



University of Pretoria

Series Editor: Mary Crewe

(Un)Real

AIDS Review 2004

Kgamadi Kometsi





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Foreword


Over the past five years the *AIDS Reviews* have become central to writings about HIV and AIDS in South Africa. They have an extensive distribution nationally, regionally and internationally. They are prescribed texts in many of the courses on HIV and AIDS, in development studies and are widely consulted by donors, embassies and governments. All of the *Reviews* have had more than one print run and they offer a challenge to the conventional wisdom about HIV and AIDS and call for a vigorous and critical debate on crucial issues.

Each *Review* seeks to address a particular question and in discussing and answering it, broadens our knowledge and understanding on HIV and AIDS as the epidemic matures in South Africa. In 2000 we traced the response to HIV and AIDS in South Africa, starting from the National AIDS Plan of 1994. In 2001 we addressed the issues of international, regional and local care and commitment to the epidemic and discussed the ways in which the 'African epidemic' has been constructed and the central role of racism in the various responses to the epidemic. In 2002 we looked at the relationship between AIDS and human rights in eight of the SADC countries and how the ways in which a rights-based or a policy-based approach has determined the ways in which people living with HIV or AIDS have been treated and the rights of populations affected. In 2003 we sought to understand the impact of the epidemic on families and interpersonal relationships. We asked whether the existing family structures are resilient enough to cope with the additional demands

of the epidemic in terms of care and orphan support and how community and social-political structures might have to find creative new ways to cope with the many demands of the epidemic.

AIDS Review 2004 addresses the ways in which this epidemic has positioned men and the crucial roles that men can play in the social and political responses to HIV and AIDS. We address the construction of male identities and 'maleness' and the ways in which masculinities and male sexuality has been understood. For too long 'gender' has looked mainly at the position of women in society, addressing women and young girls in ways that position them negatively in relation to the rest of society through descriptions of vulnerability, of powerlessness and of being oppressed by men who have been placed centrally as the major problem in HIV and AIDS. This approach to gender has ensured that the many voices of men have been silenced and that men have been seen as being central to the problem but on the margins of solutions and of social, political and personal behaviour change.

(Un)Real AIDS Review 2004 offers a critical debate about the role and position of men in addressing HIV and AIDS. It seeks to explain how various masculinities are constructed and understood and the central role that can be played by men in social and political change, as well as the ways in which an understanding of male sexualities and masculinities will better inform our understanding of how they can be incorporated into an effective response that



seeks a better society at all levels and seeks to ensure that men are no longer regarded as a looming threat on the sidelines of our society. *(Un)Real* debates how men see themselves and their various roles as sexual and social players – as lovers, partners, fathers, brothers, husbands, leaders, as ‘real men’ and as ‘un-real’ men.

The *Review* looks at the dominant images of men, at their absences, at issues of dominance, violence and control and at what kind of man is projected by these dominant images and debates. It seeks to challenge those practices of men that impede our response to the fact of HIV and AIDS and focuses on masculinities in the South African context. It argues that at all levels we have created notions of men that are ‘un-real’ and offers a new and stimulating way to talk about and debate the role and place of men in our society and in our response to this epidemic.

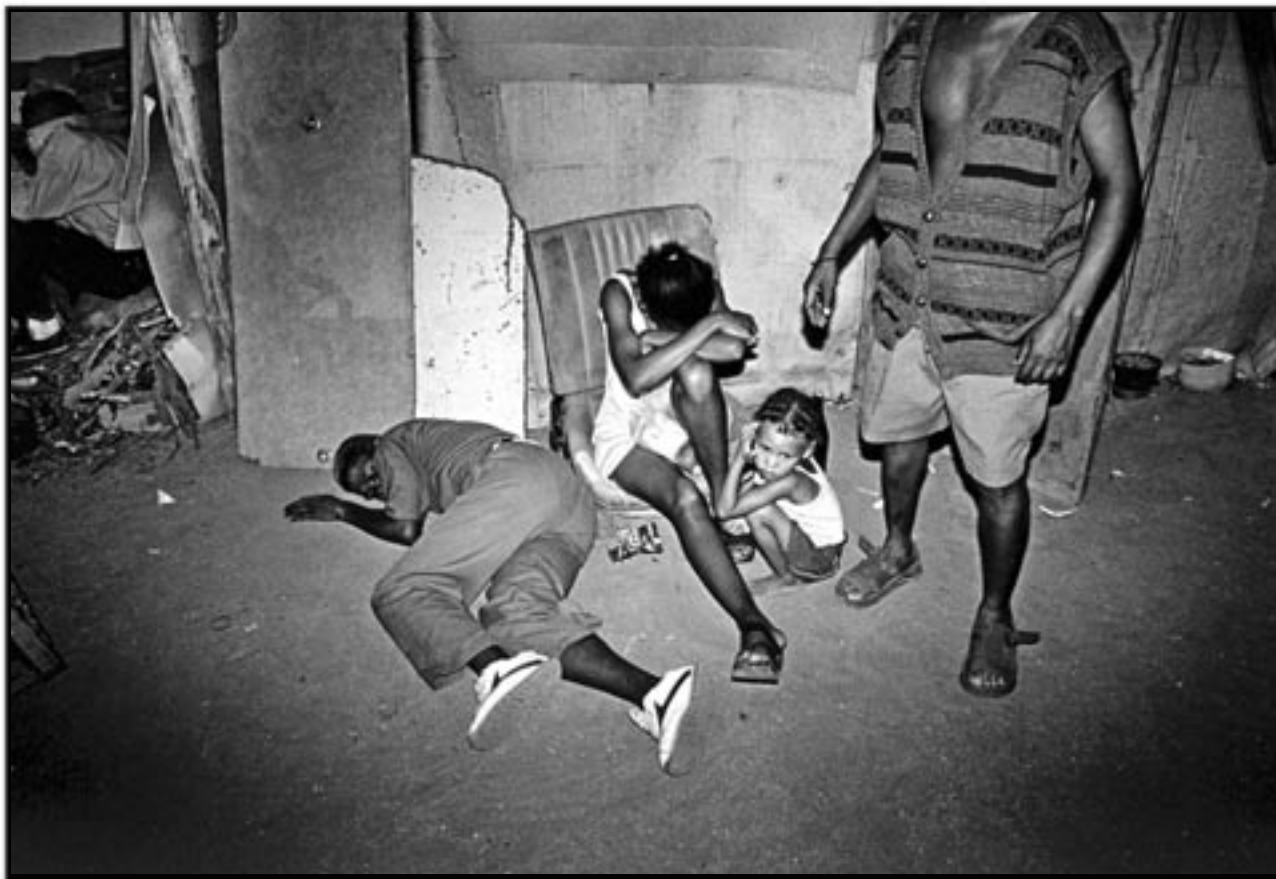
The University of Pretoria is committed to a comprehensive HIV and AIDS programme and institutional response that includes all aspects of the University – the Rector, Vice Rectors, Deans, staff, students, community and government. The Centre for the Study of AIDS has international collaboration with key HIV and AIDS research units, and with UN agencies, and is working with regional and national tertiary institutions to increase our knowledge and develop effective responses.

