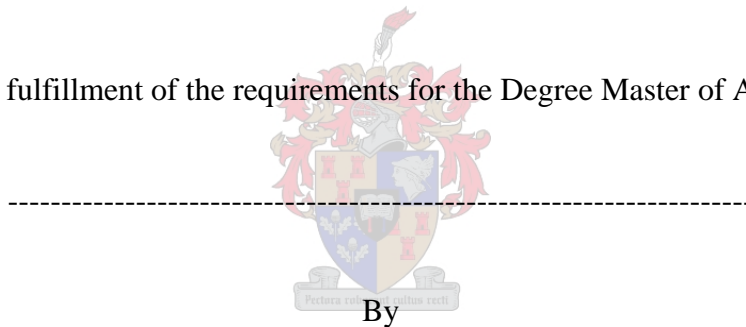


**CONSTRUCTIONS OF MASCULINE SEXUALITY, HIGH RISK SEX AND  
HIV/AIDS AMONGST YOUNG XHOSA MEN IN SOUTH AFRICA**

Thesis submitted to Stellenbosch University

in fulfillment of the requirements for the Degree Master of Arts



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## **DECLARATION**

I, the undersigned, Vuyelwa Eullicia Mehlomakulu, declare that the work presented in this thesis document is my own original work, and that I have not previously, either in its entirety or in part, submitted it to any university for degree purposes.

Signature:

Date: 05 March 2008

## **ABSTRACT**

Recent research in the field of HIV/AIDS prevention suggests that for more effective interventions to be developed, it is necessary to understand, consider, and address the social context in which high risk sexual behaviours occur, and particularly to understand how issues of gender are implicated in the perpetuation of these behaviours. Based on the broad theoretical premise that social discourses play an integral role in the production and maintenance of gender and sexual identity, and in line with research suggesting that more attention needs to be paid to the role that men and masculinity play in HIV transmission through sex, this pilot study employed a social constructionist framework to explore constructions of masculine sexuality, high risk sexual behaviours, HIV/AIDS and the relationships between these, amongst a small sample of 10 young adult Xhosa speaking males that reside in or around Cape Town in the Western Cape, South Africa.

The findings of this study indicate that the participants generally construct their gender and sexual identities in ways that are highly consistent with social discourses that construct men as dominant over women. There was also strong evidence that, for the participants, their sexual identity represented a primary source of their identity as men. This sexual identity appeared in itself to be constructed primarily along patriarchal lines, and maintained by pervasive reference to what is normative for men within their social contexts, thereby setting up a self perpetuating loop. The data revealed a number of dimensions to this sexual identity, such as the role that sexual success and prowess plays in maintaining and enhancing a sense of self and public esteem, that provided participants with logical motivations for engaging in high risk sexual behaviours (although participants did not necessarily construct them as such) such as having multiple sexual partners, casual sex, non-use of condoms and, importantly, sexual coercion: 70% of the participants indicated that they either do not use condoms consistently or don't use them at all while 80% reported having sexually coerced at least one partner. There is strong evidence to support the suggestion that the content of the participants' masculine sexual identity is inextricably linked both to the social gender discourses present in the social context, and their sexual behaviour. There was also evidence to suggest that this link represents a psychological motivation for behaviour that is often more powerful than the participants' cognitive awareness of the risk of contracting HIV and their own personal morality put together.

## OPSOMMING

Resente navorsing in die veld van MIV/VIGS voorkoming beveel aan dat dit noodsaaklik is vir die ontwikkeling van meer effektiewe intervensies om die sosiale konteks waarbinne hoë-risiko seksuele gedrag plaasvind te verstaan, oorweeg en aanspreek, en spesifiek te verstaan hoe kwessies van geslagsidentiteit betrokke is by die voortsetting van hierdie gedrag. Hierdie loots studie het 'n sosiaal konstruktivistiese raamwerk gebruik om konstruksies van manlike seksualiteit, hoë-risiko seksuele gedrag, MIV/VIGS en die verhoudings tussen hulle te eksploreer onder 'n klein steekproef van 10 jong manlike Xhosa sprekende mans van Kaapstad in die Weskaap, Suid-Afrika. Dit is gebaseer op die breë teoretiese aanname dat sosiale diskoerse 'n integrale rol speel in die produksie en instandhouding van geslags – en seksuele identiteit, en is lyn met navorsing wat voorstel dat daar veral meer aandag geskenk moet word aan die rol wat mans en manlikheid in die transmissie van MIV deur middel van seks speel.

Die bevindinge van hierdie studie toon dat die deelnemers oor die algemeen hulle geslags- en seksuele identiteite konstrueer op maniere wat tot 'n groot mate strook met sosiale diskoerse wat mans as dominant oor vrouens konstrueer. Daar was ook sterk aanduidings dat die deelnemers se seksuele identiteit as 'n primêre bron van hulle manlike identiteit funksioneer. Hierdie seksuele identiteit het opsigself geblyk om langs patriargale lyne gekonstrueer te wees, en deur middel van deurlopende verwysing na wat normatief is vir mans binne hulle sosiale kontekste instandgehou te wees. Hierdeur is 'n self-perpetuerende kringloop in werking gestel. Die data het verder op 'n aantal dimensies van hierdie seksuele identiteit gedui, bv. die rol wat seksuele sukses en vernuf speel in die instandhouding en uitbouing van 'n sin van publieke en self-waarde, wat aan die deelnemers logiese motiverings verskaf het vir deelname aan hoë-risiko seksuele gedrag (alhoewel die deelnemers dit nie noodwendig as sulks gekonstrueer het nie) soos seks met meervoudige partners, geleentheidsseks, die nie-gebruik van kondome, en opmerklik, die gebruik van dwang: 70% van deelnemers het aangedui dat hulle soms of nooit kondome gebruik nie, en 8 uit 10 het aangedui dat hulle ten minste een keer 'n vorm van dwang gebruik het tydens 'n seksuele interaksie. Daar is sterk aanduidings wat die idee ondersteun dat die inhoud van die deelnemers se manlike seksuele identiteit is nou verweef met sowel die sosiale geslagsdiskoerse teenwoordig in hulle sosiale konteks as hulle seksuele gedrag. Daar was ook ondersteuning vir die gevolgtrekking dat hierdie verband 'n psigiese bron van motivering daarstel wat dikwels meer kragtig is as die deelnemers se kognitiewe bewussyn van die risikos van MIV transmissie en hulle persoonlike moraliteit saam.

## **ACKNOWLEDGEMENT**

I dedicate this paper to all South Africans who are either affected or infected by HIV/AIDS. I hope this paper will make some contribution to reducing the rate of HIV infections in South Africa. I give special thanks to the Lord for giving me strength and courage to finish this paper as I believe without His love I would have not succeeded. Special thanks goes to my family, especially my husband, Siyoyo and my sons Liqha, and Aqha. They contributed in some way or another to my success. I would also like to thank my supervisor Mr. Chris Petty for making this thesis possible with the time and advice he has given me throughout the process. Lastly I would like to acknowledge EngenderHealth and the Men as Partners Project at Stellenbosch University campus and thank them for the financial assistance I received in completing this study.

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## **INTRODUCTION**

“Reproductive health problems present one of the greatest threats facing youth in sub-Saharan Africa today” (Mba, 2003, p. 15). Of these problems, HIV/AIDS is undoubtedly the most devastating and, therefore, most pressing. South Africa is no exception. The country is currently experiencing the world's largest and fastest growing HIV/AIDS pandemic, with an estimate of 5 500 000 people living with HIV and 320 000 people who died of AIDS (UNAIDS, 2006). The number of new infections is high, estimated at more than 800 per day (UNAIDS, 2006).

Most campaigns aimed at combating the spread of HIV infections in South Africa focus on behaviour modification in the form of abstinence from sex, and “safe sex” practices such as using condoms and staying with one sexual partner. However, although these interventions are necessary, they are not enough to curb the spread of HIV/AIDS on their own. It would seem that despite current interventions in South Africa such as the ABC (Abstain, Be faithful, Condomise) campaign, the rate of HIV/AIDS infection is not decreasing. This points to the need for the development of more effective interventions. In order to provide these it can be argued that a deeper, more comprehensive understanding of the dynamics of HIV infections in specific social contexts is a prerequisite. The current study rests on this broad premise.

In order to develop such an understanding of HIV infection dynamics it is necessary to provide a framework within which to do so. In this study, a social constructionist framework will be employed that understands both HIV/AIDS as gendered disease and, in broad terms, seeks to explore the discourses that produce and maintain constructions



of masculinity that continue to manifest in high risk sexual behaviours that often involve domination of their sexual partners.

Recent research findings have begun to illustrate that HIV/AIDS is an illness which affects the males and females in substantially different ways, in terms of risk for contraction, infection patterns and the sequelae of infection. For instance, various studies have shown that young, adolescent women represent the population category that is at the highest risk of being infected (Ackermann & de Klerk, 2002; Harrison, Smit, and Myer, 2000; Mba, 2003). While biological factors play a role in producing this phenomenon in that women are more vulnerable to contracting the virus than men due to " a greater mucosal surface exposed to a greater quantity of pathogens during sexual intercourse" (Mba, 2003, p. 19), there is also an increasing emphasis in the literature on the role played by societal patterns of gendered behaviours and the intra- and inter-gender power-relations that underlie and fuel such behaviours. In particular, the dynamics of patriarchal social structure have been implicated in increasing women's vulnerability to HIV infection (Kaaya, Flicher, Mbwapbo, Jessie, Schaalma, Aaro, 2002).

Kaaya et al. (2002) point out "that women are generally expected to be chaste and to show deference to men" (in sub-Saharan Africa) (p. 156) and Mba (2003) argues that, in patriarchal cultures where women are expected to be passive and subservient to men, female adolescents have very little or no control over sexual decisions, nor can they control the sexual behaviour of their male partners, or even play an equal role in the negotiation of condom use for the prevention of HIV or pregnancy.

Such imbalances in social power between the genders produces a range of social factors that make women especially vulnerable to HIV, and a proper understanding of these factors and the relationship between them would seem essential to the development of appropriate interventions to reduce the rate of infection. As Ackermann and de Klerk (2002) argue: "Since HIV is a sexually transmitted disease, we must investigate the factors that make women unable to practice 'safe sex'" (p. 165).

Generally, these factors cluster around the position that women occupy in South African society and in particular, their low social, economic and political status (Ackermann & de Klerk, 2002). In essence, the disempowered nature of the positions women occupy in our predominantly patriarchal culture restrict their ability to protect themselves from HIV infection (Ackermann & de Klerk, 2002). It has also been pointed out that interventions that fail to acknowledge this dynamic, and focus solely on the modification of sexual behaviour are doomed to fail since they do not take into account the cultural and systemic factors that perpetuate an incapacity on the part of women to take ownership of their sexual and reproductive health (Ackermann & de Klerk, 2002).

A significant result of the realisation that women, and in particular adolescent women, are at a greater risk for becoming infected with HIV has been the pronounced focus on women when it comes to gender and sexual health research. Courtenay (2000) states that this almost exclusive emphasis has led to a situation where "gender and health" has become synonymous with "women's health". While several programmes in the field of international development have recently altered their terminology from 'women in development' to 'gender and development', the majority of initiatives to challenge and transform prevailing gender relations still focus on women alone (Rivers & Aggleton, 1998).

While the research focus on women is essential both theoretically and practically, it has had the undesirable side-effect that researchers have typically neglected to explore more deeply the roles that men play in the spread of HIV, and how they are embedded in, and underpinned by constructions of masculinity in particular socio-cultural contexts (Courtenay, 2000). It can be argued that this tendency has led to a relative lack of empirical findings exploring the gendered nature of HIV/AIDS in as far as constructions of masculinity are concerned that would be valuable in the process of developing more effective interventions.

This is especially so in light of research findings that men are more likely to have multiple sexual partners, engage in coercive sexual practices, engage in casual sex, engage in sex due to perceived peer pressure, and have ultimate control over condom use (Varga, 2001; Gorgen *et al.* 1998; MacPhail and Campbell, 2001; Silberschmidt, 2001).

