1989). Linked to this, body prowess is seen as a further achievement and upgrade in their status as real men (Seidler, 1989). Moreover, this body becomes an opportunity for men to conquer and prove themselves. These bodies become important in sexual relationships and are another opportunity for men to prove themselves and thus the language of male sexuality is that of will, performance and conquest (Seidler, 1989).

This section on the body is important to this research study because the body is an important tool in sexuality and circumcision. That is, male circumcision as a symbol of masculinity and sexuality in Xhosa males happen within the body. Therefore, as Mankayi (2008, p. 33) states, "an initiation ritual performed on the body is about proving bodily strength and the body is also physically impacted on as a sign of this transition, as in the case of circumcision and/or other physical challenges associated with certain traditional rites of passage."

2.6 Masculinity, Sexuality and Puberty

One of the pathways to masculinity and sexuality is the developmental stage of puberty. It is during this stage that young men and women come into reality with their changing bodies and the implication of these changes in their sexual and gender identities. Therefore, the stage of puberty is an important factor to look at in this research study.

Puberty may be defined as the process of becoming physically and sexually mature and developing the characteristics of one's gender, such as physical build, genitals and body hair (Everaend, Hindley, Bot, Van der Werff & Nijhoff, 1983). The onset of puberty usually occurs around the ages of eight and 12 in boys and is usually accompanied by hormonal and physical changes that result in adult sexuality (Kimmel & Weiner, 1995). These changes, which begin during early adolescence, occur rapidly and affect most of the body (Kimmel & Weiner, 1995).

Biologically during puberty there is a rapid emergence of physical change and the hormones increase greatly. These lead to great sexual desire for people going through this stage. Therefore, biological changes involving bodily growth, sexual maturation, and ejaculation in boys would lead to a period of significant transition and change. Thus biological changes associated with puberty have a very important influence on the psychological development of adolescents. However, the accurate nature of this influence is determined less by biochemical changes within the adolescent than by the socio-cultural environment in which the adolescent lives in (Everaend et al., 1983). Therefore, according to the contextual theory the social cultural context affects the meaning of physical development, expectations for oneself or gender, and important themes in life.

Over and above the hormonal changes, other changes take place outside the body during puberty, the most prominent being the development of pubic hair on the face, under arms and on the private parts of the body, and the growth of the penis and testicles for boys (Kimmel & Weiner, 1995). Hair plays an important role in the sexuality of men. There are various parts of the male body that are considered to have male sexual hair. These are the beard, ears, and tip of nose, abdomen, and the neck during and after puberty (Kimmel & Weiner, 1995).

These physical changes are only part of the change or total pattern of development that is involved in constructing a physically mature male human being. The physical changes for men are characterised by increased strength, height, weight, and ability to perform strenuous tasks (Kimmel & Weiner, 1995). The hormonal changes are deemed to have an important impact on the adolescent's emotions and behaviour. In males, increased testosterone is related to fewer behaviour problems, higher self image and more sexuality (Kimmel & Weiner, 1995). However, increases in gonadotropins and androgens are related to more behavioural and psychological problems (Kimmel & Weiner, 1995).

This study assumes that pubertal experiences are a key factor in masculinity and sexuality. Therefore, it is important to understand the role and meaning puberty is given by young males in order to look at how this contributes to the spread of HIV/AIDS.

2.7. Masculinity, Sexuality and its Implications for HIV/AIDS

The risk of HIV infection is first and foremost associated with sexual intercourse; interventions focusing on sexually active people in general are consequently fore-

grounded in the fight against HIV/AIDS (DiClemente, 1992a). Some of the sexual practices or behaviour place people at risk for HIV/AIDS (National Commission on AIDS, 1993). For example, many men believe that women are responsible for contraception (Flood, 2000). Secondly, many men also believe that withdrawing the penis before ejaculation can prevent pregnancy and HIV, whereas HIV infection can result with or without ejaculation (Calson, Eisenstat & Ziporyn, 2004; Carrol, 2006; Zukerman, 2003). Therefore, there is a high necessity for condom use even if partner pulls out.

Use of condoms is related to beliefs about sexuality and HIV or AIDS (Byrne, Kelly & Fisher, 1993; Chilman, 1983). To have condoms or protection available, one must acknowledge the likelihood of engaging in sexual relations. This involves an admission that one is a sexual person who may engage in sexual behaviour (Byrne et al., 1993). It also requires recognition that sexuality or sex is not an impulsive act, but a probable outcome of a hetero-social interaction (Chilman, 1983). A person must not only see the need for condoms but also take specific action to have them available when they are needed. Use of condoms is not only a form of contraception; it is also a means of preventing infection with HIV/AIDS and other diseases (Flood, 2000; Varga, 1997). In general, effective communication skills, adequate self confidence to request condom use, and the belief that the use of condoms to prevent HIV/AIDS is socially acceptable, have been found to be connected with consistent use of condoms by adolescents (DiClemente, 1992a).

In a study by Bouhnik, Préau, Schiltz, Lert, Obadia and Spire (2007) it was found that, most of the participants reported to engage in unprotected sexual intercourse that puts them at risk of infection with HIV. In addition, people who are more disadvantaged in

terms of education and resources are less likely to be informed about HIV/AIDS and also more likely to be engaging in risky behaviour than educated people (Ragnarsson, Townsend, Thorson, Chopra & Ekstrom, 2009; Shisana, Rehle, Simbayi, Parker, Zuma, Bhana, 2005). Condoms are more likely to be used if peers support condom use and if the individual perceives the benefits of condom use to outweigh the costs (DiClemente, 1992b; Pleck, Sonenstein & Ku, 1993). This can also help fight stereotypes about condom use such as that condom use reduces sexual pleasure. As noted in a study done by Varga (1997), most of the male participants argued that they usually have unprotected sex because condoms were uncomfortable to use, reduce pleasure, and take the control of the sexual act away from men. Therefore, condom use is also associated with de-masculinising men and therefore not desirable.

This is because dominant forms of masculinity grow through the production and maintenance of social power and its freedom to employ that power to dominate subordinated femininity through sexual relations (Vincent, 2008). This dominion of power is usually presented during sexual interactions such as sex. In a country such as South Africa, where there is a high prevalence of HIV, this brings about a threat to masculinity as defined (Vincent, 2008). HIV threatens the existence of signifiers of masculinity such as multiple sexual relationships, dominance over women, risk taking behaviours and others (Cockburn, 1988**).** HIV brings about the challenge for a different approach to constructing masculinity. If ever there was masculinity in crisis, this is a hard battle for masculinity in that it challenges men to change what has been part of their identity for a long time. Kometsi (2004) argues that identity such as masculinity is heavily gendered; any threat to sex or gender is interpreted as a threat to personal

identity. Therefore, a threat to masculinity is regarded as a threat to personhood (Kometsi, 2004).

Dominant forms of masculinity are products of socio-cultural interactions and, as much as they are idealized, they also have negative implications. HIV/AIDS risk is one of those implications. Although men in general benefit in certain ways from patriarchal assumptions about male superiority, those assumptions also limit the feasibility of other masculine forms. As Cockburn (1988) argues, culture limits men in altering degree, to be the bearers of a gender identity that a time distorts and harms them to the same extent that it damages women through its unpredicted implications for sexuality and health.