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The views expressed in this *Review* are solely those of the author and the Centre for the Study of AIDS.

Mary Crewe

Director, Centre for the Study of AIDS



"The starting point of critical elaboration is the consciousness of what one really is, and is 'knowing thyself' as a product of the historical process to date which has deposited in you an infinity of traces, without leaving an inventory" – Antonio Gramsci

Introduction and perspective

The world is facing an epidemic that defies technological and medical developments. More than 70% of people infected with HIV, some of whom are already suffering from AIDS, are found in sub-Saharan Africa. This represents two-thirds of the world prevalence rate. Beyond this, 90% of all those that are living with HIV/AIDS are found in developing countries (Cameron in Walker, Reid & Cornell, 2004). Death has become a commonplace occurrence as AIDS-related diseases claim more and more lives. In Zimbabwe, it is estimated that an average of 340 people die daily, 240 of whom die from AIDS-related illnesses. Cemeteries are filled to capacity, and space to bury the dead is becoming a scarce

commodity. Creative ways (e.g. cremation in the African context) are being sought and considered to deal with the problem. If South Africa is believed to have more people living with HIV

than any other country, it is possible that it could face a problem worse than what Zimbabwe is facing currently. Some of the more recent estimates of HIV/AIDS prevalence in this country suggest that over 20% of the population has been infected (*This Day*, 13 July 2004, p. 1). Although big business has pointed out the possibility of overestimation and advised that such research outcomes should be consumed cautiously, Clem Suntner of Anglo American emphasised that "South Africa is proceeding up the AIDS sickness and death curve". Statistical overestimation or underestimation does not conceal the fact and the gravity of the HIV/AIDS epidemic.

AIDS orphans, a concept that has 'intruded' into the discourse on children in need, reflects the insistence of HIV and AIDS to be taken

more seriously, and its effects to be recognised as uniquely significant. It is no longer sufficient to use the generic concept of orphans or patients as HIV/AIDS stretches the resources of different nations beyond capacity. Africa faces more than just this epidemic. Poverty and spurts of violence (exemplified more recently by political strife in the Sudan, Democratic Republic of Congo and Burundi) compete with HIV/AIDS-related problems for resources that are already scarce. Change, wherever possible, is called for. The security provided by medical and technological advances has thus far failed to quell the ravages of HIV.

The world is facing an epidemic that defies technological and medical developments.

Walker *et al.* (2004) also posit that social scientists have been slow in responding to the HIV/AIDS epidemic. The mitigating circumstance in this delay is that this country has faced and

dealt with a crime against humanity of massive and murderous proportions. The majority of people in this country were systematically and violently oppressed and excluded from the resources needed to engage HIV/AIDS. This monstrous social ill required all possible efforts to fight it, the defeat of which enabled South Africa to engage in the 'normal' national concerns, such as the health and well-being of her citizens. Without the attainment of freedom, the efforts by South Africa to fight this epidemic would have been compromised at best, and the picture in the black population could have been worse, given the neglect of this section of the population by the government at that point. The repercussions of this neglect are made particularly palpable if one considers the successes of other African countries (e.g. Uganda and the Kenyan

National AIDS Control Council) if the response against HIV/AIDS is located in the highest political office. Further, unlike some of these countries, South Africa seems to have left most of the responsibility and co-ordination of efforts to combat HIV/AIDS to the health ministry, which suggests that at least initially, HIV/AIDS was thought to be a health issue. However, the impact of this epidemic makes itself felt in the economy, welfare, education, security and other sectors, warranting a differential conceptualisation of the problem.

So with legal racial oppression outlawed, and South Africa being right there in the forefront of countries regarded as dignified and being amongst those countries on the continent that lead with integrity, social scientists, political and community leaders need to engage with the epidemic unsparingly. We live in a democratic climate that, if it does not allow, then at least it tolerates, constructive self-criticism and scrutiny.

One of the outcomes of the refocusing of our energies following the demise of apartheid has been the dismantling of laws that denied socially oppressed groups their rights as human beings. Women asserted themselves as an interest group which sought emancipation not only from racial oppression, but also from oppressive patriarchal systems. The united front which was imperative in the fight against apartheid is no longer more crucial than the recognition and respect of diversity required in a democratic system (Kometsi, 2004). More textured and subtle social ills impacting mostly on part populations than whole populations have received scrutiny in efforts to further democratisation processes broadly speaking and to advance the human rights tradition specifically.

Against the HIV/AIDS epidemic in particular, certain ideas about how individuals gendered as men should see themselves, think of themselves and behave towards other men, women and children have been found to be problematic towards and subversive of efforts to combat HIV/AIDS and to deal with its consequences. These ideas collectively referred to as masculinities have played a major contributory role in the emergence of statements like the following: 'Men drive the HIV/AIDS epidemic ...' (Walker *et al.*, p. 20). These authors concur with others that gender inequalities have contributed to the rapid spread of HIV/AIDS. They go further and specify that associated with these gender inequalities is violence against women. Sexual violence or coercion in the home or in other sexual relationships in particular, subverts women's efforts to negotiate safer sex practices. They cite statistics that a sixth of South African women are in abusive relationships. Under these conditions the impact of HIV/AIDS catapults efforts to deal with HIV/AIDS into the smallest and the most private social unit: a sexual relationship, transaction or activity between two or more people.