In order to begin to address this imbalance, this study seeks to shift focus to the relationship between constructions of masculinity and male sexual behaviours and practices. In particular, this pilot study sought to explore this relationship amongst a small sample of young adult Xhosa speaking males that reside in or around Cape Town in the Western Cape, South Africa, and focused specifically on what have been conclusively identified in the literature as high risk sexual behaviours including having multiple sexual partners, not using condoms, engaging in casual sex, and what may be termed coercive sexual practices.

## **THEORETICAL FRAMEWORK**

This section will briefly motivate the choice of social constructionism as a theoretical framework, outline in broad terms the basic theoretical tenets of a social constructionist approach to the study of human phenomena, and then relate these more specifically to the study of constructions of masculinity and male sexuality, sexual attitudes and behaviours, and the gendered nature of HIV/AIDS.

This study employs a social constructionist framework to inform both its analysis of the sexual attitudes and behaviours of the participants as well as its methodology. The choice of this framework is informed by a reading of the psychological literature on sexual behaviour that reveals theories that are rooted, for the most part, in the positivist scientific paradigm such as biological determinism, sex role socialisation theory and cognitive-behavioural theory. While such theories have been useful from a descriptive perspective, they have been criticised for failing to locate sexual behaviours and attitudes in the social context within which they occur (see below). Broadly speaking, these theories are underpinned by an understanding of human behaviour that has been labelled reductionist, deterministic and mechanistic in that the causes of behaviour are seen to be located within the individual. Furthermore, this understanding attempts to limit what is seen as proper empirical research to establishing the causal links between observable behaviours (Durrheim, 1997)

In the context of HIV/AIDS for example, Harrison et al. (2000) have questioned the efficacy of relying on the theory of reasoned action model and the health belief model for preventing the spread of the disease. These two models, rooted in cognitive-behavioural theory that emphasizes the individual as "a rational actor in altering behaviour", are essentially predicated

upon the assumption that providing the correct information in the correct packaging will set in motion cognitive processes that result in changes to people's attitudes towards sex and towards HIV/ AIDS itself, and that these changes in turn will manifest in changes in sexual behaviour that reduce or eliminate the risk of HIV infection..

Harrison et al., (2000), argue further, that while behaviour change is still the only ultimate way of limiting the further spread of HIV, it cannot be assumed that simply providing information and changing attitudes will be enough to change behaviour. Interventions that focus on imparting skills, *and* that seek to understand and address the "context of people's risks" are needed (Harrison et al., 2000, p.286).

In broad terms, social constructionism is concerned with the notion that "human experience, including perception, is mediated historically, culturally and linguistically" (Willig, 2001, p. 7). This means that the ways in which we experience reality is not an ahistorical, acontextual given, but rather that they are produced by, and vary between, different historical periods and between various cultural systems.

As such, perceptions and experiences must always be understood as a specific reading of social conditions at a certain place and time, rather than simply a reflection of these conditions; and research that is conducted from within this paradigm is concerned with "the various ways of constructing social reality that are available in a culture" (Willig, 2001, p. 7).

A central assumption of constructionism is that social reality is created, understood, shared and conveyed through language in its various forms. Social constructionism assigns an ontological status to language, since it argues that it is through language that reality is

constituted. As such, constructionism is concerned with broader patterns of social meaning encoded in language. This means that language is an appropriate object of study in any research project. The primary method by which social constructionism understands and interprets the social meaning embedded in language is through discourse analysis.

In this context language is understood as a way of interpreting our surroundings and the events that occur in it, and, as such it acts as an organiser of daily life. Therefore according to Gergen (1997, p.53) language is not a “map of interior impulses – but outgrowths of specific modes of life, rituals of exchange, relations of control and domination” (Gergen, 1997, p. 53). Bayer (1998) argues further that social constructionism involves making meaning. This is in essence a participatory process in which meaning is negotiated through language, and this negotiation produces psychological subjects and their subjectivities. Language thus becomes an historical and cultural agent in creating psychological subjects.

Social constructionism focuses on the discourses found in a particular culture at a particular time. Discourses can be seen as ‘practices which systematically form the objects of which they speak’, or simply as ways of speaking, thinking about, and doing things that are culturally legitimised. Thus discourses themselves have an organising function that serves an important purpose in establishing a sense of community and social identity.

Bayer (1998) echoes this when she says that:

*social constructionism displaced psychology’s penchant for a generic subject with the promise of a more interesting and lively psychological subject, one who would be construed as more fully in and of the world, and given the amenabilities of discourse,*

*one who could presumably issue in new possibilities for self and social life, personal and political emancipation (p. 3).*

From the perspective of conducting psychological research it is important to note that, apart from the obvious intersections with issues of language, culture, race, gender and sexuality, social constructionism has also been suggested as a form of critical psychology. Firstly it takes a critical position with regard to accepted psychological knowledge and methods of knowledge production, and secondly, it insists on the consideration and analysis of historical and cultural contexts and the relationship of these to the lived experience of the individuals located within them (Burr, 1998). This implies that critical psychology is interested in how society is structured and focuses heavily on how power is unequally distributed within these structures.

According to Gergen (1999) critical psychology aims at liberating those who are oppressed or marginalized by systemic economic, political, and cultural structures and argues further that language may operate as a force that serves to entrench and perpetuate oppression. It is by becoming aware of, and analysing discourses, that it may become apparent: “who gains, who is hurt, who is silenced, what traditions are sustained, and which are undermined” (Gergen, 1999, p.63)

According to Hook (2004, p.13) psychology needs to be “profoundly political, profoundly involved in the reproduction and extension of relations of power and control”. In this sense it is essential that critical psychology attempts to illuminate how traditional psychology might obscure and devalue the political (Malone, 2000).

Parker (1999) argues that:

*Social constructionism has been invaluable to the development of critical psychology, and it invites us to reflect on the way each and every psychological experience we have is constituted in forms of discourse and practice rather than given and to be taken for granted. It leads us to interpret the complexity of human life and ask how it has come to be the way it is, rather than adopting assumptions that are relayed through common sense and that then feel as if they must be true.*

In more specific terms, this study aims to explore constructions of masculinity as a dimension of gender identity, masculine sexuality as a dimension of masculine gender identity, and how these intersect and play out in the male sexual behaviours associated with the heterosexual transmission of HIV that have been implicated in increasing women's vulnerability to infection.

As pointed out above, social constructionism emphasises the cultural and historical factors that shape and mediate our experience of reality. Gender, according to this theory, is in itself a cultural phenomenon or construction. This means that every person is actively, rather than passively, involved in the creation of his or her own gender identity and does so in response to, and in collaboration with, the dominant gender discourses of his or her time and place.

According to Plek *et al.* (1994a), women and men think and act the way they do not merely because of their role identities or psychological traits (as sex role theory would argue), but rather because of discourses of masculinity and femininity that are internalised from their culture and reproduced through language. In constructing gender identity people are influenced by the collective practices of institutions such as schools, churches, their families



and the media, which produce and reinforce particular forms of masculinity and femininity. In this sense gender is distinct from biological sex as identified by primary and secondary sex characteristics, in that it represents the socio-cultural shaping of what it means to be a man or woman, and produces the social roles, values, norms and expectations that are associated with a particular sex (Rivers and Aggleton, 1999).

It follows then, that masculinity, as a dimension or aspect of gender identity, is a social construct, as opposed to a biological or psychological 'essence'. According to Leach (1994), masculinity operates at two different levels. On one level it is a form of identity, a means of self-understanding that structures personal attitudes and behaviours. On the other level it is a form of ideology in the sense that it presents a set of cultural ideals that define appropriate roles, values, behaviours and expectations for, and of, men. Thus there are socio-cultural discourses around what it means to be masculine, and these 'systematically form, and are formed, by the things of which they speak'.

Furthermore, it follows that sexuality, as a dimension or aspect of gender identity, is also a social construction. As Foucault (quoted in Pollis, 1987, p.402) has pointed out, sexuality is primarily a "modern historical construction and creation of discourse". Meaning, as derived from languages or discourse; each institution in society has a discourse about sex, a way of thinking and talking about the broad array of behaviours and actors who are involved in sexual expression" (quoted in DeLamater & Hyde, 1998, p. 15). Thus the social construction of sexuality is seen as a product of particular socio-historical contexts, with the related experiences being produced, transformed and modified within ever-changing sexual discourses.

As Weeks (2003) points out sexuality is facilitated and organised through economic, religious, political, familial and social conditions (Weeks, 2003). Thus sexuality and sexual desire is rooted in socio-economic and cultural forces which means that sexuality ought to be studied with reference to the social realm (Plummer, 2003). As Simon (1996, p.31) puts it: “The origins of sexual desire can only be found in a social life and its variable presence in the lives of specific individuals is predominantly dependent upon their experiences in social life”.

In practical terms then, seeing sexuality as a dimension of gender identity implies that how, where and when and individual man performs his sexuality in behavioural terms (including speaking about it) is intricately connected to the nature of his perceptions, attitudes, aspirations and fears about the nature of manhood as it is lived at that time and place. For example, in a community that closely subscribes to the attributes and social structures of the discourse of patriarchy, one might encounter the sub-discourse of permissive male sexuality. This discourse constructs male sexuality and sexual desire as a biological drive or imperative that must be fulfilled. Men then see themselves as being the passive ‘victims’ of this drive and unable to control it, thereby legitimising a range of sexual attitudes and behaviours.

Viewing male dominance and permissive male sexuality as discourses of gender and sexuality respectively allows for a constructionist analysis that may reveal how, in terms of maintaining power over women, the latter may function in the service of the former, and also offer an acceptable (to men and women) social explanation for why certain sexual behaviours are acceptable for men but not for women.

This way of understanding gender and sexuality has become particularly relevant in the fight against HIV/AIDS. At a theoretical level then, it would seem that a particular shift has started

taking place in the conceptualisation of the growth of the AIDS pandemic. There is an increasing acknowledgment that the spread of HIV is largely mediated through patterns of social interaction, and that it is these larger social patterns that will have to be addressed if we are to curb this phenomenon. Taylor (1995) argue that AIDS is a "psychosocial and behavioural problem" (p. 97), and Ackermann et al. (2002) contend that it is the underlying social organization that could be conducive to the spread of this disease.

If these patterns of social interaction are informed in part by the meanings attached to the gender and sexuality of those interacting, it is clear that the ways in which gender identity and sexuality operate in a particular context is a crucial component in our understanding of the spread of HIV transmission. This argument is borne out by research findings that HIV /AIDS, not only affects men and women in different ways, but also that men and women contribute in different ways to the spread thereof. Other studies corroborate the key role that gender roles play in increasing the number of HIV infections (Courtenay, 1998), and these are discussed more fully below.

In contrast to more positivist approaches then, social constructionism offers a useful lens through which to examine the ways in which the behavioural factors implicated in the spread of HIV/AIDS are intertwined with issues of gender and sexuality, and also the ways in which they are produced and mediated by specific sociocultural contexts.

## **LITERATURE REVIEW**

This section illustrates the arguments set out above by reviewing the literature regarding more traditional understandings of gender identity and roles, research into HIV/AIDS as a gendered disease, and masculinity and sexuality in relation to HIV transmission, with a specific focus on what may be termed high risk sexual practices. A brief overview of two positivist theoretical approaches, biological determinism and sex role theory, that have attempted to explain sex and gender, and the main points of criticism levelled against them, is provided to serve as a backdrop to studies that proceed from more constructionist assumptions. Particular attention is paid to the notion of coercive sexual behaviour, and how it is a site where gender identity, sexuality and heightened risk for HIV transmission intersect.

It must be noted that while there is a large body of literature exploring the concepts of gender and sexuality in the abstract, and gender politics in particular, there has been a very limited research conducted in South Africa from a constructionist perspective on how men in particular experience their gender identity as it relates to their sexuality and sexual behaviour, and how these are implicated in HIV transmission. It is beyond the scope of this study to discuss feminist understandings of sexuality in any depth, and the focus is therefore narrowed to aspects salient to masculine sexuality and HIV transmission

Biological determinism is a positivist theory based on the premise that all differences between men and women are an inherent result of, and reflect, biological differences between the two genders. In other words, this theory negates the influence of culture and history on the experience and expression of gender. This theory has its shortcomings, the most glaring of these being that it does not account for cultural differences or historical redefinitions of

masculinity (Leach, 1994), and therefore cannot explain differences between different forms of masculinities such as found between different cultures, ethnic groups, historical periods, and even between and within families (Education Queensland, 2002).