2.8 Circumcision and its Implications for HIV/AIDS

South Africa's HIV infection rate is approximately between five to six million, with a likelihood of increasing. Among those infected, the highest HIV prevalence is found in urban informal environments (17.6%) compared to urban formal (9.1%), rural formal (9.9%) and rural informal (11.6%) environments (Shisana, at al.,2005). This is because most urban informal settings are characterized by economic hardship and rapid societal changes that put the population in these settings at increased risk of poor health outcomes (Mahalik, Burns & Syzdek, 2007). In addition, these settings have alarmingly high domestic violence, sexual assault and rape rates, suggestive of problematic gender dynamics (Abrahams, Jewkes & 2005; Ragnarsson, Onya, Aaro, 2009).

Regardless of several legislative and policy changes that have been undertaken in the area of reproductive health since 1994, the outcomes of HIV behavioural interventions have mostly been insufficient and ineffective, and HIV prevalence remains alarmingly on the

rise (Horton & Das, 2008; Merson, O'Malley, Serwadda & Apisuk, 2008). In the past two decades, HIV prevention efforts have primarily focused on influencing the individual, targeting knowledge, attitude and practices of people, whereas structural factors, such as socio-cultural, organisational, legal and policy aspects of the environment that get in the way or facilitate an individual's efforts to avoid HIV infection, have been given less attention (Gupta, Parkhurst, Ogden, Aggleton & Mahal, 2008).

Previous research has confirmed the usefulness of adding a cultural orientation when aiming to predict health behaviours, as the HIV/AIDS epidemic needs to be dealt with through the use of more innovative approaches (Aar et al., 2006). One of the cultural approaches that could be used to inform HIV/AIDS interventions is male circumcision. Male circumcision has been associated with a lower risk for HIV infection in international observational studies and in three randomized controlled clinical trials in Africa (Aar et al., 2006). Therefore, there is a proven possibility that male circumcision could reduce male-to-female transmission of HIV.

Although there are risks to male circumcision, serious complications are rare. Male circumcision, together with other prevention interventions, could play an important role in HIV prevention in settings similar to those of the clinical trials (Williams, Lloyd-Smith & Gouws, 2006; WHO & UNAIDS, 2007). Three randomized controlled clinical trials were conducted in three African countries namely South Africa, Kenya and Uganda, to determine whether circumcision of adult males reduces their risk for HIV infection. Interim analyses found a statistically high decline in male participants' risk for HIV infection. That is, men who had been circumcised in medical settings had a 76% in South Africa, 60% in Kenya, and 55% in Uganda reduction in risk for HIV infection compared

with those who were not circumcised (Auvert et al., 2005; Bailey et al., 2006; Gray at al., 2007).

The above mentioned research argues that the HIV/AIDS infection rate is higher within the uncircumcised population compared to the circumcised population (Huff, 2000; (Auvert et al., 2006; Bailey et. al, 2007; Gray et al., 2007). A study done in South Africa found that circumcision decreases the rate of HIV infection by up to seventy percent (Coates, 2005). This study further argued that this reduction in the risk of infection includes having sex with an infected person (Coates, 2005). Another study by Weiss, Quigley and Hayes (2000) showed that there is a substantial decrease and protective effect of male circumcision on risk of HIV and genital ulcer disease. They observed an adjusted risk of 71% lower for circumcised men compared to uncircumcised men (Weiss, Quigley & Hayes, 2000).

Most Xhosa male's circumcision is done through initiation schools. This involves physical testing, seclusion, metaphorical death and rebirth, and masculine fitness. Sexual instruction and guidance concerning married life commonly forms a part of the training during male initiation (Vincent, 2008). The circumcision practice's role is to control and endorse culturally accepted norms of heterosexual manhood. However, some authors argue that the role of the so-called circumcision schools has changed, and new meanings attached to the rituals have been introduced, resulting in a breakdown of young male's sexual socialization (Vincent, 2008). This is even more evident in urban environments that have seen dramatic changes to many traditional mores of sexual socialization, such as the rite of passage that transforms boys into men that today are fragmented or have disappeared altogether (Fuglesang, 1997).

It is, therefore, vital to have a contextual understanding of the construction of masculinities, and the implications that different forms of masculine ideals can have on the HIV epidemic. This is because with the change in the circumcision rite of passage, although there is proof that circumcision does reduce the rate of HIV/AIDS infection (Auvert et al., 2005; Bailey et al., 2006; Gray at al., 2007; Coates, 2005;.Weiss, Quigley & Hayes, 2000), promoting circumcision as an alternative to protection against HIV may actually do the opposite (Lagarde, 2003; Milos & Macris, 1992). That is, this might expose people to a greater risk of infection. This is because such action might increase the probability of unsafe sexual practises (such as multiple sexual partners and not adhering to the use of condoms) as it might provide people with a false sense of protection (Lagarde, 2003). Milos and Macris (1992) support this view, arguing that disease (in this case HIV) is caused by contact with specific organisms carrying that disease, therefore, spread of that disease is prevented by reduction or preventing contact and not by removing healthy penis skin.

Another argument against circumcision is that part of the initiation process is to have live sex (unprotected sex) with girls after the ritual. Secondly, they are encouraged to have sex with other girls who are not their sexual partners to test their penile performance and rid themselves of dirt (Kometsi, 2004), which exposes them to risk of infection. For young men in Africa, as for young men worldwide, sexual experience is often associated with initiation into adulthood, and achieving a socially recognized manhood.

To conclude, with the two sides to circumcision discussed, circumcision seems to play a certain role in either reducing or increasing the rate of HIV/AIDS. If this relationship between these two factors is studied further, it could come up with a more innovative strategy in the battle against HIV/ AIDS. That is, the negative implications could be accounted for and re-addressed properly, such that circumcision could open a new possibility for interventions against the HIV epidemic. Men may be encouraged to consider circumcision as an additional HIV prevention measure, but they must recognize that circumcision has only proven effective in reducing the risk of infection through insertive vaginal sex, offers only partial protection, and should be considered in conjunction with other proven prevention measures such as abstinence, monogamy, reduced number of sex partners, and correct and consistent condom use (CDC, 2008). Having said that, it is important to note that this research study looked at the role of circumcision in constructions of masculinity and sexuality and the impact of circumcision on HIV/AIDS. From the outset, it did not take a stand on whether circumcision has a positive or negative impact on HIV, but intended on exploring whether circumcision has the potential of being used as an intervention against HIV/AIDS. Although to date there are no studies investigating the relationship between traditional circumcision and HIV infection, it is highly plausible that traditional circumcision could have the same impact as medical circumcision if done under the same health regulated conditions.

2.9 Summary

The central point of this chapter was to review and highlight research on masculinity and sexuality. In terms of the social constructionist position mapped for this study, masculinity and sexuality are socially constructed rather than an inherently meaningful

category. This position is consistent with a growing body of literature, which concurs that the abovementioned constructions vary with context and over time. Social constructionists argue that masculinity and sexuality are social constructed from the time of a child's birth. People's social identity is based on aspects of their self-definition that arise from membership of particular social groups within specific contexts, which in turn affect health-related behaviors that are shaped and constrained by collectively negotiated social identities (Campbell, 2000).