***Gender inequalities have
contributed to the rapid spread of
HIV/AIDS***



“Ain’t nothin’ like the real thing”

The title of this review, *(Un)Real*, refers to undue preoccupation with things ‘authentic’. In most cases, such preoccupation would not present any problem. However, when what is referred to is social identities such as racial, sexual and gender identities the pursuit of authenticity runs the risk of haphazard inclusion or exclusion where membership criteria are unclear and challengeable. Further, such pursuits of authenticity also run the risk of setting up the ‘us’ and ‘them’ dynamic, with its associated differentiation in terms of power relations. History presents us with ample examples of instances where this dynamic has had ‘life-denying’ consequences.

Of interest for this *Review* is the binary gender system, which identifies men and women as *essentially* different. Through gender order, the binary gender system prescribes what being a man or a woman means: behaviourally, emotionally, cognitively and along other dimensions. This system presupposes that there exists a discrete boundary between the categories of being a man and a woman respectively, and that these categories are mutually exclusive. The perception that one straddles the imaginary divide between these is met with negative sanction that is meant either to call one back into line, coerce one into committing to the right performance, or *dismember* one. Gender identity, like other examples of socially constructed identities, is relational. To emphasise this point Hopkins (in May, Strikwerda & Hopkins, 1996) states that what it means to have a particular identity depends on what it means not to have some other identity, and the kinds of relationships one has to

other possible and actual identities. In this sense, masculinity depends on femininity and the boundaries it draws between itself and ‘alternative’ masculinities.

This latter point introduces the now widely accepted notion that beyond just the binary of masculinity and femininity, whatever comes to be asserted as the masculine identity has to assert itself against other rival masculinities, so that in any given community, culture or society, there is a plurality of masculinities. To illustrate this, Hopkins (in May *et al.*, 1996, p. 98) states:

For a man to qualify as a man, he must possess a certain (or worse, uncertain) number of *demonstrable* characteristics that make it clear that he is not a woman, and a woman must possess characteristics demonstrating she is not a man. These characteristics are, of course, culturally relative and intraculturally dynamic, but in the [twenty-first] century ... the cluster of behaviours and qualities that situate men in relation to women include the by now well-known litany: *(hetero)sexual prowess, sexual conquest of women*, heading a nuclear family, *siring children, physical and material competition with other men*, independence, behavioural autonomy, rationality, strict emotional control, *aggressiveness*, obsession with success and status, a certain way of walking, a certain way of talking, having buddies rather than intimate friends, etc. (my italics and emphasis).

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Of significance in this quote is the dominant relationship over women, which being a real man supposedly entails. (Hetero)sexual prowess implies being valiant, daring and skilful in sexual relations with women, this in competition with other men who are thought and/or expected to engage in similar behaviour. The idea of competition with other men connotes enticing men to push the limits as far as possible in sexual relations with women, to the detriment of women. Further, the idea of a nuclear family presupposes that there are several members of that family, over whom a *real* man should *lord*. An independent woman showing apparent freedom from this lordship would represent an affront toward the man who is supposed to be head of the family. I have singled out these factors in particular because for the purposes of this *Review*, which focuses on men and their practices in the face of the HIV and AIDS epidemics, they deserve a closer scrutiny. In a preface to Walker *et al*'s (2004) book, Judge Edwin Cameron reflects on how HIV and AIDS both mirror and accentuate the disparities in our world between those who are dominant and those who are dominated. To extend this reflection further, and to be more specific, HIV/AIDS has accentuated the gender domination exerted by men over their sexual partners, particularly women. As an article in a daily South African newspaper suggests, African women are officially the face of HIV/AIDS (*This Day*, 08 July, 2004, p. 1), a disease that in Africa is transmitted mainly through heterosexual sexual intercourse.

Part of the agenda for this *Review* is to acknowledge the contribution of those men whose practices have allowed them to rise up to the challenge to fight HIV/AIDS. More importantly, this *Review*

also aims to point out the cost of being a 'real' man in the context of HIV/AIDS. It seeks to challenge those practices of men that impede our response against the fact of HIV/AIDS. All men, like other members of society, can play a meaningful role, firstly in the prevention of infection, and secondly, in caring for the ill who have been infected already. In the face of this epidemic, whose most common eventuality in Africa is 'a cruel and lingeringly debilitating death' (Justice Edwin Cameron in Walker *et al.*, 2004), obsession with destructive notions of 'authentic masculinity' can only serve to subvert the all important fight against this epidemic. In an article from which the title of this section derives, Thomas (in Blount & Cunningham, 1996, p. 67) criticises the pursuit of what is thought to be an authentic black identity in a manner that sounds

The idea of a nuclear family presupposes that there are several members of that family, over whom a real man should lord.

befitting for a rebuke of a pursuit of being a 'real man' in the context of the HIV/AIDS epidemic:

We know that the obsessive preoccupation with proof of racial authenticity deflects attention away from the need to come to grips with the real, material problems in whose resolution black Americans of both genders and sexual identifications have an immediate and urgent interest ... the burden of proof should be shifted onto those who instituted the jargon of authenticity to show its continued relevance in 'The age of crack' and Uzis and AIDS.

Implicit in this statement is the conviction that the burden of such proof is misguided at best, and a waste of time at the very worst. HIV/AIDS has developed into an epidemic already while our attention

was on other things which were equally important (especially the freedom of our country). In this sense, the fight for liberation in this country has sacrificed lives of more than just soldiers and activists on both sides of the political spectrum. Amongst the unintended casualties that also lay their lives down for liberation are victims of different diseases (see Butchart, 1998). From the late 1990's onwards, HIV/AIDS has become a leading cause of such casualties. During the period before this, HIV was an obscure concept, that 'only happened to them', according to the lyrics of Patti Austin's song. But as the bell tolls closer and closer to home, HIV/AIDS has acquired a face for everyone, whose message concurs with the same song, that 'we're all in this together' – or so it should be.