Secondly, sex role theory dominated theoretical work on gender and masculinity identity in the twentieth century, and focused largely on the ways in which people are socialized, through processes of social learning, into male or female gender personalities (Leach, 1994). Sex role socialization theory asserts that gender behaviour is not innate, as biological determinists would claim, but socially conditioned: that boys and girls learn to be masculine and feminine through the different social expectations imposed on them by family and peers (Education Queensland, 2002). In this sense biological determinism and sex role socialization theory represents the two different sides to the classical debate regarding the importance of nature versus nurture in the constitution of the gendered dimensions of personality.

Sex role socialization theory has been criticized because it sees men as passive agents in their own gender construction. Kimmel (1986) for example, argues that this theory implies that gender represents two fixed, static and mutually exclusive role containers. Pleck (1987) also criticized this theory for assuming that men have innate psychological needs for gender stereotypical traits. Sex role theory does not account for a situation where men fail to become what their family portrayed to them in terms of gender identities and masculinity. One can point, for example, to a situation where a man is homosexual despite his parents' portrayal of a heterosexual masculinity to him during childhood

## **HIV/AIDS as a gendered disease**

As pointed out above, there are solid reasons for electing to view gender through a constructionist lens, not least of which is the fact that there is currently a crucial intersection between gender, sexuality, sexual behaviour, social context and the HIV/AIDS pandemic. More traditional theories of gender and sexuality that focus on the individual and fail to take enough cognisance of this nexus find it increasingly difficult to generate effective and socially relevant methods for bringing about change in sexual practices.

By contrast, there is an increasing amount of research focusing on the gendered aspects of HIV/AIDS, and, as pointed out above, the majority of these studies have focused mainly on women. Harrison et al. (2000) note that the incidence of HIV infection is highest in women aged 15 to 30 and that 21% of pregnant women under the age of 20 are infected with HIV nationwide (p. 285). Their study concludes that young women, between the ages of 15 and 25 are at particularly high risk of infection (Harrison et al., 2000). They cite "gender inequality, a lack of power in decision-making and sexual coercion" as primary reasons for this (Harrison et al., 2000, p. 288). These findings are echoed in the arguments of Kayaa et al. (2002) and Mba (2003). Ackermann and de Klerk (2002) also point to this trend, emphasising that women in the 20-29 year cohort are at greatest risk (p. 165). More worrisome, perhaps, is the fact that prevalence rates for female teenagers aged 15 to 19 rose from 12.1% in 1997 to 21% of all cases in 1998 (Ackermann & de Klerk, 2002, p.163).

Other studies are beginning to corroborate the key role that gender identity plays in increasing the number of HIV infections. Courtenay's (1998a) data from a National Survey on Adolescent Males in the U.S. produced findings that beliefs about manhood emerged as the

strongest predictor of risk-taking behaviours, and that young men who subscribed to more traditional views of manhood were more likely to report unsafe sexual practices.

While a significant proportion of young African men seem to be aware of HIV/AIDS and how one becomes infected (Bankole, Sing, Woog, Wolf, 2004), it appears that their awareness and knowledge do not function to reduce or eliminate high risk sexual behaviours. A number of attempts have been made to address this seeming paradox.

Several studies suggest that young men may tend to externalize the treat of HIV, that is, associate HIV with high-risk or out-of-the-ordinary sexual encounters, such as rape and sex with commercial sex workers (PSI, 2003), thereby rendering all other sexual encounters “safe” (MacPhail and Campbell, 2001). Research also shows that some young men may continue to rely on outward appearance as a means of identifying infected individuals (PSI, 2003). Furthermore, sexual behaviours (such as not using condoms) and gender stereotypes (such as the attitude that men should always initiate sex) are reinforced amongst masculine peers (MacPhail and Campbell, 2001) which also increases the risk of HIV transmission.

In South Africa, for example, research has shown that a significant minority of young Zulu men report that they would prefer abstinence before marriage, but profess that they feel obliged to have sex before marriage for fear of social rejection (Varga, 2001). Further studies suggest that, in many settings in Sub Saharan Africa, a young man’s failure to have sex with a girl might negatively affect his reputation amongst his male peers (Gorgen, Yansane, Marx, Millimounou, 1998; MacPhail and Campbell, 2001). Having multiple partners is another practice that is quite explicitly reinforced through peer pressure and cultural institutions. Throughout Sub Saharan Africa, the tradition of polygamy is closely linked to the norm by

which masculinity is expressed as sexual conquest and prowess, particularly as represented by fertility (Silberschmidt, 2001).

In the context of exploring male sexual behaviours, recent research has begun to highlight coercive sexual practices as being clearly implicated in heightening the risk of HIV infection, particularly for young women (Harrison et al., 2000). Not only does the presence of coercion significantly compromise the capacity of a woman to negotiate safe sex, but it also appears that more forceful forms of coercion may result in insufficient vaginal lubrication that in turn increases the risk of vaginal tearing and exposure to the HIV virus.

It is also clear that sexual coercion represents a site of interaction where gender identity, sexuality and the heightened risk of HIV infection intersect dramatically. Historically, sexual coercion has been defined as acts of being forced, tricked, or pressured to engage in a sexual act or acts Graverholz and Koralewski (1991). The parameters of this definition have included behaviour that ranges from the use of persistent verbal pressure to sexual stimulation and the use of physical force. Sexual coercion is today recognised as a common occurrence among young adults and as such has received considerable research attention. (Abbey, 1991; Koss, Dinero, & Siebel, 1998; Muehlenhard & Linton, 1987; Ogletree, 1993; Struckman-Johnson & Struckman-Johnson, 1991).

Generally this body of research has located sexual coercion within the broader framework of violence against women and regarded it as a discrete set of behaviours perpetrated by men on women. It has sought to explain it by reference to gender stereotyping and other male attitudes and beliefs.



Feminist research has held the position that sexually coercive behaviours are in fact expressions of male power and dominance over women, thus analysing coercive behaviours not as sexual acts, but acts of power, using sex as a weapon (Meyer, 2000). More specifically, research indicates that certain male beliefs, for example that the use of interpersonal violence is an effective strategy for resolving conflict, may serve as rationalization for sexually coercive behaviour, allowing men to imagine that their victim either desired or deserved to experience forced sexual acts (National Research Council, 1996). In similar vein Abbey (1991) found that once men have developed general attitudes that support violence against women, they are more likely to misinterpret ambiguous evidence as affirming their beliefs. This in turn suggests that men holding such attitudes are more likely to use coercive behaviours as part of their sexual repertoire.

More recently, researchers such as Marston (2005) and Moore (2006) have begun to suggest that while caution must be had not to blame victims, coercive sexual practices are not always best understood in terms of a perpetrator-victim model, and argue that there is an element of co-creation present in that gender discourses in which both men and women participate often informs the rules of sexual interaction. Thus the passivity and submission typically required of women in highly patriarchal societies may lend themselves to coercive practices, whether those in the sexual encounter are aware of it or not.

Marston (2005) goes further in asking how womens' narratives of vulnerability can be read as coercive when the pressure to have sex may not immediately be understood as being coercive. This is especially given that it is extremely difficult to establish a universally agreed upon, objective definition of what coercion is: often there is no physical force or even active pressure to engage in sex. Underlying these questions is the provocative suggestion that both

men and women play a role in reproducing discourses of masculinity in which coercive practices are legitimised.

According to Marston (2005) there is a need for understanding the complexity of sexual coercion that is informed by a conceptualisation that includes considerations of gender identities and social norms in specific social contexts, thereby challenging restrictive, behaviour-specific descriptions. Marston (2005) argues further that, given the difficulties in establishing a definition, research into coercive practices should include, among other things, an exploration of the participants subjective experience of a sexual interaction in order to generate possible new meanings for coercion that are located within specific social contexts.

In terms of relevance to the current study conducted amongst young adult males, there is overwhelming research evidence from around the world that more men than women are perpetrators of sexual coercion (Scott and Wolfe, 2000). A report from WHO (2003) corroborates this, stating that women more so than men are at risk of rape and sexual assault in conflict situations. A report from Arizona Western College revealed that almost 3 out of 4 college women have been victims of sexual coercion at some point in their lifetimes. On the other side of the coin, research amongst men has indicated that between 25% to 60% of college men have engaged in some form of sexually coercive behaviour (Berkowitz, 1992). In Rapaport and Burkhart's (1984) male sample, only 39% denied coercive involvement, 28% admitted to having used a coercive method at least once and 15% admitted they had forced a woman to have intercourse at least once. In another study, 43% of college-aged men admitted to using coercive behaviour, including ignoring women's protests, using physical aggression and forcing intercourse, in order to have sex (Arizona Western College report, 2005)

The clear implication is that women are at a higher risk than men of being coerced into sex and therefore that they are also at higher risk for HIV transmission due to coercive sex. Given that violence in any form exponentially increases women's risk of exposure to HIV, and presents a serious impediment towards the negotiation of safe sex (Ackermann & de Klerk, 2002), there is a need for a clearer understanding of the particular elements related specifically to how gender identities are constructed and maintained in particular contexts in order to begin mitigating this risk.

### **METHODOLOGY**

In keeping with the conceptualisation of this study as a pilot study that aims to be primarily heuristic in nature, a qualitative research method was employed. Qualitative methods are particularly useful in studies where there is little existing context specific theory to explain the phenomenon under investigation, and also when there is a lack of quantitative measuring instruments or replicable quantitative studies in the area.

McLellan, MacQueen, & Neidig (2002) state that qualitative research or data is concerned with discovering meaning, in other words how people interpret their experience, and how they use those interpretations to guide the way they live. This method is therefore also consistent with the social constructionist framework outlined above and is designed to provide empirical findings in which the phenomenon under investigation is inextricably linked to the social context in which it occurs, and in which these links are made explicit as participants of the data analysis process. Furthermore qualitative methods explicitly allow for an involved, reflective researcher role and function, and acknowledge the inevitable subjectivity of the researcher in the interpretive process.

Semi-structured interviews were employed in that both the topic and its content are broadly defined by the researcher while the process and content may vary from one interview to another depending on the participant (McLellan et. al., 2002). The goal was to encourage participants to articulate in their own words, and as spontaneously as possible, the experience of being a sexually active male: the researcher was interested in understanding how young males in a particular social context speak about their gender and sexuality, and how these expressions are related to their sexual behaviours, particularly those identified in previous research as being high risk for HIV and STD transmission.

## **Participants**

### **The target group**

The study targeted young adult, Xhosa speaking, heterosexual males from urban area of Nyanga in Cape Town that were, or had previously been, sexually active. This age demographic has been identified in South African HIV/AIDS statistics as having the highest rate of infection (Report on the Global AIDS epidemic, 2004) implying that this age group also engages in the most high-risk sexual behaviour. It is also an under-researched demographic, and very few studies focusing specifically on urban, heterosexual, young adult, Xhosa speaking males have been conducted.

### **Sampling and recruitment**

Purposive sampling was used to recruit young male participants from the Nyanga District. Places where youths spend time were targeted such as shopping malls, local barbecue places, and local club venues. Because a male sample was required, places frequented by young men such as taverns and sports complexes were canvassed. Potential candidates

that met the required demographic criteria were approached and informed of the nature of the study and requested to participate on a strictly voluntary basis.

The eventual sample consisted of 10 young African, Xhosa-speaking, sexually active males between the ages of 18-25 yrs. Recruitment continued with reference to interview data already collected and a decision was taken to stop data collection at 10 interviews on the basis of the significant data homogeneity that was emerging, producing an element of diminishing returns on each interview conducted. Furthermore, the study is conceptualised as a pilot study that aims to generate tentative but potentially fruitful avenues for future research.

The goals of the study were explained and informed consent was obtained. A copy of the informed consent form is attached (Appendix 1). The table below sets out this demographic information:

Participant	Age	Level of education	Home language	Population group
1	25	2nd year college	Xhosa	Black
2	22	3rd year technicon	Xhosa	Black
3	18	Grade 11	Xhosa	Black
4	20	Grade 10	Xhosa	Black
5	18	Grade 10	Xhosa	Black
6	18	1st year technicon	Xhosa	Black
8	19	Grade 12	Xhosa	Black
9	20	1st year university	Xhosa	Black
10	22	3rd year technicon	Xhosa	Black

## **Procedures**

Semi-structured individual interviews were used in this study. An interview schedule was drawn up beforehand (Appendix 2) and covered areas regarded as salient to the main focus of the study, i.e. male sexuality, sexual behaviour and attitudes towards HIV/AIDS.