Due to being socially constructed, masculinity is fluid, meaning that there are different forms of masculinity. Dominant forms such as hegemonic masculinity are largely endorsed by society, and rewarded with power and dominancy over subordinated masculinities and femininity. Dominant masculinities are characterized by sexual prowess and conquests, risky behaviors and power which s much as it is beneficial to them also puts them at risk of HIV/AIDS infection. Recent strategies to fight HIV/AIDS have proven ineffective. Therefore there is a need to form new innovative interventions which might include cultural orientations. Circumcision as a cultural based strategy has been proven to have a significant possibility of decreasing HIV/AIDS. However, it should be noted that circumcision can only be useful if used in conjunction with other preventative strategies such as abstinence, condom use and decreased risk behaviors.

CHAPTER THREE

METHODOLOGY

3.1 Introduction

This chapter outlines the methodological framework that guides this study. The research questions and objectives of the study are outlined. The methodologies used in this study include sampling, data collection and data analyses approaches. Finally, this chapter explains how dependability and transferability were achieved.

3.2 Research Problems and Objectives: Key Questions

Broadly, this study proposes to understand whether cultural experiences and practices (in this case circumcision) play a major role in one's construction of masculine and sexual identity. It seeks to explore the factors that play a role in construction of masculinity, particularly for Xhosa males. It further explores the role played by these factors and the implications these have on risky sexual practices. Secondly, this study makes an assumption that during the construction of masculinity and sexuality, men receive certain socio-cultural messages. Therefore, this study aimed to explore the nature of these messages and how they contribute to masculinity construction. The third investigation was based on the assumption that men have certain perceptions about risky or safe sexual behaviours. Therefore, the study aimed to find out the nature of these perceptions and how these are linked to their masculinity, which in turn has implications for HIV/AIDS epidemic.

This study aimed at answering the following questions:

1. What is the understanding of puberty and circumcision in constructing masculinity in Xhosa males?

2. What impact does masculinity, as constructed through puberty and circumcision, have on risky sexual practices?

3. What messages do Xhosa males receive in puberty about masculinity and sexuality, from whom, and what implications do these messages have on how they see themselves as men?

3.3 Conceptual Framework: Social Constructionism

This research is based on the epistemological[6] assumptions of social constructionism. Social constructionism can be defined in terms of its resistance to the institutionalized dominance of empiricism (Durrheim, 1997). It is concerned with exploring the processes through which people come to account for, describe and explain the world in which they live (Gergen, 1895; Lynch, 2008).

There are four key assumptions that underline the social constructionist framework. These are discussed below.

3.3.1 A critical stance towards knowledge

This framework argues that "objectivity does not exist since people encounter the world from some perspective or the other" (Burr, 1995, p. 152). It argues that what one knows about the world does not objectively represent the truth of what is 'out there'. Our knowledge is always based on a certain socio-cultural perspectives, including the researchers.

[6] Epistemology – theory of knowledge, i.e. how and what can we know (Willig, 2001).

3.3.2Knowledge is historically and culturally specific

Knowledge is produced in a certain history and culture and therefore can be best understood in that historical-cultural context (Burr, 1995; Durrheim, 1997; Lynch, 2008). Therefore, researchers need to be careful of changes in these contexts and the implications this change might have on what is known.

3.3.4 Knowledge is created and sustained by social processes

This framework believes that knowledge and identity are products of one's social practices and institutions, or a product of communications and negotiations between social groups (Young & Collin, 2004). Social constructionism argues that 'truth' is contingent on social context (Durrheim, 1997). This means that what is regarded as the truth or known is a product of what can be objectively observed in the world. Truth is part of social interactions and is influenced by these social interactions. Therefore, there is no single truth for all perspectives (Durrheim, 1997).

3.3.5 Knowledge implies social action

This means that knowledge is bound to social processes. That is, people's knowledge gained during socio-cultural interactions influence their construction of social reality. These constructions then influence their actions.

The current study takes as its starting point the argument that people in different cultural contexts construct what is true for them, based on that setting. Moreover, as much as the environment influences how people identify themselves, people also play an active role in forming their identity. Therefore, masculinity is socially constructed and seen as a set of ideas that direct or shape behaviour. According to the social constructionist

perspective, male gender is experienced in and through social interactions and is signified by beliefs and behaviour, such as being strong (Young & Collin, 2004). It is constructed through reinforcement within social relations such as families, marriage or romantic relationships, peer relationships and communities. Through these relationships, knowledge of what a man is, is reinforced.

Therefore, social constructionism offers a new account of meaning and the relationship between knowledge and reality (Durrheim, 1997). In addition, it aims at identifying different modes of constructing social reality as prescribed by different cultures, to explore their cultural conditions and implications for human experience and social practice (Willig, 2001). Therefore, new ways of giving meaning to how people from different cultures form their own identity and what is reality for them. From a social-constructionist perspective, meaning is produced through the process of reflexivity (Burr, 2005). That is, meaning is made and understood within a frame of previously and socially acquired knowledge. Likewise, masculinity and the meaning given to being a man is understood through socially acquired knowledge about what it means to be a man in a person's indigenous culture.

3.4 Qualitative Research Methodology

This study focused on exploring and understanding the process of constructions of masculinity and sexuality in young Xhosa males. As the study was concerned with participants' reflections on the quality and texture of their own experiences as well how they construct and negotiate the meaning, a qualitative research design was employed (Willig, 2001). According to Bobbie and Mouton (2005), qualitative research designs involve an interactive process that seeks to understand people's interpretations of their own

world. It emphasises the importance of looking at phenomena in their natural setting. Therefore, qualitative research designs provide in-depth and comprehensive information (Bobbie & Mouton, 2005). Moreover, in qualitative research design the researcher is able to constantly reflect on their own agendas and wears different glasses of seeing the world from the perspective of the participants, who are treated as the experts of their world (Terre Blanche & Durrheim, 2006). Qualitative research designs also focus on the social actors, their perspectives, and the process, rather than the outcome.

The design employed in this study enabled the researcher to get an understanding of how young Xhosa male adults use the messages they receive from puberty and the experience of initiation to transfer from boys to men, and how this initiation process impacts on how they construct their masculinity and sexualities. In summary, a qualitative design was ideal for this study because it allowed for collection of in-depth data in written or spoken language. It also gave people a chance to state their own experiences and how these are constructed (Terre Blanche & Durrheim, 2006).

3.5 Sampling

Selection of study participants involved non-probability, purposeful and snowball sampling techniques. In purposive sampling, participants are selected based on certain criteria tailored by the research study. Purposeful sampling seeks information-rich cases which can be studied in depth (Patton, 1999). Secondly, snowball sampling means that available participants who met all the research requirements were asked to recruit other participants with the same required characteristics (Heckathorn, 1997). This technique was used in this study because the researcher did not have adequate access to the sample. This was because the researcher was not familiar with the context in which the research was conducted and

also because this study is part of a bigger study where part of the sampling and data collection processes were administered by other members of the study team. Further, the fact that the researcher is female and circumcision is regarded as a subject not to be discussed with females, limited the researcher's direct access to potential participants.