Bellum contra morbum: The war against disease

Several epidemics preceded the advent of HIV/AIDS, and there were others that came after the onset of this epidemic. For instance, chicken pox, syphilis and more specifically for this country, malaria and tuberculosis, have run their course. More recently, Congo fever, chicken flu, mad cow disease and SARS have emerged and were brought under control. In all these epidemics, there is a perception that medical and technological advances, as well as other socio-economic resources, can be used either to eradicate these diseases or to bring them under control. Although there are still occasional spurts of these epidemics, by and large, as Nelson Mandela (July, 2004) said of tuberculosis during the recent AIDS international conference, it is a curable aspect of HIV/AIDS, yet it continues to claim the lives of many when coupled with HIV/AIDS.

What sets HIV/AIDS apart as a different epidemic is that although over the years ways have been found to manage aspects of it, its current status as an epidemic is that that it is far from over. Although rates of infection have begun to ebb, new infections are still reported daily, and the death rate is increasing as those who have been infected for some time begin to fall sick and die, and the HI-virus continues to evade adequate medical conquest. Susan Sontag (1990) writes at length about illness as a metaphor. In part, she suggests that HIV/AIDS has stripped cancer of some of its stigma and its capacity to create a spoiled identity. More specifi-

cally, she posits that

Just as one might predict for a disease that is not yet fully understood as well as extremely recalcitrant to treatment, the advent of this terrifying new disease, new at least in its epidemic form, has provided a large scale occasion for the metaphorising of illness (p. 16).

What sets HIV/AIDS apart as a different epidemic is that although over the years ways have been found to manage aspects of it, its current status as an epidemic is far from over.

What Sontag's 'doleful observation' denotes is the human proneness to metaphorise illness. Put differently and as she says, metaphorising something is to give it a name that belongs to something else, or to say 'a thing is or is like something-it-is-not'. The tendency to engage in metaphor serves a function, one of which

is to remove the abstractness of one thing by equating or comparing it to another that is better understood or that can be related to better. For instance, and in line with what Sontag posits, the use of the military metaphor in relation to illness became more prominent during and following the world wars. Given that at some level everyone had an idea of the wars and what they demanded from world citizens, military metaphor proved useful and less abstract than pure medical discourse. It is important to note that the most conspicuous demand of the wars was that men should leave their families and join attempts to fight the war away from our country. Similarly an analysis of the days of political struggle in South African townships in the mid 80's shows an



expectation that men had no choice but to join the different activities mounted to fight the government of the day and its security forces. Those who did not want to participate were forced to do so or they had to face the wrath of the politicised youth of the time. Military metaphor is accessible and thus succeeds in stripping illness of its abstractness and reduces it to something concrete that humanity can engage with. This, however, does not come without a price. For instance, Masimba Biriwasha, a Zimbabwean poet, compares HIV/AIDS to a serpent, an image that conjures up images of a creature that is as hard to kill as it is lethal in its attacks:

... the plague
 ... the scourge
 hanging over humanity
 like forbidden serpent
 ... striking, biting, killing
 one and many legions
 (Vambe & Gunduza, 2001, p. 7)

The concreteness that seeing of HIV/AIDS as a metaphor achieves might strip it of its abstraction as a medical condition, but that with which it is likened comes with its own qualities that imbues

the condition with meaning that transcends the effects of the condition itself. In her polemic against metaphors of illness, Sontag states very clearly that metaphor *kills*.

Freud writes quite usefully about a gender-based metaphor in one of his milestone papers called *The Future of an Illusion*. His argument in this paper enables us to look at the metaphor that is at play in the binarisation of gender in an age of HIV/AIDS, and to look at its defensive functions. Against HIV and AIDS humanity, especially in sub-Saharan Africa, is said to be in the grip of 'an enemy' that advances and invades the defence system of the human body 'single-mindedly'.

Freud's central project in his paper is to demystify religion and to present it as a product of mankind's imagination or phantasy, employed against potentially annihilating existential anxiety. This paper presents God as male, and the phantasied relationship with God as a blueprint for subsequent relationships with the males (or fathers) of our world. According to the argument presented in that paper, a world without God is perceived as devastatingly dangerous and destructive, with all the elements of nature bearing the potential to lash out at humanity without control or an illusion of control over these elements. Floods, disease like HIV/AIDS, all would ravage human life at will, with no restraint or 'thought' to spare such life. A perception, or as Freud says, an illusion that God reigns over all of these, and that God is omnipotent, omnipresent, and loving makes the fact of mortality and the anxiety of life that comes with this, tolerable.

Of interest for this review is the binary gender system, which identifies men and women as essentially different.

Freud's ideas have been challenged in many ways, and some of his arguments have been found to be wanting. Amongst such challenges are the following two, which are probably more relevant for a project on masculinities, in the South African context, and in the face of the HIV and AIDS epidemics. The first of these is that Freud's ideas are sexist. Amongst others, this is exemplified by his formulation of the Oedipus Complex, a formulation whose popularity has made it synonymous (wrongly so) with the theory of psychoanalysis. Secondly, Freud's critics say that his ideas are Eurocentric, having been developed from work with middle-class Europeans. I raise these criticisms as particularly relevant for this project because by and large, South African society, as well as being far removed from the European context, is still very patriarchal in the practices of its social institutions,

despite the valiant attempts by the government, women (as groups or individuals) and activist organisations to challenge patriarchy. This project looks at practices (or performances) and imaginings of masculinity. On the face

of it (and in this case, validly so) this task presupposes a contrast to femininity, alluding to the importance of women and femininity in men's self-imaginings as masculine. I have referred to this point above, and I expand on it below.

Further, raising these criticisms against quoting Freud's work in this Review is important because this project focuses on masculinities in the South African context. Therefore, a theory that has been widely criticised as Eurocentric with a middle class bias might come across as completely irrelevant to a non-European setting, within which an epidemic has attacked the most vulnerable, and in this country, these are the poor.

However, the formulation of the idea of the unconscious has remained. In essence, according to this formulation we act, feel, say, think, imagine, etc. in ways that reflect the contents of our unconscious. Our engagement with and reactions to challenges of life are influenced by our unconscious. It is not a far-fetched assumption that the way we have reacted in the face of the HIV/AIDS epidemic contains traces of our unconscious. As much as HIV and AIDS are serious social and medical phenomena, they also have serious personal implications. In particular AIDS is a disease, a devastating disease that raises all kinds of anxieties, like the serpent in Biriwasha's poem. In the face of this onslaught against human life, several and different discourses of defence and blame have evolved (that HIV/AIDS is a white gay man's disease, that it is the disease of the poor, that most Africans are likely to be HIV positive). The element of defence in most of these discourses emanates from a demarcation of a particular group and delineating this as being affected by this epidemic differently to how it affects everybody else. If there are survivors, or if someone else still holds the power even in the context of this all-ravaging epidemic, then there is still some hope – hope that if only we could all emulate those who are surviving, or for this project, hope that if only the excluded, 'powerful' could also be drawn in, then the epidemic would be defeated.