Before commencing with the interviews vignettes (Appendix 3) were given to the participants. The vignettes consisted of two versions of a date scenario involving a heterosexual couple, one involving sexual consent and the other involving sexual coercion. The aims of the vignettes were a) to help give the participants the freedom to raise issues that the researcher did not anticipate or that were not contained in the interview questions themselves, and b) to focus the participants on the interview content.

After exposure to the vignettes, a semi-structured interview was conducted in isiXhosa, the mother tongue of all the participants. Open-ended questions were used during the interviews. The use of semi-structured interviews allowed the participants as much spontaneous freedom of expression as possible while still remaining on the topic under investigation. It must be noted that no specific distinction was made between participant responses that related specifically to the vignettes and their interview responses. All interviews were conducted by the author of this study.

## **Setting**

All of the interviews were conducted at the Uluntu Community Centre.

## **Data Management**

Interviews were taped, and transcribed verbatim by the author using Silverman's (1993) and Riessman's (1993) guidelines. All relevant data were translated into English by an independent party and back translated by the author.

## **Data analysis**

The researcher used a Grounded Theory Method to analyse the data. Grounded theory emerged from the sociologists Glaser and Strauss collaboration during the 1960s (Smith, 2003). Grounded theory involves progressive identification and integration of categories of meaning from data (Willig, 2001). The researcher elected to make use of grounded theory, because it provides researchers with guidelines on how to identify categories, how to make links between categories and how to establish relationships between them (Willig, 2001). Moreover grounded theory methods consist of systematic inductive guidelines for gathering, synthesizing, analyzing, and conceptualizing qualitative data to construct theory (Charmaz, 2001).

In this study the data was analysed following grounded theory methods: Firstly, a detailed line-by-line coding of each interview was done. Then specific descriptions of each interview were done by laying out categories that came up from each interview. Then a focused selective coding of the most significant and frequent categories from the coding of each interview was done. This was done in a form of a general description of all the interviews by selecting the most common categories that came up from the specific descriptions which were relevant to the research question.

## **Reliability and Validity**

Reliability and validity have become increasingly important in qualitative research, but in somewhat different conceptual ways to quantitative methods. In qualitative research, unlike in quantitative research, reliability and validity addresses issues regarding the quality of the data, the appropriateness of the methods used, and the rigour with which the methods are employed Cano (2008). Therefore reliability and validity in a qualitative study is concerned with the

quality of the study and the consistency of the collected data. Cano (2008) states that the quality and consistency can be achieved by using multiple methods in one study in order to corroborate data sources.

In light of the fact that the present study is conceptualised as a pilot study, and given the theoretical and conceptual problems in accurately isolating and describing the constructs under investigation, it was decided to forego multiple data gathering methods. In addition, the quality of the raw data was high in terms of its consistency, richness and texture. The responses from the participants indicated that the interview questions were unambiguous and were closely related to the phenomena under investigation. It also appeared that the semi-structured nature of the interviews allowed the participants spontaneity and expansion of expression in their responses, but that the responses were all closely related to the research question.

Over and above the interview transcripts themselves, the researcher made personal notes of the process. These notes were then used to review the interview data for the purposes of gauging the accuracy with which the researcher had perceived the participant in terms of body language, tonal quality and colloquial expression. Interviews were tape recorded and transcribed verbatim to ensure that researcher subjectivity did not influence what was recorded or how it was recorded.

All the interviews were conducted in isiXhosa. The Xhosa transcripts were then translated into English. To make sure that the English translations of the Xhosa transcripts had the same meaning as the data collected in the tape recorders a process of back-translation was followed. This involved translating all the English translated transcripts back into isiXhosa and



comparing this translation with the original to ensure their accuracy. In general, the translations evidenced a high degree of accuracy and it was not deemed necessary to either re-translate or approach the participants for clarification.

To enhance the reliability and validity of the study and ensure the requisite level of empiricism, a grounded theory method of analysis was employed. Using grounded theory method of analysis allowed the researcher to analyse each interview with rigour. As stated above, interviews were coded line by line in order to produce specific descriptions for each participant grouped in terms of dimensions that had emerged from an overall scanning of the data.

In conclusion, the reliability and validity of the present study, given its limited scope and aims, and the resources and time at the researcher's disposal, seems adequately addressed. However, the iterative process of feeding the findings back to the participants for comment was not undertaken, and therefore no claim can be made as to their accuracy from the participant's perspective, which in qualitative research is the acid test. This must be regarded as a weakness in the present study.

### **Ethical Considerations**

Due to the intimate and sensitive nature of the research topic, ethical considerations were accorded the highest priority during the data gathering stage. Potential participants were given detailed information on what the study entailed. For those who showed interest, interview appointments were arranged. In these meetings the researcher explained the purpose of the study once more. The researcher also allowed time for questions and concerns about volunteering in the study.

When the purpose of the study had been explained, and questions and concerns dealt with, the participants were asked if they were still interested in participating. If they agreed they were asked to sign an informed consent form which contained a brief explanation of the study and the statement of agreement to join the study. Participants were informed that they could withdraw from the study without penalty and at any point, if they so wished. Participants were also guaranteed utmost confidentiality, something the researcher felt was very important considering the sensitive research topic. The participants were reassured that all that was discussed during the interviews would remain between the participant and the researcher. They were also informed that their names would not at any stage appear in any of the study documents. To this end study numbers were assigned to each participant. Throughout the data analysis phase the participants were referred to using these numbers. Finally, participants were told that they could obtain a copy of the study outcome once it was completed, should they wish to do so.

### **Researcher reflexivity**

“Reflexivity requires an awareness of the researcher’s contribution to the construction of meanings throughout the research process, and an acknowledgement of the impossibility of remaining ‘outside of’ one’s subject matter while conducting research. Reflexivity then, urges us to explore the ways in which a researcher’s involvement with a particular study influences, acts upon and informs such research.” (Nightingale and Cromby, 1999, p.228).

### Gender

As a woman from Xhosa background and culture, I knew there existed gender inequalities amongst people from the Xhosa culture. My perception was that these gender roles and inequalities gave men sexual power over women. What I didn’t know was the nature and

extent of the behavioural ways in which such gender roles and sexual inequalities were still socially practised, especially by younger men who I would have thought to be less traditional in their perceptions of women, and more progressive generally regarding discriminatory practices.

It was therefore intriguing and somewhat shocking for me to hear men as young as 18 years proudly uttering statements such as: *"for men it's sort of a bench mark to have many girls...This is something to boast about when you have men gatherings. So I would say it is ok for guys to have many partners"*, as well as learning that the participants had very different understandings from mine regarding coercive sexual practices.

I would have expected to hear such statements as the one above from the older generation of Xhosa men. The data collected in this study informed me that there is still a lot of work to be done around the area of culture and social practises that promote high risk sexual behaviours such as having multiple sexual partners. I am aware that such culturally informed gender inequalities and resultant social practises may have made much more social sense in another time and place but that today, in urban South African life, with the rate of HIV infections what it is, such practises are deadly. This research further informed me that the need to engage men in HIV/AIDS related policies and interventions is crucial. Lastly, I was somewhat saddened by the fact that a number of the stereotypical assumptions that are made about men and their attitudes towards women were, to some extent, confirmed by the participants. This again points to the socially constructed nature of masculinity and the power of social discourse in forming the things of which they speak.

### Age and Sex

Conducting the interviews was quite an experience. I was surprised that most of the participants appeared to feel free to express themselves, even when engaging in discussion about sexual behaviour. The freedom of expression could have been due to the fact that the interviews were conducted in the participant's mother tongue, isiXhosa, and therefore made it easy for the participants to communicate with the interviewer. Another reason could be that they could relate easily with me as an interviewer as there was no big age gap between myself and the participants, given the fact that in the Xhosa culture it is not easy for young people to talk with the elders about sexually related topics. I could also easily understand the slang words that participants used and this may have contributed to their ease of expression.

I had expected that being a Black female researcher studying male sexuality would have some sort of effect in the way some of the participants responded to me and/or the interview questions. However I could not discern any discomfort or inhibition from the participants. Given the views that most of them expressed regarding sex, sexuality and the generally chauvinist attitudes towards women, I was struck by this seeming contradiction. It is beyond the scope of this section to engage fully in exploring this but it may well be an interesting avenue for a future study in itself.

### Language

Although the advantages of conducting the interviews in the participant's mother tongue are obvious, it also had its shortcomings. Because the study was to be written up in English, the data had to be translated into English. This raises the possibility that some of the words, phrases and expressions lose some of their more nuanced and ambiguous meanings when they are translated into English. Although back-translation was used to ensure accurate translation

of the most obvious meanings, there is still the problem that some Xhosa words cannot be expressed in the same way in English even if they still have the same meaning. This raised some interesting issues for me regarding the way that English is often privileged as the academic language of choice at tertiary institutions in South Africa, and that while there are obvious advantages to this, the possibility of important things getting lost in translation seems a disadvantage that may simultaneously disadvantage the researcher involved in producing research that is not in her or his mother tongue.

## FINDINGS

This section represents a synthesis of the data according to the categories that emerged during coding. It must be stated at the outset that the researcher experienced the data provided by the participants, in as far as it related to the formation and maintenance of a masculine and sexual identity, and the description of how such identity is experienced and communicated by the participants, as being difficult to categorise clearly within easily described parameters.

These aspects generally seemed to overlap considerably and also to be inextricably intertwined to the extent that attempts to identify discrete categories seemed to produce a dilution of the power of the raw data. This was often due to the multiple, layered units of meaning contained in relatively short statements. For example: “It’s not right but I accept it because men cannot trust one person, one must have a spare girlfriend in case the other relationship doesn’t work out.” It is also possible that this experience was due to the attempt to unravel the immense psychological complexity inherent in questions of (sexual) identity.

Accordingly, therefore, this section proceeds from a description and analysis of the dimensions of the participants’ sexuality as they emerged from the data, and how they are inextricably linked to, and often inform, their constructions of masculinity, to a description and analysis of the specific behaviours revealed by the data. While the dimensions discussed are expressed in categorical form, they need to be read as far as possible as facets of a whole, and with the *caveat* that the whole is inevitably greater than the sum of its parts.

Data that related to behavioural patterns were more convenient to categorise in terms of specific behaviours such as the interpretation of women's behaviours as sexual consent, coercive practices, sex with multiple partners, casual sex, and the non-use of condoms.

A fundamental theoretical and interpretive assumption of this section is that manifest behaviours are produced by a confluence of psychological and socio-cultural factors within the individual, and therefore represent a symbolisation of those factors. As such they are in themselves language and therefore appropriate objects of analysis. Lastly, it should be mentioned that the level of consistency and agreement between the participants on almost every category was extremely high. The most telling example of this is that *all* the participants recounted how they had coerced at least one woman to have sex with them.

### ***A. SEXUALITY AND MASCULINITY***

Perhaps one of the most central conclusions to be drawn from the data is that the constructions of the participants' masculinity appear to be profoundly and fundamentally rooted in, and to an extent, equated with, their constructions of an unequivocal masculine heterosexuality. In other words, a large part of the answer to the question of 'who am I as a man?' seems to reside in the answer to the question of 'who am I as a sexual being?' For this reason this section begins with a description of the dimensions that emerged as most salient to the participants' construction of a sexual identity and then discusses the implications of this identity for the broader concept of a masculine identity. The dimensions are not presented in any particular order.