Due to the specificity of the topic, the following criteria were set to identify the sample:

- The participants had to be male within the age range of 18 to 25.
- They had to be university students.
- The participants had to be of the Xhosa culture.
- The participants had to have been traditionally circumcised.

In addition, because this was a qualitative study interested specifically in people's experiences and constructions of their own self identities, a sample size of seven was used. This was to permit the deep, case-oriented analysis that is the underlying principle of qualitative research (Patton, 1999). Another reason for small sample size was the unwillingness of potential participants to participate and talk about circumcision. This was because the practice of circumcision is regarded as a private practice, and should not be shared with outsiders, especially women. Furthermore, the age range of 18 to 25 was chosen because previously it has been shown that the highest incidence of HIV related risks and behaviour is more probable within 14 to 24 year old people (Flood, 2000; UNAIDS, 2001). Although a recent study by HSRC (2008) suggests that probability is slightly shifting and decreasing for young adults, for the purposes of this study, university students within this age range were more feasible and easier to access than the general population.

3.6 Data Collection

The data was collected in universities in the Eastern Cape and KwaZulu Natal. As stated in the sampling section, because this study is part of a bigger study on masculinity, five of the seven interviews were already done by another researcher. For both data collection processes, semi-structured interviews were used. Semi-structured interviews use mostly open-ended questions and the interviewee is given a chance to talk freely about issues that come up. Therefore, this technique allowed for maximum sharing of information.

An interview guide (Appendix A) was used. The interview guide was made up of six headings each with its own items. The items were chosen based on previous research and literature around the area of masculinity and sexuality. Each interview took approximately 90 minutes. Moreover, the questions on the guide were open ended to allow the participants to answer according to their own understanding and experiences. The interviews were conducted in English; this was based on the assumption that since participants were university students they are familiar with the language. However, it should be noted that participants were free to answer in their own language and to ask for clarity. The interviews took place in the offices in one of the schools in the universities and the time was set at the convenience of the participants.

This research acknowledges that participation needs to be voluntary and participants need to fully comprehend what the research entails (Goodwin, 2002). Therefore, before participation, the participants were given consent and information forms (Appendix B) and they were asked to ask questions where they needed clarity. The interviews were recorded

and an informed consent for recording was also issued. Moreover, to ensure confidentiality and anonymity of the participants, pseudonyms were used instead of the participants' names (Heckathorn, 1997). Furthermore, this research acknowledged that the participants took their time to be part of the research so to compensate for that and to maximize benefit; the participants were given R30.00 airtime voucher to compensate for time used.

3.7 Data Analysis

As a first step to analysis, the data were transcribed by the researcher. Verbatim transcription was used. Statements in isiXhosa or isiZulu languages were translated into English during transcription with the help of an isiXhosa speaking assistant. Discourse analysis was used to analyse the data. According to Parker (1992), discourse analysis refers to systems of utterance that construct an object. A discourse about an object produces itself in texts, where the word 'text' refers to any bordered tissue of meaning reproduced in any form (Parker, 1992).

According to Edwards (2002), discourse analysis assumes that in talk people are actually doing something. They are arguing certain points and differentiating between others and placing themselves within certain discourses (Edwards, 2002). Therefore, according to Parker (1992), discourse analysis can also be used as a tool to deconstruct dominant discourses and the power positions they produce in an attempt to construct new comprehensions of the social world. For the purposes of this research, Parker's stages/model of analysis was used. Parker's model states that, in analyses, each text can be analysed and given meaning. Therefore, the researcher needs to identify specific text that she wants to use and treat each text as an object to be described. The researcher needs to

find out how each subject positions himself within his historical context and what power relations and dilemmas are being reproduced in discourses.

The use of discourse analysis was informed by the study approach, namely social constructionism. This approach assumes that reality is constructed between people through everyday relations (Durrheim, 2007). Therefore, with regards to this research, masculinity exists in reality as a subject position in the process of representations, in structures of language and other systems of symbols. Moreover, discourse analysis was used because this research aimed at exploring how Xhosa masculinities are constructed in everyday interactions between Xhosa males and during puberty and the initiation (transit) period. Therefore, language is productive. During the interviews, this everyday talk was explored through observing how the participants positioned themselves as men in relation to everyday forms of life. This was in view of the observation that people engaged in a conversation are not merely talking to each other about a specific subject; they are rather transacting back and forth constructions of (in the case of this study) gendered identities (Morrell, 2001).

3.7.1 Applying Parker's Stages/Model of Discourse Analysis

Firstly, certain extracts from the collected data or transcripts were identified and specified according to which text in the extract was analysed. This was because, although the researcher realizes that everything in a transcript is text and can be analysed and given meaning, certain extracts were chosen for analysis to answer the research question. To identify the needed texts, the data were coded and separated into themes and dominant and common themes were grouped together to be analysed. Secondly, the chosen extracts were

given pseudonyms as means of identification and to be able to know the source of the extract.

Once the extracts were chosen and labelled, each chosen text had to be treated as an object and the researcher had to find out what each object is about and explain it. From there, the researcher had to try and find out how the participant positions himself in each text or discourse. This means that, after the common themes were grouped together, the researcher tried to find meaning for the discourses in order to see how they reflect the positions, identities and historical contexts of the participants. At all times, the researcher needed to remember to explore all possible connotations of the texts. This was important because texts have different meanings in different settings and to different subjects.

3.8 Dependability and Transferability in Qualitative Research

Qualitative research emphasizes that human behaviour be researched in natural context. The assumption beyond this is that human behaviour occurs in natural settings and can only be fully understood in those settings. Due to the qualitative nature of the study, dependability and transferability were important and therefore observed.

Dependability is an alternative for the traditional quantitative notion of reliability. It looks at whether or not the researcher has accounted for the changing context within which research occurs. The research need to assess changes and account for them. In addition, to enhance dependability in qualitative research, this research used triangulation, member checks and peer reviews (Babbie & Mouton, 2005).

Triangulation refers to the use of multiple methods or combining methods to overcome personal biases. Extensive field notes were used to enhance validity and reliability. Member checks took place when the researcher confirmed the data with the participants' transcripts to check with them whether what was constructed from data is actually what they said and meant (Babbie & Mouton, 2005). Peer review is when you get one or two people to check your transcripts and reach a consensus on them.

Transferability is an alternative for generalisability; it refers to the extent to which results can be transferred to another setting (Babbie & Mouton, 2005). This means that the research must be useful in other settings. To ensure transferability, the researcher needs to provide very detailed descriptions of data in context and report them in sufficient detail and precision to allow judgments about transferability to be made by the reader. Also, according to Hoeft (1997), for a study to be transferable, the researcher needs to ask an answerable and clear research question.

3.9 Ethical Considerations

In the research context, ethics refer to the guidelines on how to conduct research that is not harmful and respects the dignity of the participants (Terre Blanche & Durrheim, 2006). This means that researchers are ethically bound to respect human life and peoples' autonomy (Kalintri, 2003; Terre Blanche & Durrheim, 2006). Good research practice stresses that the research team must respect the rights of the participants, listen to them, share information with them, and treat them with dignity and care (Kalintri, 2003). To make this study correspond with research ethical guidelines, a research proposal stating how this study will address ethical issues was submitted to the University of KwaZulu Natal Research Ethics Committee and was approved (study approval number:

HSS/0322/09). According to Emanuel, Wendler and Grady (2000) and Kalintri (2003), independent review of the study by the ethics committee, coupled with monitoring, ensures that the participants know what the study is about and their rights are looked after. Secondly, a clear and thorough explanation about the study was given to each participant and an informed consent form (refer to Appendix B) was signed by each participant.