Foreman (2000, p. 2) provides quite a useful example for this analysis in the opening of his paper entitled 'What makes a man':

Why do a considerable minority of men persist in placing themselves and their partners at risk of contracting HIV? If we can answer that question, we will be closer to devising strategies for those men and thereby, reducing the overall rate at which HIV and other diseases spread.

A tendency to think in this way deprives the epidemic of absolute power to destroy humanity. As long as there is a group (albeit a minority group, as Foreman puts it) that is resisting inclusion in the discourse of victimhood, a group that instead is constructed as instigators, perpetrators, victimisers (even by members of the same group) then humanity does not have to face helplessness and powerlessness concomitant with the epidemic that ravages out of control. Discourses of victimhood also presuppose the presence of one who is guilty. In this discourse in the context of HIV/AIDS there is a subtle transfer of culpability from the virulent virus that is yet to be adequately understood, to men who form part of humanity. In the same anthology of poems, short stories and drama, Irvine Chitambo conveys this idea in a poem entitled *A wound for life*:

In my visual template
I can see "him" even today
Huge but rough and ugly
Pimpled face, nutty eyes and hollow nose,
A scoundrel and of course,
Second born to Satan,
I can still see "him"
His piercing blood-shot eyes
Penetrating deep into me,
Hands thick and woody
Pressing hard against my buttocks
With my back creasing
Against unwarranted caresses
And of course heedless to my painful groans
Continued upon me

(Vambe & Gunduza, 2001, p.19)

In the title of this poem Chitambo seems to suggest that contracting HIV/AIDS is like contracting a wound for life. However, what she foregrounds most is the carefully crafted image of the man who gave it to her. It is this man that she appeals to the reader to help curse and condemn. The 'face' of the virus is concealed from the eyes of the reader by this powerful creation. Culpability seems to remain within the confines of humanity, and as long as the human body, once infected, cannot be cured of the HI-virus, this case is likely to remain. More significantly in this argument, if culpability remains within the confines of humanity, then we do not have to face helplessness against the recalcitrant, and for now (to be pessimistic) indestructible HI-virus.

Imagining masculinity is seen as inextricably linked to imagining femininity, and in the same way, imagining HIV infection seems to be inextricably linked to 'real' men's practices. Gutman (2003, p. 386) identifies four different ways in which anthropologists conceptualise masculinity. He states that masculinity can be seen as anything that men think and do; anything that men think and do to be men; or anything that some men possess inherently or through ascription that sets them apart as more manly than other men. We come back to these conceptualisations below. For this part, the fourth conceptualisation that Gutmann identifies is more instructive. He states that one other approach to the idea of masculinity 'emphasises the central importance of male-female relations, so that masculinity is considered anything that women are not'. However, instead of leaving the conceptualisation of masculinity as a contrast to femininity, he seems to suggest that ideas of masculinity are also depended on the imagining, the 'existence' and the practice of femininity. He

Imagining HIV infection seems to be inextricably linked to 'real' men's practices

states that masculinities develop and transform and have very little meaning except in relation to women and female identities and practices in all their similar diversity and complexity. Thus conceptualised, masculinity seems to be set both in opposition to and as dependent on femininity. The most important spaces in which the masculine-feminine differences play themselves out are in private, personal spaces, such as within families and personal relationships. It is within these spaces that the minutest effects of these differences are felt. It is also within these spaces that masculinities are developed, challenged and defended.

The legacy of feminism and post-structuralism identifies personal, private spaces as amongst the most active arena of strife. Further to this, Marks (1999) says this legacy has helped to show that intimate relationships are characterised by power relationships ... and that the personal is political.

Further still, Morrell (1997) asserts that it is early feminism that identified the family as the most important site where patriarchal power is produced, maintained and practised. More recent developments would suggest that it is also within the family that patriarchal power is challenged and faces demands for change. In a discussion of what he calls 'new masculinities', Morrell (1998) suggests that men who came from the reserves, unfamiliar with the demands that contact with white masculinities in the urban areas would make on their self-imaginings as men, 'understood their masculinity in terms of respect, to be given by younger men and women particularly' (p. 624). In a society that remains largely patriarchal like ours, men carry what Johnson calls 'ascribed rank' with its concomitant benefits flowing from unearned positions of



high status. In this sense, those that are excluded from the power accruing to the ascribed status, women in particular, as well as those whom hegemonic masculinities delineate as non-masculine or illegitimate, are called upon to provide subjecthood to the power held by men judged to be masculine and legitimate. It is the position of this subjecthood that requires analysis in this con-

text, given the role that heterosexuality and heterosexism, both of which are aspects of dominant or hegemonic masculinity, play in the spread of HIV/AIDS. The next section discusses these 'subjects' of masculine power as part of the broader community of the oppressed.

Communities of suffering in the HIV/AIDS context



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Insofar as both race and gender are accepted as social constructions, vulnerable and subject to social manipulation, Johnson (25 February 2004) lumps men and whites together, as examples of the socially dominant groups. In his paper that questions whites and men's readiness for democracy (particularly in South Africa) he outlines a number of common characteristics of dominant groups in a context that demands a democratisation of relations. The democracy that Johnson refers to goes beyond the setting up of political structures to ensure equal, free and fair participation in choosing the government. Most particularly, he refers to what I will call the democracy of everyday life, characterised by the sense of equality at all levels and processes of social functioning. This is the 'democracy' that has become imperative in personal relationships as well, given the change and challenges elsewhere in society, and the hurdle that hegemonic masculinities presents against these. One of the most important challenges against the idea and practice of masculinity, as characterised by dominance over women and other groups delineated as falling outside the contours of hegemonic masculinity, is the advent of HIV and AIDS and their assumption of epidemic statuses. Importantly, Morrel (1999) refers to those masculinities which hegemonic masculinities alienate, 'silence, subordinate and position in relationship to itself such that the values expressed by these masculinities are not those that have currency or legitimacy' (p. 608). These other masculinities and women form part of the 'community of suffering' (to use Werbner's

concept, in Werbner & Modood, 2000) in the context of HIV/AIDS. Central to the idea of the community of suffering is transcendence of the internal cultural, political and gendered differences of the individual constitutive groups. As a collective, the community of suffering subverts the tenets of the dominant group and defies its domination.