#### ***a. Sexuality as competition***

*"...although maybe he had already told his peers that he was going to score (have sex), so maybe he was thinking that he was going to be embarrassed to go back to his peers and say he lost (didn't have sex). It's a men's thing*

*to boast when you are going to score and then come back to tell the whole story about how you scored”.*

*“For men it’s sort of a bench mark to have many girls... This is something to boast about when you have men gathering. So I would say it is okay for guys to have many partners”.*

There was clear evidence from the data that the participants experienced their sexuality as competitive both as regards their peers and as regards their sexual partners. In the participants’ experience it appeared that a man may be a sexual winner or a sexual loser. In this language, it appeared that a sexual winner is a man who, in the game of sex, manages to secure a sexual conquest, and ideally several. Thus sexuality for the participants appears to be closely linked to a notion of prowess or skill which is measured against standards held in groups of peers and these standards determine an individual’s level of success. This locates the process of constructing a sexual identity for the individual firmly within collectively held notions of sexual identity in the individual’s immediate social environment. It also implies that, to some extent, male sexuality for the participants is something created amongst, through and for, other men.

There were many examples in the data of the profound and pervasive influence of the participants’ peers in the construction of their sexuality. One such example is a participant that attributed his coercion of a woman into having sex directly to his fear of negative evaluation by his peers:

*“I had also told my friends that that was the day and I could really not picture myself going back to them saying nothing happened”.*

With regard to the participants’ sexual partners, the experience of sex as competitive has a different flavour in that it becomes about dominance and control that appears to be



predicated simultaneously on constructions of themselves as sexual beings and on their constructions of women. These aspects are dealt with more fully below.

#### **b. Sexuality as separate and uncontrollable**

*“Its okay for guys to have multiple partners, see we guys are weak, we get tempted very easily, so it is very easy for us to have many partners even if you didn’t mean to. I mean it is difficult for a man to ignore a girl who shows sexual interest in him”.*

*“So I became overwhelmed by my feelings, feelings of wanting to have sex there and then as well as anger, and couldn’t control myself, so I forced her to have sex with me”.*

*“For us men it is difficult to ignore chances like being offered sex by women, we are weak when it comes to sex”.*

These excerpts from the data illustrate the inference that the participants tend to construct their sexuality and sexual desire as something separate from themselves, or at least beyond their conscious control. Thus there is the man himself who is weak and easily tempted when faced with the possibility of having sex, and then there is his sexuality (in the form of sexual desire) which is strong and powerful and demands immediate satisfaction, and that operates from an unknown base and overwhelms whatever resistance the weak man might offer. This somewhat dissociated construction of sexuality and sexual desire as being located in a separate, almost unknown part of themselves, may then serve as a psychological mechanism by which the individual is protected from experiencing too intensely any negative emotion that might result from their sexual actions, especially in as far as they involve enactments of dominance and control.

Related to this is the finding that most participants reported having had intense experiences of being overwhelmed by the need to have sex, to the extent that some of them had been prepared to use physical force to achieve that end. Sexual desire is thus experienced at times

almost as an urgent survival need (resembling intense hunger) that must be gratified immediately. Two quotations from the data serve to illustrate this point:

*So I became overwhelmed by my feelings, **feelings of wanting to have sex there and then** as well as anger, and couldn't control myself, so I forced her to have sex with me".*

With regard to condoms: *"I just do not have time to put it on **when I feel like having sex there and then** because taking time to put it on might break the momentum".*

It is impossible to infer the ways and degree to which the other dimensions of sexuality or the participants' constructions of femininity are related to this particular subjective experience, but it can be concluded that due to its' intensity and urgency it may act as a powerful motivator for all the high-risk sexual behaviours discussed below.

### **c. Sexuality as a source of self esteem**

Constructions of masculine sexuality amongst the participants appear to interact profoundly with individual psychological processes, in particular cognitive and emotional processes related to self-worth. This interaction appears to function along the lines that to the extent that participants can prove themselves as sexually potent and virile in terms of the discourse of sexuality in their social environment (in this case the participants world of other men), they can perceive themselves as sexually in control, powerful and victorious, thereby enhancing, or at least maintaining, a positive appraisal of themselves. Conversely this appraisal becomes negative in the presence of sexual helplessness, powerlessness and defeat.

It is in this area that the strongest indications were found that the participants tend to equate experiencing themselves as sexually successful with experiencing themselves as successful as men, thereby establishing an indivisible link between masculine sexuality and masculinity as a gender identity. Put another way, the data reveals that the participants experience a

particularly sexualised gender identity. Given that the value or worth of their sexual identity hinges to a great extent on their ability to behave in ways that elicit positive public esteem, and that there is generally a positive correlation between public and self esteem (though not always), it could be argued that the participants' self esteem, at least in part, is dependent on how they maintain positive evaluations of their sexuality amongst their collective of men. In the sense that this locates the source of positive self worth outside the individual, it would render his self esteem vulnerable, which would in turn necessitate taking the necessary actions to ensure that it is maintained. This analysis would serve to explain at least part of the participants' significant investment in maintaining sexual dominance and control.

Seen from the perspective of sexual interactions themselves, it also becomes clear that beneath the pervasive language of dominance and control of their sexual partners, the participants experience a degree of self-worth vulnerability and emotional fragility. One participant described his experience of a woman's refusal to have sex with him as follows:

*"I just felt she does not love me the way she loved me before because she never showed disinterest to having sex with me before and somehow I felt rejected and it was hard for me to accept that she does not want to have sex with me, that is why I showed her I was unhappy with her not wanting to have sex with me."*

This participant clearly interpreted his partner's refusal to have sex as a personal rejection and an indication that he was less desirable to her than previously. It is reasonable to infer that such a refusal would be constructed as a loss in the game of sex, thereby threatening the participant's self esteem through the dynamic suggested above. What also emerged from the data is that such refusals generally elicited indignant rage in the participants:

*"So I became overwhelmed by my feelings, feelings of wanting to have sex there and then **as well as anger**, and couldn't control myself, so I forced her to have sex with me".*

This experience of anger was often named, implicitly or explicitly, to explain the use of coercive behaviour, for example the anger implicit in the emphasised words:

*“...and it was hard for me to accept that she does not want to have sex with me, **that is why I showed her I was unhappy with her** not wanting to have sex with me.”*

#### **d. Sexuality and entitlement**

It is interesting to consider the possible meaning of anger in this context, and how it may reflect an element of the participants’ constructions of masculine sexuality. Apart from the possibility that the anger is an instinctive response to the emotional pain elicited by a perceived personal rejection, it is conceivable that the global elements of the participants construction of masculine sexuality such as its close identification with prevailing (and legitimising) patriarchal gender discourse, including the implicit acceptance of the superiority of the masculine over the feminine, the need to win the ‘competition’ and the need to maintain self-worth, result in perceptions of an entitlement to sex. This would imply that the participants construct themselves as having a right to sex and, by implication, that their partners do not have a right of refusal, or if they do, they need to communicate it very early in the interaction and absolutely unambiguously (i.e. in the absence of any possible signals that might be interpreted as interest in, or consent to, sex).

#### **e. Masculine sexuality as paradoxical/contradictory**

*“I think it’s okay for men; see men having multiple partners has been a practiced and accepted thing in our communities. **I know I sound sexist now because I said a different thing for women who have multiple partners. But this is what I grew up with men doing.** If as a man you have one partner then you are not seen as a real man and women accept this behaviour as well”.*

There were strong indications from the data that the participants experienced a degree of awareness of how their attitudes, beliefs and behaviours regarding their sexuality evidenced double standards, sexism, and moral problems, even if only at a relatively intellectualised level. What is most telling however, is that awareness of this dissonance (and the emotional discomfort that accompanies it) does not appear to be sufficient to change the attitudes or inhibit the behaviour, but rather elicits typical responses along the lines of: “I know it sounds...but...” followed by a reference to what is perceived as normative for men in the social environment.

#### **f. Sexuality as a cornerstone of masculinity**

*“...If as a man you have one partner then you are not seen as **a real man**...”*

As pointed out above, the data revealed a significant overlap between the participants’ constructions of themselves as sexual beings and their constructions of themselves as men, in the sense that the former appeared to provide a crucial and relatively large component of the latter. Put differently, there was a distinct sense from the data that if the participants’ identities as sexual beings were somehow removed, their identities as men might be severely compromised or even crumble. This suggests that both sexual identity and gender identity share many of the same attributes or dimensions, and that sexuality therefore is one of the languages ‘spoken’ by the individual by which gender identity is made known

More specifically it emerged that masculinity itself is experienced by the participants (in a somewhat black and white manner) as a status that needs to be earned through sexual conquest: either one becomes a man by virtue of one’s sexual skill and prowess or one is relegated to the status of woman. Furthermore, achieving such status as a man appeared to enjoy overriding importance to the extent that personal values or moral principles will be

set aside in order to achieve sexual conquest. It also appeared that this status, once achieved, does not last but must be proven or maintained on an ongoing basis through multiple sexual conquests.

The participants also appeared to experience and define their masculinity in negative terms, i.e. by virtue of what it is not:

*“I am the one who decides, see I do not want to be given names because I let a woman decide for me when and how sex should take place. People who let women decide about their sex life are called names such as ‘Sissy’ or ‘Moffy’”.*

For this participant, failure to conform to perceived masculine norms would result in being labelled as effeminate or as a homosexual, or more broadly speaking, as a man who behaves like a woman and is therefore not worthy of the respect of other men. This by implication sets up a powerful motive for striving not to be relegated to the opposite pole of masculinity, and also evidences a strong binary element in the participants’ construction of masculinity.

Similarly, there were many references in the data to the notion of a ‘real man’ and what a ‘real man’ might do. This too sets up a binary definition of masculinity in that it calls into being the possibility of being an ‘unreal’ man, both in the sense that one remains invisible among men, and in the sense that one is not genuinely a man. This could be taken further in arguing that this construction of masculinity assumes a priori that a male child starts life with an invisible or ‘fake’ masculinity, and through performing certain behaviours and adopting certain beliefs about themselves may make themselves visible to other ‘real’ men and thereby become genuine.

### **g. Sexuality legitimised**

As a logical consequence of the construction of masculine sexuality described above there is a significant theme in the data related to the ways in which attitudes, beliefs, and behaviours are legitimised. Generally, and pervasively, this was done by means of reference to what is considered normative and acceptable maleness in the participants' immediate social environment. For example, to the statement "Men decide where and how sex should take place in a relationship", one participant responded:

*"I do agree with the statement as that is how things are in our societies; men decide where and how sex should take place. I am not sure why it is like that, it could be from the fact that men are always in control over women in every aspect of life".*

This statement reflects to a large degree a position shared by all the participants. This position is consistent with a masculine identity that, in global terms, is constructed in terms of patriarchal discourse that clearly assumes male dominance as fundamental and pervasive.

The data also clearly demonstrates that this general dominance simply extends to the domain of sex and sexuality as a matter of normal social reality. The following statement from one of the participants serves to illustrate this:

*"A man is a head in a relationship and therefore a man should decide how and when sex should take place. See, in our culture we see the man as the head of the house or the head in a relationship and a woman is seen as a tail. This all means that men make decisions in all aspects of life and females obey or go with the men's decision. In our culture women cannot make decisions for men. So when it comes to sex as well, the man has to decide where and when it should take place, not a woman".*

Two other important aspects are illustrated by these statements. Firstly, the participants were generally very comfortable in explicitly referring to cultural norms to explain and

legitimise their attitudes, beliefs and behaviour, and also derived a sense of comfort (or even a level of protection from emotions such as guilt) from the perception that the attitudes were normal and therefore acceptable. This provides an example of the self-perpetuating interactive loop between an individual's gender identity, their sexual identity and prevailing sex and gender discourses. Secondly, it illustrates the extent to which women's negotiating power in the participants' world is profoundly compromised, both socially and sexually.

#### **h. Women as objects of masculine sexuality**

With regard to having multiple relationships: *"It's not right but I accept it because men cannot trust one person, one must have a **spare girlfriend** in case the other relationship doesn't work out."*

*I mean it is difficult for a **man** to ignore a **girl** who shows sexual interest in him"*

*"...If as a man you have one partner then you are not seen as a real man and **women accept this behaviour as well**".*

*"So when I tried to have sex with her she refused. So I forced her into it. I just felt she was **selfish** because I satisfied her by touching her all over, I could see she was enjoying it, but when it came to satisfying me then she refused..."*

While an analysis of the participants' constructions of women and femininity strictly speaking falls outside the ambit of this study, there was rich data in this regard that complements the data regarding masculinity and also provides valuable insights into the participants' constructions of various sexual behaviours discussed below. Its inclusion here also serves to illustrate how sexual behaviours are located and reproduced within a complex matrix of constructions about the self and other which is in turn located in a reciprocal relationship with prevailing gender discourses.