In addition to the above, Kalintri (2003) and Emanuel, Wendler and Grady (2000) state that ethical research should be able to do at least one of the following: advance scientific knowledge, lead to improvements in health, and should have social, scientific and clinical value. This study hopes to indirectly contribute to improvement in health by looking at how circumcision practices might contribute to HIV/AIDS spread or alleviation. Furthermore, the participants should be selected without bias (Emanuel, Wendler & Grady, 2000; Kalintri, 2003). For this study, the participants were selected according to the specific criteria that were in line with answering the research questions and were not biased against those who are poor, illiterate or vulnerable patients if they met the criteria for the research.

There was a debate about whether the participants should receive compensation for their time, as this can be seen as a way to attract them to participation therefore removing or robbing them of their right to refuse participation. To avoid this and to maintain the voluntary nature of the study, the participants were told about the airtime voucher after they agreed to participate. They were told that this was not for the value of the information they had shared but it was to thank them for their time. According to Kalintri (2003), it is not unethical to reimburse participants for their time spent in the study or information.

3.10 Summary

This chapter gave an overview of the research assumptions and key questions. In addition, it described and explained the research design, sampling technique, data collection and analyses approaches used in this research study. Furthermore this chapter gave an account of research dependability, transferability and ethical considerations that were applied in this study.

CHAPTER FOUR

FINDINGS AND DISCUSSION

4.1 Introduction

In this chapter, the findings of the discourse analysis are presented and discussed. The analysis presented in this chapter was concerned about how the participants conceptualized puberty, how this led to their understanding of what a man is, and how this influenced their masculinity and sexuality construction. The analysis is also on what factors influenced the participants' masculinity narratives and what other dialogues or messages they had and where these came from.

During the analysis, using Parker's (2000) stages of discourse analysis (refer to chapter three), the data was transcribed and then extracts were selected. The extracts were selected on the basis of their ability to answer the research questions of this study. The discourses given to the extracts look at how masculinity and sexuality are socially constructed through the used of different messages in different settings. In addition, the discourses also look at the role of circumcision and puberty in constructing masculinity in Xhosa males and what impact this construction has on the participants' chances of contracting or not contracting HIV/AIDS as a result of their sexual behaviours. Lastly, the discourses uncover the participants' beliefs or perceptions about risk and safe sexual practices in the relation to the HIV/AIDS epidemic.

During the analysis the following discourses were identified:

- Messages about masculinity and sexuality
- A man is never too young to start having sex: Puberty as signalling sexual prowess
- The cut penis as the symbol of masculinity: The circumcision discourse

- Risks for moments of pleasure: Attitudes towards condoms and safety
- A man should always have a 'just-in-case': *Ulewu*
- Attitudes about masturbation and safer sexual practices

The first discourse attempts to show how, for some of the participants, masculinity and sexuality were socially constructed through messages from different people. This is important because this research study argues that masculinity and sexuality are socially constructed rather than biologically achieved.

4.2 Messages about Masculinity and Sexuality

The literature argues that masculinity is socially constructed, meaning that men are socialized into gender identities from a young age (Connell, 1995). Katz (1995), Witt (1998), and Bowker (1998) argue that gender socializations come from different social interactions such as parents, culture and friends. This socialization is usually presented in terms of messages or symbols and also in terms of women's roles in producing and maintaining dominant forms of masculinities (Pollack, 1995; Witt, 1997). According to the literature on social construction of masculinity, young men would usually receive messages that encourage sexual prowess, power, and strength in men. Some of the participants also reported that they have experienced gender socialization through different messages from different people they interact with; these messages had certain meanings and certain behavioural implications.

Mncedisi: *"Yes there were messages but they were not straight as older people don't talk to young people about these things coz of the cultural background ya* (yes) *like sometimes the older people will tell you ya* (yes) *you must not have girls now because it's wrong, they*

can't sit you down and tell you because of cultural yah but you have some people talking about it older people and you pick up bits and pieces."

In this discourse Mncedisi articulates that he received messages from adults in his life regarding sexuality. However, interestingly he also gives us the double faced role that culture played in the choice of messages he received and how these were expressed. Firstly, the messages were not clear which might mean they were in hesitation or confusing. To note from the adults lack of clarity or hesitation in openly talking about issues of masculinity and sexuality, is the unfortunate dilemma that perpetuates the spread of HIV/AIDS. Most adults, due to cultural reasons (as noted in the extract), treat sexuality and masculinity as taboo issues to discuss, thus leading young people to seek information from uninformed peers or as noted by Mncedisi, pick up bits and pieces as they go around.

Secondly, the messages received by Mncedisi were not what might be traditionally or normatively expected. Whereas, the literature states that traditionally it is desired for men to be aggressive, strong, engage in risky behaviour and achieve sexual conquest (Gagnon, 1973 & Witt, 1997), here the elder's encourage Mncedisi not to date, going against what might be known as the desired standards of hegemonic masculinity. In contrast to Mncedisi, Lwazi states that he received messages from friends and these were encouraging sexual conquest.

Lwazi: *"Yah from the friends there were messages but sometimes they were good sometimes they were bad because they would just tell you ya* (yes) *you must have a girlfriend now but they don't tell you about the consequences of having a girlfriend maybe you'll get her pregnant or you have HIV and STD's."*

Within the discourse of messages regarding masculinity and sexuality, Lwazi reports that he learned about sexuality from his friends. Similarly, to what the literature states the messages received by Lwazi seemed to encourage having a girlfriend *"you'll get her pregnant and have HIV/STD's"* seem to imply that the messages were also encouraging having sex and more than that unprotected sex, which might lead to an HIV infection.

Firstly, similarly to the literature, Lwazi and Mncedisi confirm that through the use of messages or scripts from different social interactions, such as with older people, cultural dilemmas and peers masculinity and sexuality are socially constructed. A person's masculinity and sexuality are as result of various ideas, attitudes, behaviours', and beliefs to which he is exposed too (Witt, 1997). Secondly, the mentioned extracts show that the messages received vary in terms of who is giving them and the context into which they are presented. Thirdly, as seen in Lwazi's extract the messages received have consequences. Implying that, some of the young men find themselves in dilemmas due to the pressure of the messages they receive and the consequences of those messages. Similar to this finding, the literature states that men feel pressured to act more powerful, have more money, multiple partners and these pressures lead men into unfavorable circumstances (Jeftha, 2006).

Also implied in Lwazi's text is the power that the consequences (*HIV/STD's*) have on how one behaves. In her study Lynch (2008) talks about the discourse of vulnerability. HIV positions men as vulnerable and weak in relation to other masculinities. Lwazi brings forth this notion of being aware of the risks that sometimes come with the messages and how this makes men vulnerable to factors such as HIV or impregnating

someone. Also in a context where men are socialized to suppress their emotions and feelings, especially ones that are tender or relate to vulnerability, Lwazi admits to being vulnerable to risks and thus positions himself as weak contrary to what is expected from a man.