The activities of the Treatment Action Campaign (TAC) and its allies during the campaign to force the pharmaceutical drug companies to lower their profit-taking from antiretrovirals serve as a wonderful example of the idea of the 'community of suffering'. In contrast with the history of some of the political movements which were involved in the anti-apartheid struggle, the TAC often brings together groups of people who otherwise have vastly divergent and even oppositional views. The TAC illustrates the idea and practice of the community of suffering, more so when one considers that such formations are not passive recipients of the suffering that is meted out by the dominant, violating group(s). In referring to victims of racism, Werbner (2000) quotes Bhabha, and explains that:

The vital sedimented memory of common suffering and resistance is the shared 'text' for future cultural creativity. Involved here is far more than a mere 'invention of tradition'; at stake is the imaginative rewriting of the experience of those who 'suffered the sentence of history – subjugation, domination, diaspora, displacement' ... a memorialising of a solidarity founded in victimisation and suffering.

This representation allows for the avoidance of constructing a 'necessarily' gendered group that is the target of particular forms of masculinity

The idea that women and those masculinities that hegemonic masculinity alienates, silences and subordinates could form a force that has on occasion come together to demonstrate against oppressive and abusive masculinity is not a new one. For instance, Messner (1997) refers to a development in the United States where gay liberationists and profeminist men in organisations such as the National Organisation of Men Against Sexism join forces with feminist women to confront rape, sexual harassment, sexism and homophobia in college campuses, the workplace and the media. As such, for this *Review* and based on Bhabha's description above, representing women, HIV activists in general, children and other vulnerable groups as forming a community of suffering in the

context of HIV/AIDS achieves two key functions. The first function is the recognition that women as part of this group are not just passive subjects of male domination. In their relations with men and amongst themselves, conditions for change are generated, contested

and negotiated. Secondly, this representation allows for the avoidance of constructing a 'necessarily' gendered group that is the target of particular forms of masculinity. Performances of masculinity include ideas, both prescriptive and proscriptive, regarding how to relate to women, children and other men.

I believe that in a country that is proudly trudging along the course of democratisation, once the people living with HIV/AIDS (PLWAs), HIV/AIDS activists, women in general, children and other vulnerable groups have been situated as a community of suffering, then it behoves those that are set in opposition to this, to change. Dominance in whatever form, particularly when it includes the dimension of

oppression, is outdated in a country that has a distinct past of oppression, where the said country valiantly institutes changes that distances it from this past and its memory. Jackson (1990) says that men and masculinities are seen as social constructions, which need to be explored, analysed, and in certain respects such as the use of violence, *changed*. Some imperatives of change for men and masculinities are generated from within the group of men as much as they are generated from outside by women's groups, feminism, alternative masculinities and general socio-political changes. More and more scholars concur that hegemonic masculinities come at a price to men themselves. For example, Tolson (1977) proffers that one of the social limitations of masculinities is to conceal possibilities for men themselves, whereas Messner (1997, p. 6) is even more specific in outlining the price of masculine privilege as poor health, shorter lives, emotionally shallow relationships, and less time spent with loved ones.

The idea of a community of suffering comes from studies of race relations, particularly in Britain. In essence, it describes the process through which disparate groups of people pull together to face a common 'enemy', to self-imagine and self-define outside of the impositions of the dominant group, and to expose the violence and suffering oppression generates. It is in light of this that other than the metaphorical understanding of responses towards HIV/AIDS, some literature deriving from experiences and practices of racially oppressed groups can help illuminate discussions on those who are on board regarding attempts to deal with the challenges of HIV/AIDS; and on those who are perceived to be delaying, resisting, or excluding themselves from these attempts. In describ-

ing communities of suffering as 'often a hybrid assortment of others', Werbner (2000) provides a useful link between activism against racial violations and activism against domination in the context of HIV/AIDS. The stigma that is directed towards those that have been infected, at times even stigmatised by their own families, sets up an extra dimension along which society engages in the *othering* of some of its members. In this sense, those that have been included in the concept of the community of suffering as I use it in this context become others in the practice and the imagination of hegemonic masculinity. As illustrated by the analysis of the *Review 2003, (Over)extended*, illness (be it of self or one's partner) seem to interfere with the script of being a 'real' man.

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Specifically for a discussion on masculinities and HIV/AIDS, men's practices have been identified as problematic at best, and as oppressive (or even murderous) towards the worst hit section of our population at the very worst.

Ramphela (in Pityana, Ramphela, Mpumlwana & Wilson, 1991, p. 226) would seem to allude to this extreme outcome of men's practices when she says: 'The pressures on men to conform to expectations of patriarchal society have in some cases driven men to family murders and other violent crimes.' In this way, men come to constitute one of the groups against which those who have joined forces to fight the HIV/AIDS epidemics have to assert themselves.