Apart from an overwhelming impression, derived from viewing the data as a whole (and consistent with the constructions of masculinity discussed above), that the participants constructed women as subordinate to men, socially as well as sexually, and a linked impression that women are seen as being in some way required to provide men with the sexual submission that their need for sexual conquest inspires, there were specific references to women contained in the quotations above that deserve attention.

The reference to needing to have a “spare girlfriend” is multi-layered. On one level it equates a girlfriend with a possession that may be owned, much as one might own a spare tyre for one’s car. Secondly, it suggests a type of interchangeability whereby one woman can easily be substituted by another. Read together, these suggest a view of women as unidimensional objects in that they a) may be possessed, b) form a relatively homogenous group whose members are largely indistinguishable and c) serve a particular function for men, in this case, providing sex. The implication of this is that women’s subjectivities appear to be of little validity or importance to the participants’ when it comes to sexual interaction and gratification. As pointed out below, the failure to recognise women’s subjectivity in sexual interactions may make an important contribution to the processes motivating the use of coercive strategies in that context.

Thirdly, the reason forwarded for needing a spare girlfriend is ironically premised on a view of women as fundamentally untrustworthy or at least fickle (locating it amongst many other attributions of inherent, negative personality characteristics to women), resulting in a fairly cynical, pessimistic view of the potential for conducting a successful relationship, and thereby necessitating preparations for its inevitable failure, even if such measures are experienced as

wrong. It can be seen how such a construction sets up a perpetual relationship cycle that in turn maintains the need for having sex with multiple partners.

The reference to women ‘accepting’ that men will have multiple sexual partners in the third quotation is also echoed in the data with regard to other sexual behaviours, leading to the inference that the participants construct women as being signatories to a type of implicit social contract in which acceptable male sexual behaviours have been negotiated and agreed upon. There is an implication that the terms of the contract are final and that women are therefore not only bound to accept those terms in perpetuity, but are in fact willing participants in implementing them. The behavioural manifestations of this construction can be tracked throughout the discussion of specific behaviours below, particularly in the section dealing with sexual coercion.

## **B. SEXUAL BEHAVIOURS**

### **a. Multiple sexual partners**

*“It’s not right but I accept it because men cannot trust one person, one must have a spare girlfriend in case the other relationship doesn’t work out.”*

*“It is okay because one might still be looking for a soul mate and in order to get a soul mate one needs to have more than one partner to choose from.”*

*“Its okay for guys to have multiple partners, see we guys are weak, we get tempted very easily, so it is very easy for us to have many partners even if you didn’t mean to. I mean it is difficult for a man to ignore a girl who shows sexual interest in him”*

*“I think it’s okay for men; see men having multiple partners has been a practiced and accepted thing in our communities. I know I sound sexist now because I said a different thing for women who have multiple partners. But this is what I grew up men doing. If as a man you have one partner then you are not seen as a real man and women accept this behaviour as well”.*

All the participants held the view that it is acceptable to have multiple sexual partners, whether in series or in parallel, although some did display or report a level of moral conflict in this regard. The statements above illustrate some of the ways in which this attitude expressed by the participants, as well as the ways in which it is rationalised or legitimised. The rationalisations included the belief that women are untrustworthy which necessitates a 'back-up' partner, the belief that the search for a soul mate necessitates having multiple partners, and the perception that men are unable to resist sexual temptation and may therefore end up having multiple partners even if that was not the intention.

It is notable a) that those participants who did express some ambivalence about this behaviour also indicated that they would override their misgivings in favour of having sex, b) that a number of participants expressed the view that having multiple sexual partners is not acceptable behaviour for women, and one expressly acknowledged awareness of the double standard inherent in his viewpoint, c) that having multiple sexual partners is a crucial barometer of achieving 'successful' masculinity, and d) that there was strong evidence that the behaviour was legitimised by virtue of reference to accepted social norms in the participants' immediate environments.

## **b. Interpretation of women's behaviour**

*"I would be thinking that for the mere fact that she agreed to go with me to my room sure, sure she knows that we are going to have sex. I mean everyone knows that if you meet someone in a party and they agree to go back to your room with them on the same night then obviously you are going to have sex".*

There was strong evidence from the data regarding the participants' interpretations or perceptions of female behaviours. Generally these interpretations were consistent with

a construction of masculine sexuality along the lines of the dimensions discussed above, and involved interpreting a range of behaviours as indicating tacit consent to sex. Specifically, one of the most common perceptions expressed was that if a woman agrees to go to a man's room, or invites a man to hers, she is automatically consenting to sex. Another common perception expressed by the participants was that sexual foreplay such as kissing and touching automatically indicates consent to sex. Participants also indicated that certain behaviours from women, for instance offering a man a drink, asking a man for a dance at a party, buying a man a gift for no apparent reason, or winking at a man, are all signs that the woman's attention is primarily sexual in nature, if not actual consent to sex..

There was also evidence to suggest that participants employed a second order of interpretation in that they regarded these tacit signs of consent to sex as unequivocal therefore requiring no further clarification or negotiation with the woman concerned. Related to this was the implicit view (discussed more fully below) that the consent, once given, is irrevocable, or in other words that a woman who, in their view, has consented to sex does not have the right to change her mind.

It may be that the language of sexual negotiation in the participants' context reflects the use of a range of more or less implicit signs and symbols to indicate sexual interest and consent to sex, that generally these signs and symbols do have clear meaning for both men and women, and by implication, that the interpretations listed above are accurate. However, as discussed below, there are clear indications from the data that the participants' repeated experience that such perceptions are, or may be, inaccurate, or that while initially accurate, may, over the course of the interaction, become inaccurate, has not led them to interrogate or relinquish this mode of interpretation.

On this basis, it can be inferred that the typical pattern of reading tacit consent to sex from what are at most ambiguous signals, despite having experienced evidence to the contrary, reveals an underlying motive that is essentially self-serving in the sense that it operates to maintain and bolster masculine sexual identity as experienced by the participants. Secondly, it can be seen that the dynamic set up by this pattern of interpretation lays the foundation for coercive sexual behaviour.

### **c. Coercive sexual behaviour**

Perhaps the most startling finding regarding sexual behaviour revealed by the data was that 8 of the 10 participants indicated that they had coerced a woman to have sex at least once. The data revealed a wide range of forms of coercion as well as a wide range of alternative understandings that participants had of their behaviour. For these reasons a number of relatively lengthy excerpts from the raw data are included here as illustrations:

*“...the thing is girls can say no to sex when they really mean yes, so as a guy you do not just give up first time she says no, until you really see she is serious and she really means it”.*

*“I had never coerced anyone to have sex with me as I always negotiate with my partner. I negotiate by maybe promising to be faithful to her always, or maybe say next time we meet it will solely be her decision whether we have sex or not etc.”*

*“I would have asked her the reason why she is refusing, if that does not work I would then try and manipulate her through talking and making promises such as that “I will love her for the rest of her life”, if that does not work then I would have scared her by saying I would beat her hoping that she would be scared and agree to have sex with me, but I wouldn’t really beat her”.*

*“We went to a club with this girl then after partying we went to the car. There we kissed and I touched her in her private parts. So when I tried to have sex with her she refused. So I forced her into it. I just felt she was selfish because I satisfied her by touching her all over, I could see she was enjoying it, but when it came to satisfying me then she refused. I wanted to show her that she cannot do that to me, if she was fair she should have stopped me way before we did anything, so that is why I forced her to have sex with me”.*

*“I once coerced a girl to have sex with me because she refused to have sex with me. She led me to believe that she also wanted to have sex with me by allowing me to do foreplay with her, but when it came to have the actual sex act she refused”.*

*“So I became overwhelmed by my feelings, feelings of wanting to have sex there and then as well as anger, and couldn’t control myself, so I forced her to have sex with me”.*

While generally accepted definitions of sexual coercion include the use of trickery, deceit and other forms of verbal pressure to engage in a sexual act or acts against ones will over and above the use of physical force (Graverholz *et al.*,1991), the participants generally subscribed to a much more limited definition of coercion and equated the concept with rape, i.e. sexual intercourse achieved by use of some measure of physical force.

A category of participants recounted incidents where they had, in fact, used physical force and were generally comfortable with labelling such behaviour as coercion. There was strong evidence that these participants generally refused to accept expressions of resistance or refusal from the woman involved, and justified their use of force either by reference to their prior interpretation of the woman’s behaviour as constituting a type of irrevocable consent, or by reference to their anger at being rejected sexually, or by reference to an interpretation of a woman’s refusal as selfish and unfair by somehow “cheating” them out of having intercourse, or a combination of these.

There was a second category of participants that indicated that they made use of persistent verbal pressure and verbal manipulation ranging in form from making false promises of undying love and undertakings of faithfulness to threats of physical violence to overcome resistance or refusal. The use of this type of pressure seemed to be predicated to some

extent on the belief that women's explicit refusal to have sex cannot be taken at face value as they often mean 'yes' when they say 'no', thereby suggesting that sustained pressure will eventually reveal her true intentions. The data suggested that the participants generally used these methods as a matter of course and that they did not view them as coercive. One participant specifically insisted that he had never coerced a woman to have sex and referred to using false promises as negotiating sex with his partners.

A particularly interesting finding regarding coercive behaviours, and one that requires further empirical exploration, was that neither the participants who had used physical force nor those that had employed more subtle forms of pressure expressed any moral ambivalence, guilt, regret or other emotional discomfort at having engaged in such behaviour. This stands in contrast to such behaviours as 'casual' sex, not using condoms and having multiple sexual partners where some moral conflict and guilt were spontaneously offered. While this seems logical if these behaviours are not constructed as coercive, or if sexual coercion is not understood as unacceptable or morally wrong, and the man holds the belief that it is his right to decide when, where and how sex should take place and also places little importance on women's subjectivity in sexual interactions.

However, it seems reasonable to infer that the participants in both categories had the experience of overriding a woman's more or less explicit refusal to have sex for their own sexual gratification, and that this resulted in some level of distress for the woman involved. This aspect was not directly explored with the participants, but it would nevertheless be reasonable to infer that, for the participants, the experience of using physical force or false pretences to override the express wishes of a woman in a sexual interaction in a manner that causes distress is not per se sufficient to result in moral

conflict or emotional discomfort. Such an inference would also be consistent with the general construction of masculine sexuality as discussed above.

#### **d. Use of condoms**

*“My experience with condoms is bad, I always struggle to put it on. It bursts while we are already having sex. So, because of these reasons using condoms discourages both me and my girlfriend as a result in many cases we just agree not to use it”.*

*“But I do not use them all the time because sometimes I just do not have time to put it on when I feel like having sex there and then because taking time to put it on might break the momentum”.*

The data suggested that condom use during sex is a difficult area for the participants that regularly results in a decision not to use one. The difficulties seem to arise from a number of attributions that the participants make about condoms. These include having had negative experiences when trying to use condoms, problems with condoms breaking during sex, and loss of sexual pleasure both as regards the process of negotiating condom use, and more practical considerations such as undesirable interruption of the interaction and loss of physical sensation.

There were indications, as illustrated by the second quotation above, that the decision not to use condoms is sometimes consistent with the dimension of male sexuality related to constructing the male sex drive as too powerful to control and requiring immediate gratification. Although the participants did not state this explicitly, there may be a related inference to be made that under circumstances where a form of coercion is used condom use would be less likely: the woman may be less likely to feel safe enough to insist on, or negotiate, condom use and, from the man's perspective, unwrapping and putting on a condom may constitute an undesirable break in the process that would allow the woman an opportunity to renew her refusal or objections to having



sex. Under such circumstances the “break in momentum” referred to in the last quotation above may have more to do with sustaining the pressure that has been used than the momentum of shared passion that is suggested at first reading.

For the purposes of this study, an interesting aspect of the participants’ inconsistent condom use emerges from a consideration of their general levels of knowledge and awareness of HIV/AIDS and its transmission. Generally the participants displayed a clear awareness of HIV in terms of its nature, course, fatality, the fact that it is primarily transmitted through unprotected penetrative sex, and that condoms significantly reduce the risk of transmission. Their awareness was less clear and more conflicted with regard to the role of other ‘high risk’ sexual behaviours.