4.3 "A Man is Never too Young to Start Having Sex"- Puberty as Means for Sexual Competence.

Another discourse that emerged from the participants' transcripts was that of puberty as playing a role in sexual prowess. The literature argues that one of the pathways to masculinity and sexuality is puberty (Diclemente, 1992a). Puberty usually starts around ages 8- 12 in boys and is associated with physical and biological bodily changes such as hair growth, broad shoulders, pimples and increased production of hormones (Kimmel & Weiner, 1997). These changes have not only physical meaning but also meaning for masculinity and sexuality (Diclemente, 1992a). In some of the participants' transcripts one of the meanings given to pubertal experiences was that of puberty being seen as means for sexual competence. This was noted as important because, according to the literature, sexual prowess is one of the desired signifiers of dominant masculinities and sexuality (Morrell, 1998; Barker & Ricardo 2005; Lynch, 2008).

John: *"mmmmm my family like my sister told me that eeh now you are old enough because they are some pimples in my face and then she told me that now you are old you have to behave like the way you are old; older people behave…e ahhh so I started to chase ladies in the community."*

Lwazi: *My understanding of puberty is like when someone is growing now his sexual part and private parts to be older enough for him or her to get into sexual activities… mean I even had sex at 11.*

John confirms that for him the pubertal pimples on his face were an indication for not only him but also his sister that he is old enough to engage in sexual relationships. In his extract John also introduces the discourse of a man being a chaser in a relationship. This positions women as being weak and without choice in relationships. It gives the perception that women wait to be chased by men and have no say at all. This is confirmed by Hayes et al (1998), who state in the literature that, it is accepted that a man must actively chase after women to enhance his own reputation for sexual prowess. Lwazi also had a similar experience for him, puberty indicated a stage where he could engage in sexual activities.

The above extracts also articulate two noteworthy perceptions that these participants had about puberty. Firstly, they give the perception of puberty as a licence to sexual relationships. Secondly, the perception of puberty as meaning that one is "*old enough"*. Lwazi takes this further by eliciting that although he was 11 years old, which legally makes him a child, he still thought he was old enough to have sex since he had reached puberty. This shows us the dilemmatic relationship between developmental/physical changes, age and what is legally seen as appropriate. This same dilemma is seen in Mark's extract about the meaning of puberty.

Mark: *I was still young I started in grade 7 I think at 11 I do not count the play female friends I used to play with, I started being serious at age 11*

Although Mark can now in his adult age be able to realise that at age 11 he was still young, he reports that just like other two participants when he reached puberty he saw it as means to get "*serious with girls".* This is assumed to be more that just a non-sexual text because he mentions that he had females he played with before puberty. Similar to the participant's experiences and sexual desire at puberty, the literature states that hormonal changes associated with puberty usually happen as early as at eight years of age in boys and these are usually associated with heightened sexual desire (Kimmel & Weiner, 1995). However, this brings about the question of whether at this age these boys have enough cognitive and emotional maturity to make decisions regarding sexual relationships and safe sexual behaviours. These young men find themselves in a dilemma where they are regarded as old enough to be in sexual relationships due to pubertal changes yet, not old enough to be independent, providing, strong and have strict emotional control which are some of signifiers of being a man (Courtenay, 2000). Thus puberty can be seen as a factor that is a pathway to masculinity and sexuality but also a risk exposure to possibility of HIV/AIDS infection for young males.

4.4 The Cut Penis as the Symbol of Masculinity: The Circumcision Discourse

Mager (1997) and Barker and Ricardo (2005) argue that for Xhosa males the initiation process is an important feature in how boys are shaped into being men and this results in men who are restrained by knowledge of Xhosa law, who are eloquent speakers, strong leaders, culture oriented, wise and responsible. These values make initiation a cultural template for the construction of male identities in the Xhosa culture (Mager, 1997). Some participants reported that as part of their masculinity construction they had to undergo certain practices and one of these practices was initiation. This was seen as the fundamental

part of masculinity construction in their culture and had major implications on how they behaved as men.

Mhlobo: *Ya I think there were those who had to be there was something that ukwaziswa ngokuziphatha uyazi nawe (knowledge about how to behave yourself, you know) yah when I'm becoming 19 years old I went to the circumcision school so now I was having more responsibilities at home.*

Similarly to the literature on initiation being a field to promote responsibility, Mhlobo states that circumcision played an important role in forming his identity as a man and teaching him about responsibility. However, there were also participants who felt that for them circumcision may have also had negative implications as they interpreted it as a licence to promiscuity and multiple partnerships.

Mark: *we went to the mountain and we went to do it… got circumcised yes*
Researcher: what did it mean to you?
Mark: …*that today I will stop being a boy I am a man. I will get the respect of being a man..... it meant that I change my character, I will now do things as a man not as a boy…for starters I was herding cows but afterwards I stopped…after circumcision girls just come themselves because they are like this one is a man he is grown up, but ya as years went by that changed the numbers decreased.*

John: *we went for circumcision…now after we came back there was a big ceremony and there were girls and my girlfriend was there and the girls wanted us and were living their boyfriends for us because we were no longer boys but men and everyone in the village*

thought now we would settle down and get a wife or go steady. But it was good we had fun ***(researcher****: so for you this meant that you were now a man and ready to get married)… yes I was ready for responsibility.*

For both Mark and John, circumcision was about being a man but not as argued by some of the literature. In his extract Mark makes an association between circumcision, being a man and having sexual relationships. He states that, before he got circumcised he used to herd cows and was not a man, after circumcision he was a man and he started having relationships. Therefore, implying that you are not a man unless you are circumcised and a man proves his masculinity not by herding cows but by being in sexual relationships. John takes this further by stating that after circumcision more girls were attracted to him and the girls were leaving their boyfriends for them (newly initiated men). Therefore, what is evident from this statement is that although circumcision has a good role to play in the construction of masculinity and sexuality, it can also have negative implications for HIV/ AIDS. As stated in the literature one of the signifiers of masculinity is sexual conquest and the more a man is able to achieve this the higher his status is among his peers. Based on the Mark and John's extracts circumcision makes achieving sexual conquests much easier as women tend to seek out men who are newly circumcised. This might also lead to these young men having multiple sexual partners at a time as they are in demand and also leading to high risk of HIV/AIDS infection and spread.

Similarly to Mark and John's extracts the literature (Kometsi, 2004; Barker & Ricardo, 2005; Lynch, 2008) confirms that after the process the initiate is expected to have sex with women in the village as long as it is not the one they intend to marry, this is said to rid the men of evil and boyish spirits. Therefore, although, there is research proving that physical

cutting of the foreskin in circumcision can decrease the spread of HIV/AIDS (Auvert, et al., 2005; Bailey et al., 2006; Coates, 2005; Gray et al., 2007; Weiss et al., 2000), the above extracts also indicate that social-cultural nature (social interactions and processes) of circumcision encourages men to engage in risky sexual activities. Thus, putting them at risk of being infected.

Another interesting finding, similar to the argument posed by Nogo (2008) is that circumcision loses its value or sentiments unless done in a foreign setting far from society. He argues that being circumcised takes away the mystery in circumcision and produces plastic men. Similarly this is implied by Mark who emphasizes that *"they went to the mountain and they did it"* implying the importance of the place in which circumcision is done.