Democratisations, masculinities and identities

One of the calls that the HIV/AIDS 'community of suffering' makes as one of the attempts to curb the spread of HIV/AIDS is the call to empower women and protect children. As such, calls for change in interactions between men and women imply the necessity of democratisation processes for gender relations. Johnson (25 February 2004) cites Blumer's contribution in discourses of dominance and domination in saying that powerful groups will resist ideas and policies that are perceived as redistributing their power. He states that dominant groups tend to perceive calls (from the dominated and those that support them) to bring about social change as attacks. Tolston (1977) agrees with this in positing that to the extent that male security rests upon female repression 'it is hard to see why men should desire liberation'. With the kind of perception, that Johnson talks about, men (read as dominant masculinities) are likely (and have been found) to react defensively. To go even further with this line of thought, challenging men to change does not only address their position of ascribed privilege, but it can also be perceived as challenging an important aspect of their identity. Masculinity, particularly the kind of masculinity from which some privilege accrues, gets woven into one's processes of identity construction. Thomas points out that how you construct your identity is predicated on how you construct desire and how you conceive of death (Blunt & Cunningham, 1996, p. 62). In part, this explains the defen-

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siveness observed in some men when inevitable change happens. As Thomas suggests, processes of identity construction involve not only considerations of how one wants to live, but also how one could die. The possibility of death as a function of their identity is the lot of most Africans in a racist society, as much as it is of those that have embraced the gay or lesbian identity in a heterosexist, homophobic society. Appeals to change some of the practices

which are included in the script of masculinity are perceived to be appeals to be unmasculine; 'an affront to what it means to being real men, normal men, natural men' (p. 108). Hopkins (in May *et al.*, 1996, p. 98) puts this in an even clearer way:

Because personal identity is so heavily gendered, any threat to sex/gender categories is derivatively interpreted as a threat to personal identity – a threat to what it means to be and especially what it means to be me. A threat to manhood (masculinity) is a threat to personhood.

Appeals to change problematic masculine practices, especially where they impact on the HIV/AIDS community of suffering, seem to evoke fears to inhabit an unknown, or what Hopkins calls something else, a male without masculinity (*a female*), a monster, a body without its essential spirit, a mutation with no specifiable identity.

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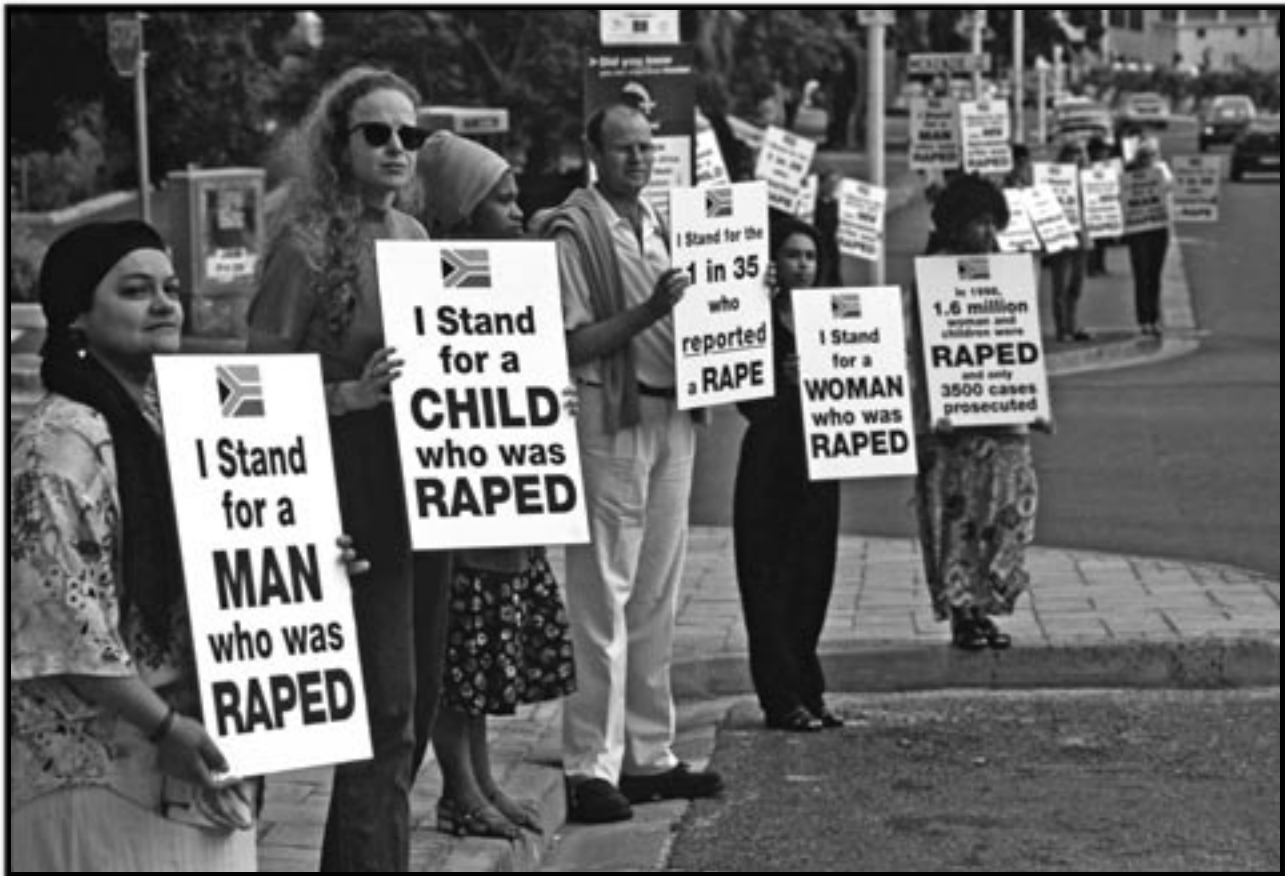
Challenges against the dominance of men, especially over women, expose the fragility of men and their practices. Foreman (2000) talks about the fear that men experience at endeavours that promote women to be socially on a par with men in society, and this is not surprising, considering that out of all sources of men's subjective understanding of what it means to be men, awareness of women and femininity is the most significant factor. Self-imaginings and performances of masculinity are predicated on the belief in the essence of femininity. As the masculine constructs itself, it co-constructs the feminine. In a binary gender system, the unwarranted perception is that where 'real' masculinity fails, femininity takes over.