It is therefore a safe conclusion to draw that this basic knowledge and awareness does not serve as a sufficient motivation for consistently insisting on using condoms during sex, or expressed negatively, ignorance of risk is not necessarily the cause of failure to use condoms. This apparent anomaly (i.e. failing to take precautions to prevent the contraction of what might be a fatal illness) suggests that other, more powerful psychological motivators might be involved.

#### **e. Casual sex**

*“I do not have a problem with casual sex so long as one uses protection. This is because sometimes people do not have or do not want steady relationships, so to sexually satisfy themselves they will engage in casual sex”.*

*“I do not have a problem with casual sex because now and again in life you find yourself in situations where you get to sleep with women on a once off basis, you know when you go to parties you get drunk and if your main partner is not with you its easy to sleep with other drunk ladies in a party”.*

Generally the participants were of the view that casual sex, defined as sexual intercourse outside of a committed relationship, usually not repeated with the same person, was acceptable male behaviour. This is consistent with a construction of masculine sexuality as needing gratification and fulfilling a function of self esteem maintenance or enhancement, and with a construction of having multiple sexual partners as an indicator of 'successful' masculinity. While the participants generally indicate that it was important to use condoms when having casual sex, this position is somewhat undermined by the data regarding condom use discussed above.

#### **f. HIV disclosure**

*"Yho, I would definitely sexually pass it around to girls, I cannot die alone. I would only tell my parents as I think they are the only people I can trust to keep such a thing about me".*

*"If I know from whom I got it, god I will kill that person before AIDS kills her"*

*"I would tell my girlfriend that as from now we should use a condom but I would not tell her the real truth about me being positive, I would just tell her that I do not trust myself. Only when I am starting to be sick then I would tell someone".*

From the perspective of HIV prevention one of the more alarming findings was that some of the participants indicated that they would not disclose their HIV positive status to anyone should they become infected, and one even indicated that he would actively "pass it around". While self generated predictions of what a person would do in a given situation are notoriously unreliable, the somewhat reckless attitude underlying the prediction in this case is cause for concern in that it reflects a desire to keep their HIV status a secret. This of course heightens the risk of them passing on the virus and at the same time denying themselves much needed social support.

There were also suggestions that the participants would generally tend to attribute blame for HIV transmission to women. This was not counterbalanced by data suggesting an awareness or sense of responsibility for not infecting women, or an awareness of how the epidemic is spread through failure of both men and women to practice safe sex.

Apart from fear of stigmatisation as HIV+, there were indications that the participants thought that disclosing their status might increase chances of being sexually rejected by women, thereby denying them access to an important source of self esteem and social acceptance by men. This finding has important implications for HIV prevention strategies that seek to encourage disclosure of HIV status.

## **DISCUSSION**

Courtenay (2000), in calling for more research in the area of HIV prevention that focuses on male sexuality, points out that little is known about the reasons for men engaging in less healthy lifestyles than women. This study aimed, in a limited manner, to answer this call by exploring the ways in which a group of 10 young adult, sexually active, heterosexual, Xhosa speaking males construct their sexuality, masculinity and the sexual behaviours that have been identified in previous research as significantly increasing the risk of HIV transmission. The discussion proceeds from examining constructions of masculine sexuality, masculinity and high risk sexual behaviours, to an exploration of the possible relationships between these and an understanding of HIV/AIDS as a gendered disease. Weaknesses in the study are pointed out and directions for future research are suggested.

### **Constructions of masculine sexuality and masculinity**

Rivers and Aggleton (1999) point out that while there may be differences in prevailing definitions of masculinity between different cultures, greater freedom, power and control characterize male sexuality across the spectrum (Rivers & Aggleton, 1999). The findings of the current study to a large degree reflect the accuracy of this statement. Generally, the participants constructed their sexuality in ways that are highly consistent with an overarching patriarchal gender discourse, and that are in keeping with a society that is relatively strictly structured and governed by this discourse.

More specifically the study revealed a large degree of overlap between the participants' constructions of sexuality and their constructions of masculinity, in which the former operates as a crucial cornerstone of the latter. Over and above the pervasive dimensions of need for dominance and control over women, both sexually and socially (and the

legitimising of this need by reference to normative gender discourses), a number of more subtle, interrelated dimensions or facets of masculine sexuality and masculinity emerged from the data.

These included sexuality as a competition requiring skill and prowess, experiencing sexual drive or desire as separate from self and as uncontrollable, entitlement in sexual interactions, emotional vulnerability or fragility in sexual interactions, the achievement of sexual success as an important factor mediating self esteem, the location and mediation of masculine sexuality within, and by, a collective of men in the immediate social environment (as opposed to being a private, internally located experience), the construction of women as a category of people that are subordinate to men, unidimensional and functional objects, and a binary understanding of sexual identity whereby exclusion from the category of 'real' man of necessity means relegation to the category of 'woman-like'.

These findings are in line with those made by other researchers that have focused on gender and sexuality in sub-Saharan Africa that have emphasised the link between the two as well as how they are strongly informed by discourses of patriarchy (Plek *et al.* 1994a; Gorgen, Yansane, Marx, and Millimounou, 1998; MacPhail and Campbell, 2001; Silberschmidt, 2001)

### **Constructions of high risk sex**

It is important to note that the term 'high risk sex' was generally not part of the participants' vocabulary, although they did display a level of awareness that certain behaviours such as failing to use condoms during sex increased the risk of HIV transmission. As such the term was employed by the researcher to denote a set of behaviours that have previously been identified as increasing the risk of infection and

included having sex with multiple partners, having casual sex, interpreting more or less ambiguous signals from women as consent to sex, coercive sexual practices, having unprotected sex, and negative attitudes towards disclosing an HIV+ status. The specific behaviours are discussed more fully in the sections below.

The participants themselves generally constructed these behaviours as logical, legitimate and normal expressions of masculine sexuality. There was also strong evidence of the links between these externally observable behaviours and the participants' psychological experience of their sexuality and how it is mediated by their immediate social environment. This means that it was relatively easy to see how such an internal, phenomenological experience might produce the identified sexual attitudes and behaviours. Apart from being consistent with socially acceptable male behaviours in the participants' context, the ego-syntonic nature of these behaviours may also serve as an explanation for the apparent lack of emotional or moral discomfort that the participants experienced when engaging in them.

However it also interesting to note that where emotional or moral discomfort was experienced it was a) generally overridden in favour of continuing with the behaviour and b) explicitly dealt with, and decreased, by reference to the prevailing gender discourse that normalises it.

### **The relationship between constructions of masculine sexuality and high risk sexual behaviours**

Courtenay's (1998) study found that beliefs about manhood emerged as the strongest predictor of risk-taking behaviours, and that young men who adhered to traditional views of manhood were more likely to report unsafe sexual practices. Similarly, the current study provided clear evidence linking the traditional and stereotypical ways in which the

participants understood and experienced their sexuality and the range of high risk sexual behaviours that they found acceptable and also engaged in.

Ironically, the central link appears to be that it is precisely the sexual behaviours (such as having multiple sexual partners) that the participants construct as essential requirements for the achievement of a successful male sexuality that have been shown to present the greatest risk for HIV transmission. Furthermore, it appears that achieving and maintaining a successful male sexuality is powerfully involved in mediating the participants' self esteem, and that this in turn is strongly embedded in, and mediated by whether they are perceived by their peers to be sexually competent. The indicators of such competence appear to be largely informed by patriarchal gender discourses that prevail in the immediate social environment.

With regard to sexually coercive behaviours, it would seem that the psychological need to establish a successful sexuality is experienced by the participants as so intense and urgent as to justify the use of such strategies. The implication here is that in addition to physical pleasure, sexual gratification involves a perception of self as victorious, and as having retained credibility and legitimacy within the male collective, thereby protecting one's self esteem and staving off relegation to the status of 'woman-like'.

The aspect of masculine sexuality that appears to be most relevant to the non-use of condoms, apart from the possibility that circumstances of coercion greatly reduce the likelihood of condom use, is the experience of sexual desire as overwhelmingly powerful and urgent and therefore uncontrollable.

## **The relationship between constructions of masculine sexuality, high risk sex and HIV/AIDS as a gendered disease**

The findings that all the participants more or less regularly engage in high risk sexual behaviours suggests that they are at significantly higher risk of contracting HIV, and, if they are HIV+, there is a significantly higher risk of them transmitting it to their sexual partners. While it is impossible to generalise the findings of this study, it can be speculated that if their sexual behaviour was representative of their demographic group it might, at least in part, explain why adolescent and young adult women are currently at the greatest risk of infection.

There was also evidence in support of research that has identified young women as being particularly disempowered in sexual interactions and therefore unable to negotiate important aspects of that interaction for their own protection (Harrison et al., 2000; Kayaa et al., 2002; Mba, 2003; Ackermann & Klerk, 2002). This state of disempowerment from the perspective of this study is located firmly within gender discourses in the social environment that construct men and woman as fundamentally unequal in terms of decision-making power in all areas of life, including the sexual. An interesting related finding was the participants' reference to women as accepting of men's sexual behaviour in that context. This bears out the power of discourse to structure social interactions and also lends weight to Marston's (2005) call for an understanding of sexual coercion that includes due consideration of the relevant discursive elements in a particular social context in order to develop definitions that are context appropriate.

A further aspect that deserves attention is the finding, consistent with Bankole et al.'s (2004) study, that intellectual awareness of HIV/AIDS and the risks of not using condoms during sex is not sufficient to ensure consistent condom use. Apart from explanations of



this seemingly paradoxical phenomenon that involve making risk reducing attributions (MacPhail and Campbell, 2001) which were not found in this study, and the impact of coercive behaviour, a possible explanation lies in the dissociative way in which the participants experience their sexual desire as being overwhelming, separate and uncontrollable, as well as the underlying elements of sexual gratification such as peer group acceptance and self esteem maintenance.

Whatever the case, the data from this study strongly support the notion that sexual behaviour is not necessarily informed by sexual health knowledge and awareness, and is often driven by more powerful motivating factors. This study argues that these factors include how masculine sexuality is constructed, the nature and extent of peer or collective influence, and the way in which women are constructed.

### **Weaknesses of study**

Due to the primary intention of the study to provide heuristic findings and the small sample size, it was only possible to create theory from the data in the most speculative and tentative sense.

While an attempt was made to illuminate the relationship between the data and prevailing social gender discourses, the thematic analysis rendered predominantly descriptive findings. The data may have been mined more effectively by means of discourse analysis of the participants' language. However it was felt that the fact that the data had to be translated from isiXhosa into English (thereby fundamentally altering the symbolism and nuances of meaning inherent in the original text), would have fatally compromised such an analysis. This in itself raises interesting questions regarding social constructionist research

in a multicultural, multilingual society that privileges English as the dominant medium of academic communication.

### **Implications for further research**

The main finding from this study is that the socio-cultural context in which young men construct their sexuality profoundly influences their experience of themselves as men and as sexual beings as well as their sexual behaviours which include, but are not limited to, those sexual behaviours identified as significantly increasing the risk of HIV transmission. This suggests that, in general, research that investigates this link more fully is required.

While this study identified key aspects of the participants' constructions of their sexuality and of their sexual behaviour, this was done in a largely descriptive manner. Each of the dimensions of masculine sexuality and each of the behaviours may usefully form the focus of more in-depth analyses, both to deepen understanding and to begin to generate a more coherent theory of the relationship between social gender discourses, individual constructions, behaviour and the psychological processes by which these are mediated.

With regard to condom use, research that furthered an understanding of mens' experience of their sexual desire as dissociated from themselves, and as uncontrollable would be useful.

Lastly research is required into the development, implementation and evaluation of theoretically based processes, techniques and materials that may be employed in effectively targeting the psychological links between social gender discourses and mens' individual and collective constructions of masculine sexuality.