4.5 Risks for moments of pleasure: Attitudes towards Condoms and Safety

Bouhnik et al. (2007) argue that, the majority of sexually active people engage in unprotected sexual intercourse that puts them at risk of infection with HIV. According to Varga (1997), men prefer not to use condoms, where condoms are used in a relationship it is irregularly. She states that many males do not want to use condoms as they feel that they make sexual intercourse impersonal, takes away pleasure in having sex and makes it feel uncontrolled. To add to this Flood (2000) states that men also object to condoms because of perceived safety, trust and looking at condoms as another contraceptive and placing responsibility of contraceptives in women's hands. Similar to the above the almost similar trends were seen with some of the participants.

Mncedisi: *I think that condoms are very useful to prevent many infections but when I'm using it feel [s] very bad and most of the time I usually risk it not using it…I got this thing we call in Xhosa we call it iintwala zehhago (pubic lice)…you get it from girlfriends so I don't know the actual source of it… it is something that affects your private part and it's very painful, very painful its small thing like mosquitoes, its eating you too much.*

Mncedisi's extract suggests that risk taking is an essential aspect of masculinity but also the notion that men are allowed to take risks but women are responsible for the consequences of those risks. For example, he admits to not using condoms because they feel bad to him but when he got infected with an STI due to not sing protection it was the woman's fault as he implies that STI's are from women (*you get it from girlfriends).*

The same discourse of blame is found in narratives about HIV/AIDS man usually do not like using protection but the women are always to blame for HIV/AIDS or become pregnant (Varga, 1997). This implies that men do not see themselves as posing risk of infection or spread of HIV/AIDS and therefore do not use protection and as long as this kind of perception continues the rate of HIV/AIDS continues to rise and man do not take responsibility. Mncedisi also brings fourth the notion that the cost of sexual pleasure far outweighs the risk of infection. Mncedisi reports that regardless of his knowledge about condom usefulness, at times he takes risks and does not use them. Further on, he states that as he was growing up he got infected with a sexually transmitted infection. However, this did not change his attitude towards using condoms. This notion of taking risks even though he is aware of the consequences is in keeping with the discourse of man as being strong, not scared, risk taking (Lynch, 2008). This is in contrast to the argument putted

forward by DiClemente (1992) and Pleck et al. (1993), that one is more likely to use condoms if one perceives the benefits of condom use to outweigh the costs.

According to a study done by Mizuno et al. (2007), most men feel that condoms reduce pleasure and are uncomfortable. This was congruent to what Mncedisi said, he stated that for him condoms are uncomfortable therefore he sometimes engages in sex without them. The above mentioned study also state that men who tend to think that condoms are uncomfortable and reduce pleasure are more likely to engage in sexual risky sexual behaviour and this way increasing HIV/AIDS infection probability.

4.6 A Man Should Always Have a 'Just-In-Case': *Ulewu*

According to Pleck, Sonenstein and Ku (1993), males with traditional attitudes have more sexual partners and the more sexual partners one has the lower usage of condoms and the contraceptive beliefs associated with traditional attitudes towards masculinity increase adolescent males risk of AIDS and other STD's. In her study on sexual decision making, Varga (1997) reports that, most males view having multiple sexual partners as being an *isoka* and not promiscuous. They further argue that there was a difference between the two; promiscuity being dirty and shameful and being an *Ulewu (*Xhosa for *isoka)* as an acceptable socio-cultural practice. Having one girlfriend is seen as being an *isishimane* (someone incapable of getting girlfriends) and as an insult to masculinity. One of the participants in the above study was noted saying that even his father was an *ulewu,* therefore, there is no disgrace in having multiple sexual partners (Varga, 1997).

The same perception was noted in some of the participants in this study. For example, Mncedisi and Mark confessed that they had more that one girlfriend and for them there was nothing wrong with this as it validates their masculinity.

Mncedisi: *I had many girlfriends and slept with girls and I felt that I am a man"*

Mark: *Well one chick one man will not work you know how it's like you can't keep this thing (points at his penis) in your pants you can always fool around.*

In keeping with the literature multiple sexual partners form part of the desired traits of masculinity and sexuality (Lynch, 2008; Morrell, 2008). Mncedisi raises a point that not only does one need to have many girlfriends to prove his manhood but one needs to sleep with these girls as well. This is important because this research study assumes that risky sexual practices increase the rate of HIV/AIDS and as suggested by Mncedisi's extract when one is already engaging in one risky practice it often leads to others as well. For example, for someone who has more that one girlfriend it is almost given that they will have sex with all of them and it is possible that they do not use protection with more than one of them and this puts them at risk of infection and spreading of HIV/AIDS. The second point that Mncedisi indirectly raises in his discourse is the point of self esteem and engaging in risky sexual behaviours to make one feel good enough as a man and be seen as a man but, feeling like one as well. This is because as the literature states to appear or feel weak emotional, or sexually inefficient is a major threat to their self-esteem (Jeftha, 2006). So as a man to see yourself as a man you also need to feel as one. Jeftha (2006) further states that, to be content with his masculinity, a man needs to feel that he possesses the desired characteristics.

In the above extract Mark suggests that having multiple sexual partners is something one cannot control *"you can't keep the penis in your pants".* The penis has to be constantly at work. He does not give further reasoning as to why the penis cannot stay within his pants. This takes away the responsibility of self control from him and suggests that it might be biological for a man to want to always have sex and in this case with multiple partners. This depersonalisation of responsibility for self control and safety measures makes it easy for one to be exposed to sexual infections. This exoneration from responsibility is in contrast to the literature by Barker & Ricardo (2005) and Lynch (20008) which argue that a man should have self control (assuming that of any kind).

4.7 Attitudes about Masturbation and Safer Sexual Practices

As part of masculine construction, men take sexual risks to enhance their social status (Goniwe & Gqola, 2005). The idea of taking risk implies that men tend to not practice alternative safe habits or behaviours. This was also seen in some of the participants with regards to practicing masturbation as a safer alternative to unprotected sex.

Lwazi*: No. I do know masturbation I think it's good to other people because it helps them not to get diseases ……Aah I was told by my friends that they don't like that thing (masturbation) because it makes them to be isishimane (a man who cannot get a girlfriend).*

Ben: *My opinion is that the person might be engaged or you find out that a person might be, may be extremely afraid of things like AIDS yabona!, (you see) because may be he can sleep with three girls, only to find out one out of three is HIV positive, so I think*

people who do those type of things they are helping themselves… but I usually I discussed with my friends, Like most of the time he always laughed at me yabona! So we took it something that will make you a fool yabona! (You see). For instance you can not take a girl for your self, which means you not man enough… So like I always thought kuthi (that) someone who is masturbating must be mentally unfit.

This discourse show how some of the participant believe or get pressured by their peers to believe that if you are a real man you do not play it safe and as a result they would rather not masturbate because they do not want to be seen as either mentally unfit or as *izishimane*. This discourse also shows a contradiction between these participants' beliefs ant their practices. That is, although they believe masturbation is safe and good, they do not practice or say it because they might be laughed at by their peers.

Ben shows how he was pressured by what his friends were doing and believed about masturbation and told him that if you practiced masturbation then you are seen as mentally unfit or as *isishimane* as the participants narrated in the above extracts. This conflict was also evident in the participants' discourses as most of them believed in using condoms and masturbation but because of social pressure they would report they do not use them or masturbate. Lwazi reported that although he thinks that masturbation is good and safe because his friends thought it was for *izishimane* he also thought at that time that was for people who are mentally unfit. This also brings forth the notion that for some men the importance of fitting into hegemonic standards far outweighs the importance of safety.

4.8 Summary

This chapter contained the findings and discussion. The data was grouped into discourses. The discourses were aimed at answering the questions about social constuctionism of masculinity and sexuality, the factors impacting on masculinity and sexuality and also beliefs about sexual risk behaviours and how all of this has implications on HIV/AIDS infection and spread rate.

CHAPTER FIVE

CONCLUSIONS

5.1 Introduction

This chapter gives a conclusion on the research findings and discussion. It also gives the limitations of the study and recommendations for future studies.

5.2 Conclusions

This research assumed that puberty and circumcision play a role in constructions of masculinity and sexuality. It aimed at exploring the nature of the role and influence played by these two phenomena on masculinity and sexuality. To start with the role of played by puberty, it was found that pubertal experiences are given certain meanings and these meanings influence sexual behaviour of men. For example in the study, puberty was seen as a vehicle to having sexual intercourse. This factor was supported by the literature as contributing to construction of masculinity and sexuality in young men and also as having implications for the spread of HIV/AIDS. Therefore when constructing masculinity and sexuality, puberty is not just a biological process but, it is given a social meaning and this meaning influences behaviour. This was seen in the participants stating that although they were very young (11 years old) when they got into puberty, age did not matter they started engaging in certain behaviours.

The second factor implicated in the constructions of masculinity and sexuality in young Xhosa male adults is circumcision. The nature of the role played by circumcision is that of validating and completing the Xhosa masculinity and sexuality. This is done through the various meanings given to circumcision. The participants stated that for them after

circumcision sexual prowess became so much easier. This means that masculinity and sexuality are gained automatically after circumcision. Also, the circumcised men gain the status of hegemony to those who are not. The sub- question to the premise about circumcision was that of the implications of circumcision on HIV/AIDS. According to the findings, circumcision has a direct influence on sexual behaviour ad this is found to be rather negative by most participants than positive. Being circumcised entails that men get involved in risky sexual behaviours to either rid off bad spirits or prove their new status. This sometimes involve unprotect sex which puts young men in risk of being infected with HIV.AIDS, also puts young females in risks of having sex with newly initiated male who might be infected. This is because men do not only start having sex after being circumcised but as stated by the participants they start long before that (11 years old).

To answer the question of what messages are implicated in the constructions of masculinity and sexuality of young Xhosa males and where these messages come from, from the data and literature it was noted that there are different messages, from different origins implicated in masculinity and sexuality. The data identifies two prominent voices which are those of the elders through cultural values, in the lives of these young men, peers.

As seen in both the literature, while in some aspects these rites might have strong cultural resonance and positive social control, in other aspects of this socialization these rites might involve reinforcement of patriarchal gender norms that might have negative consequences for these men (Barker & Ricardo, 2005). Although it can not be generalized, some of these rites of passage might reinforce sex segregation and gender

inequalities. This is because these rituals usually include information about sexuality, which has implications on HIV depending on what information is given. They also have implications on violence against women. Also, after the process the initiate is expected to have sex with women in the village as long as it is not the one they intend to marry; this is said to rid the men of evil and boyish spirits. He is also urged to have live sex which refers to sex without a condom (Barker & Ricardo, 2005). These implications of the messages and factors influencing constructions of masculinity and sexuality were seen in the participants' attitudes regarding risky behaviour and safety sexual practices.

5.3 Limitations

One of the problems encountered in this research study was the problem of reflexivity. According to social constructionist framework knowledge is produced in social interaction and what we regard as knowledge is constantly created and negotiated through social processes such as language. Therefore, in research how the researcher shapes her or his questions and what they ask and how they ask it is always influenced by their own socio-cultural background. One cannot fully take an objective stance in research as what we want to know and how we come to know it is always shaped by what we already know and our own social interactions and perspectives. Therefore, during this study the researcher needed to be cautious of her influence on the study and the types of the methodologies employed in the study and also the types of discourses identified in the study and how they were interpreted. Another reflexivity dilemma was that of the researcher's own sex and gender. As a female it was difficult to put in the shelf my own feelings about some of the statements made by the participants, some statements were derogatory to females and being neutral was hard. For example, a participant would talk

about how they chased after different women and used women to get rid of evil spirits. Also as a woman enquiring about masculinity I was perceived as an outsider entering into a man's world. Thus some men were not willing to engage in the study, those who did were initially hesitant and suspecting.

Another limitation for the researcher was the process of data collection, half the data was collected by someone else and the other half by the researcher. Therefore during transcription and analysis it was discovered that some of the questions that were of interest to the research were not explored fully during data collection and therefore. This in turn limited not only the type of information that was gathered but also the depth of the findings as well as the researcher's ability to make bold conclusions based on them.

5.4 Recommendations

5.4.1 Recommendations for future research

The first recommendation is for the study to be done on a wider scale; meaning with a larger sample size and increased time limits with additional questions to the interview schedule. Secondly, for the interviews to be done by the Xhosa speaking researcher as I feel that language was a limitation to this study and some of the participants had difficulty finding some of the English words for some of their concepts and this was limiting the information that was gathered. This study recognises that the issue of masculinity is very controversial especially in terms of its implications to HIV and also the issue of circumcision and how it contributes to masculinity and it's implications on HIV is even more controversial. It is also recommended that some of the discourses (such as why young women are interested in newly circumcised men) be studied in-depth as this was limited by the data collection process in the current study. The issue of

circumcision holds a great possibility for a whole new masculinity and sexuality which needs to be uncovered.

5.4.2 Recommendations: Methodological issues

Wherever possible, data should be collected by one researcher throughout, as the use of previously collected distances the researcher from the context, emotional and otherwise, in which the previous data sent was collected. This in turn poses challenges on the nature and depth of conclusions that could be made.

5.4.2 Recommendations for interventions related to HIV

This study would recommend that interventions related to HIV be geared towards informing young adults about issues of sexuality. From this study it was evident that most of the participants learned about issues of sexuality from their peers and usually the information they get is not totally true as the peers are usually also uninformed. Secondly, it is recommended that if possible the information given during the process of circumcision be screened and made uniform in all circumcision schools. This could be done by maybe having schools where the circumcision teachers can go and be trained appropriately in terms of the information they give to the initiates. For example, the literature and some of the participants stated that they are told that after initiation they need to have 'live sex'. Thirdly, according to the literature done in this study circumcision does decrease the rate of HIV infection by up to 60% therefore this study would recommend that circumcision be applied as one of the strategies to fight against HIV spread. However, it is important to state that this should be done with caution as some people may misinterpret this as saying that if one is circumcised then they cannot

get HIV even if they have unprotected sex with different partners who are infected. If traditional circumcision is to be explored as a means to reduce HIV infection, it should be done under health conditions similar to medical circumcision.

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