## **Conclusion**

The findings of this study provide strong support for previous research findings that HIV prevention strategies that focus exclusively on changing attitudes towards sexual behaviour, and modifying sexual behaviour itself, may be severely compromised (Harrison et al., 2000). The central reason that emerges from this study is that such strategies essentially demand of men that they relinquish things that are at the core of their identities as sexual beings and as men, and that serve to enhance and protect their sense of worth as men. Given that these identities, and the dynamics of worth that accompany them, appear to be firmly rooted in, and legitimised by prevailing gender discourses in the social environment, it follows that any intervention that fails to focus attention on a) interrogating and altering those discourses and, b) interrogating and reconstructing the relationship between mens' sexuality and self worth, may fail to deliver satisfactory outcomes.

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## APPENDIXES

### APPENDIX 1



**Research Study Title:** A men's review on sexual coercion, sexual health risk, and traditional gender roles.

**Investigator:** Mrs. Vuyelwa Mehlomakulu

**Telephone Number:** 0827768216  
021 5573280

**University Department:** Psychology

**Supervisor:** Mr. Chris Petty

**Telephone Number:** 0827332635  
021 8082696

#### I. INTRODUCTION

You are invited to take part in a research study. Before you decide to be a part of this study, you need to understand the risks and benefits. This consent form provides information about the research study. I will be available to answer your questions and provide further explanations. If you agree to take part in the research study, you will be asked to sign this consent form. This process is known as informed consent. Your decision to take part in the study is voluntary. You are free to choose whether or not you will take part in the study.

#### II. PURPOSE

As a student in the Department of Psychology of the Stellenbosch University, I am carrying out a research study to find out how men conceptualise sexual coercion and sexual consent, what are the sexual health risks that men face when engaging in coerced sexual behaviours and whether all of this is related to traditional gender roles.

#### III. PROCEDURES

The research will be conducted in the Nyanga District and its surroundings. You will need to come for an interview at NY1 No 29 in Guguletu, once during the study. The interview will take about +- 60 minutes. The total amount of time you will be asked to volunteer for this study is one day.

#### IV. POSSIBLE RISKS

The interview you will be doing have no more risk of harm than you would experience in everyday life.

## **VI. POSSIBLE BENEFITS**

You will not get any personal benefit from taking part in this study.

## **VII. COSTS**

There are no costs to you for taking part in this study.

## **VIII. COMPENSATION**

Compensation of R10.00 will be given to those who will need a taxi fare to and from the interview place.

## **IX. RIGHT TO WITHDRAW FROM THE STUDY**

Your participation in this research study is voluntary. You may decide not to begin or to stop this study at any time.

## **X. PRIVACY OF RESEARCH RECORDS**

Your records will be private. No one will know except for the research team that you are a part of this study. Individuals acting on behalf of the university may review your information. If that happens, we will give them copies of your records that are only related to the study. These copies will not have any information that can link you to the study. Except for these groups, your records will be kept private unless you permit their release or if the records are asked for by court order. Your records will be used for research purposes only. The answers to the interview questions will be written in questionnaires that have a participant number instead of your name. The only place where your number will be linked to your name is in a study participant information file.

## **XI. QUESTIONS**

If you have questions about this study, please call Mr. Petty by telephoning (021 808 2696 / 0827332635) during the workday. If you have complaints about participating, please call the Programme co-ordinator [Prof Ashraf Kagee](#) by telephoning (021) 808 3458.

## **XII. SIGNATURES**

By signing this consent form, you agree that you have read this informed consent form, you understand what is involved, and you agree to take part in this study. You do not give up any of your legal rights by signing this informed consent form. You will receive a copy of this consent form.

---

Participant (Print Name)

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Signature

\_\_\_\_\_  
Date

### **XIII. RESEARCHER STATEMENT**

I certify that the research study has been explained to the above individual by me including the purpose, the procedures, the possible risks and the potential benefits associated with participation in this research study. Any questions raised have been answered to the individual's satisfaction.

\_\_\_\_\_  
Investigator (Print or type name)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

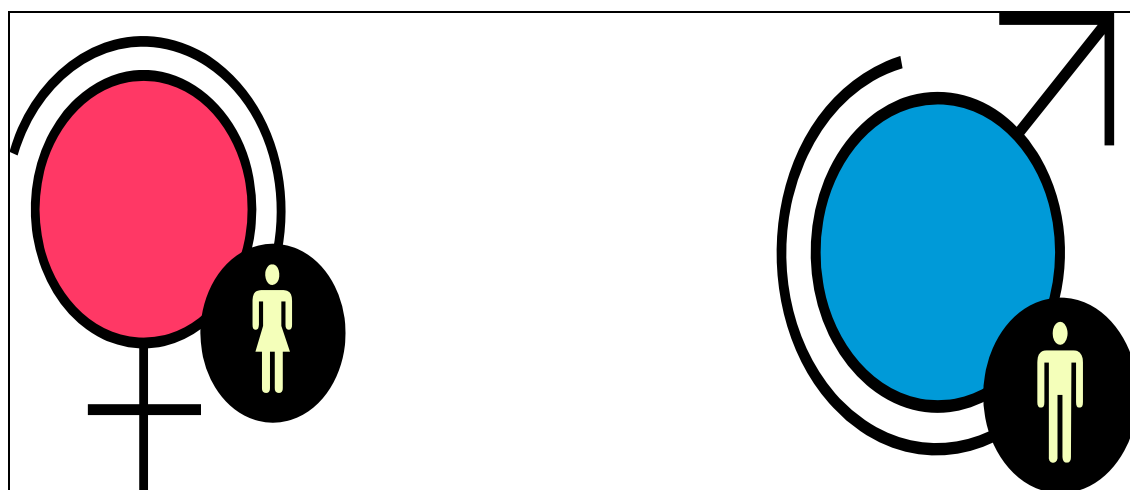
## APPENDIX 2



Stellenbosch University  
**DEPARTMENT OF PSYCHOLOGY**

### **A MEN'S REVIEW ON SEXUAL COERCION, SEXUAL HEALTH AND TRADITIONAL GENDER ROLES**

<b>PARTICIPANT NUMBER</b>		<b>INTERVIEW DATE</b>			
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<b>INVESTIGATOR'S NAME</b>	<b>VUYELWA MEHLOMAKULU</b>
<b>SUPERVISOR'S NAME</b>	<b>CHRISTOPHER PETTY</b>

## **SECTION A (DEMOGRAPHICS)**

1. How old are you?
2. Which level of education have you passed?
3. What are you currently doing for living?
4. What is your home language?
5. Which population group do you belong to?

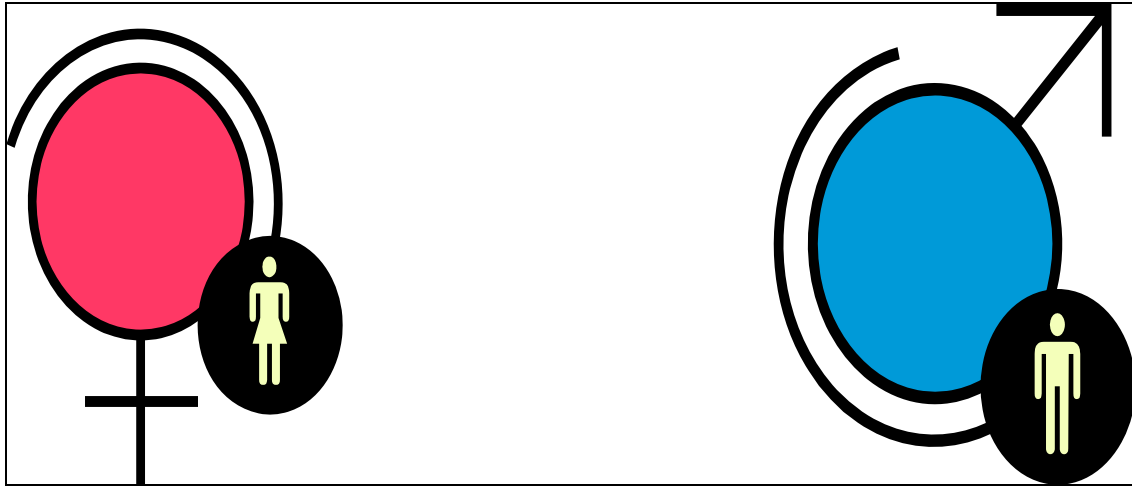
## **SECTION B**

1. In a relationship the man has to decide how and when sex should take place.
  - a. How do you feel about this statement?
  - b. In your own relationship/s who decides how and when sex should take place and why?
2. In the first scenario read to you, what do you think was going on in Thando's Mind on their way to his room?
3. Putted in the same situation as Thando what would you be thinking on your way to the room?
4. From the first scenario read to you what do you think about Nomsa's refusal to sex?
5. From the first scenario what do you think about Thando's reaction to Nomsa's refusal to sex?
6. If you were in the same situation how would you have reacted to Nomsa's refusal to sex?
7. From the first scenario do you think it was Nomsa's right to say no to sex? (Explain)
8. From the first scenario, would you explain what happened as sexual coercion or sexual consent? (Explain)

9. From the second scenario would you explain what happened as sexual coercion or sexual consent? (Explain)
10. Would you explain a time in your life where you coerced someone to have sex with you?
  - a. If you have sexually coerced someone in your life, what led you to behave in that manner?
11. In your own relationship/s who decides whether condoms should be used or not and why?
12. How do you feel about using condoms during sex?
13. What is your experience with condom use?
14. How do you feel about women having multiple partners?
15. How do you feel about men having multiple partners?
16. Can you explain in your own words what HIV/AIDS is?
17. If you were diagnosed as HIV positive what would you do?
18. Please list the places and people who gave you sex and relationship advice in your life?
19. How do you know when a woman is sexually interested to you?
20. When you are interested in a girl, what things do you do to get her attention?
21. What are your beliefs about casual sex?
22. What kind of sexual conversation do you engage in with your peers or any other male groups

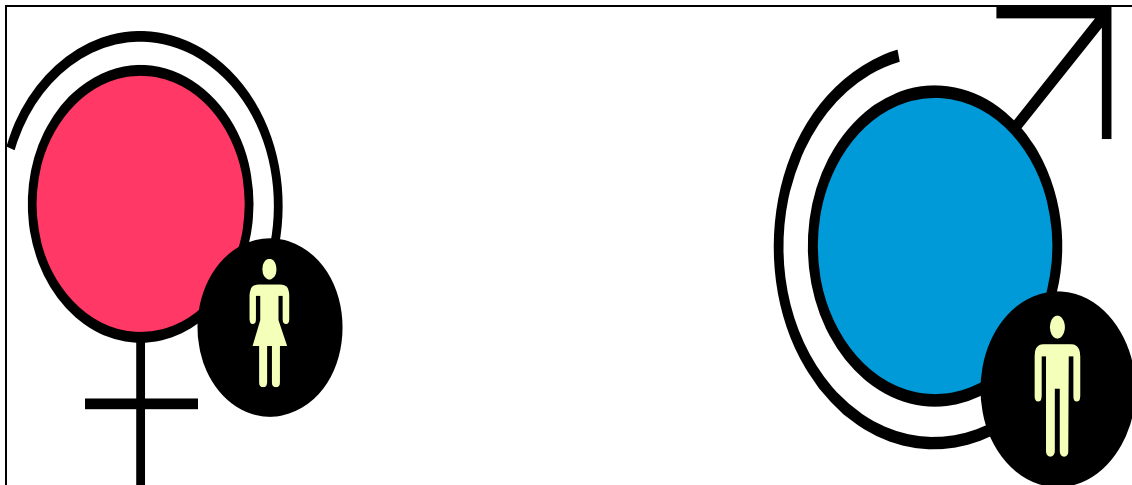
## APPENDIX 3

### SCENARIO A



Nomsa and Thando met in a student party. From the party they decided to go back to Thando's room in the University residents. Back in Thando's room they start kissing. Thando reaches for the condom. At this point Nomsa stops and tells Thando that she is not ready to have sex with him. Thando ignores Nomsa and continues to kiss Nomsa even more passionately. Nomsa pushes Thando away but now Thando starts to use force. He pushes Nomsa to his bed and had sex

### SCENARIO B



Ayanda and Thabo met in a student party. From the party they decided to go back to Thabo's room in the University residents. Back in Thabo's room they start kissing and Thabo starts taking Ayanda's shirt off. Ayanda is a bit reluctant to this. Thabo convinces her that it's a right thing to do and that he has condoms. At this stage Ayanda does not agree or disagree with Thabo but she lets him continue. They ended up having protected sex.