Masculinities, change and violence

Tolson (1977) quotes one of the leading voices of Women's Liberation, Sheila Rowbotham, to illustrate the precariousness of manhood and its practices. Against the background of gender fragmentation and other sources of psychological stress, Rowbotham believes

that men are afraid of becoming feminine (or less masculine) because 'other men will despise them, [women] will despise them and they will despise themselves' (p.18). She emphasises the fear that men experience of being rejected and being despised. Similarly,



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Foreman (2000) states that ‘fear of ridicule, of being seen as “less than a man”, (especially in the real or imagined perceptions of women) lies behind much of the violence men inflict on strangers or their wives’ (p. 4). This statement links men, performances of masculinity, fear of failure to live up to the expectations of masculinity, and violence together. There is a suggestion that men whose successful performances of (hegemonic) masculinities are perceived to be under threat by demands from their ‘subjects’ to recognise them as equal human beings and as deserving of the same rights that society has made accessible for men may resort to violence. Hopkins (1996) posits that one of the tactics that dominant groups prefer to use against perceived ‘insurgents’ is terror – manifested as violence at an individual level. With the political democratisation of South Africa, more and more interest groups have emerged with a strong agenda to eradicate men’s dominance and control over women. For instance, the constitution of the ANC Women’s League (ANCWL) contains the following as part of its aims and objectives:

- To combat discrimination in public and private life and institutions and to work actively towards the dismantling of the patriarchal system, the elimination of laws, customs and structures which militate against equality and to oppose any strengthening of patriarchy
- To campaign for an end to all forms of violence against women, children and other vulnerable groups
- To campaign for a culture and recognition of women’s rights as human rights.

The constitution also describes the character of the organisation as follows:

- The ANCWL is a democratic women’s organisation which is opposed to all form(s) of discrimination and chauvinism along tribal or ethnic lines.

These aims and objectives, as well as the description of the character of the ANCWL, point to the magnitude of men’s terror against or violent domination of women and its seriousness as a social problem that needs to be challenged. They also recognise the serious threat that men’s violence and prejudice against women

With the political democratisation of South Africa, more and more interest groups have emerged with a strong agenda to eradicate men’s dominance and control over women.

pose to processes of democracy, and to the wellbeing and development of women in general. With HIV and AIDS as epidemics that continue to defy technological and medical developments, and the concerted efforts to prevent their spread, the private lives of men and women represent an area that requires sustained attention. HIV/AIDS forces us to

change some of our values regarding personal relationships. In this sense, the fact of the personal as *political* or *private as public* is brought to bear. Seidler (1996) comments that the family as a social institution made up of a number of personal relationships finds itself a locus of violence, tension and abuse due to the impact of ongoing unemployment on some, and more intensive work for others that remain employed. The advent of HIV/AIDS adds another impact to this. A major contribution in the spread of HIV/AIDS derives from personal relations between men and women (although this is not only in families), and the subjugation of women in this context is rendered even more problematic. Instead of turning a



blind eye to violence in personal relationships, and thereby marginalising it as a personal or private issue, Seidler goes further to say that ... this involves the development of different forms of social politics which refuse to marginalise these issues as personal, recognising how they emerge out of tensions within culture and society (pp. 73–74).

In the case of South Africa and the other sub-Saharan countries, the main mode of HIV transmission is heterosexual intercourse. It is also in the sub-Saharan region (partly due to the fact that South Africa, which was the last African country to attain political emancipation, is situated in this region) where engagement with democratisation processes is at its zenith. These processes and their impact on personal lives inevitably lead to disturbances in relations between those who are part of hegemonic masculinities, women and other 'subjects' of masculinities. In part, these changes could help explain some of the violence that women's groups in particular find themselves having to fight against. Authors of a guidebook entitled *Masculinities – In the Making of Gendered Identities* identify the tension between inequality between women and men on the one hand, and the demands made by the global movement for the emancipation of women on the other, as one of the 'crisis tendencies' in modern societies. These authors posit that the capacity of the family and other social institutions might not have developed in tandem with the effects of change, particularly on personal relationships between men and women, hence the social distress exemplified by violent behaviour on the part of men towards those that society has constructed as weak and defenceless. However, as will be discussed below, violence in response to demands for change and the associated crisis tendencies is not the only response that men have evinced. As the guidebook referred to above states and the discussion on the idea of the community of suffering suggests, one of the outcomes of this crisis tendency is the formation of different, alternative, subversive masculinities, some of which support women's emancipation, specifically from oppressive masculine practices.

Sex and masculinity

Sex as an important aspect of relations between men and women, and men's performances of hegemonic masculinities (including processes of dominance over other men) becomes a conflict-infested process, a site where men's domination of women, even through violent means, gets played out. It is in these sites and through these processes that HIV infection is driven forward.

However, men and women's relations are not only produced and lived out in private spaces. Characteristics of the broader society also influence, as they are influenced by, what happens in personal or private spaces. Of the often violent ways in which tensions in 'private lives' are played out, Jewkes (2002) says

In South Africa, rape and sexual coercion form one part of the broader problem of gender-based violence which



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pervades society ... One of the consequences of decades of state-sponsored violence of apartheid and colonialism (with armed resistance) is that physical violence has become for many people a first line strategy to resolve conflict and gain ascendancy (in Johnson, 25 February 2004).

Foreman links the discussion of fears associated with failure to perform masculinity successfully to fears of sexual impotence. That way, penetrative sex, generally made impossible by conditions such as erectile insufficiency and other male sexual dysfunctions associated with impotence, may be seen as a concretisation of success or failure to dominate women, and by implication, success or failure to perform the script of hegemonic masculinity successfully. In the context of HIV/AIDS, other ways of having sex, which are non-penetrative in nature, are encouraged as part of the campaign to curb the rate of infection. However, certain attitudes towards these interfere with their adoption as 'legitimate' ways of having sex. To give an example, men perceive one of these alternative sexual acts, masturbation, as engendering ill-health in a man. In this sense, hegemonic masculinity constructs a woman as the only valid 'object' for men's sexual practice, and penetrative sex as the only valid practice. It would seem it will take some time before these are incorporated in ways of performing hegemonic masculinity successfully. A further example of this is contained in the reaction of some men to condom use, which Foreman (2000) states most men consider unmanly. Teenagers believe that condom use challenges the image of the healthy 'up-and-coming man' (Walker *et al.*, 2004). Hegemonic masculinity, with its successful claim to a leading position in social life, as well

as in personal relationships where sex is practised, would influence and be influenced by some of these perceptions, forcing women and those who are not part of it to obey. Failure to obey often unleashes different forms of coercion, ranging from ridicule to physical violence.

Under these circumstances the power to ensure that sex, particularly heterosexual sex, is safe is skewed in favour of men, some of whom feel that at the heat of the moment 'there is no time to speak, there is no time for discussion: you have to act quick' (Walker *et al.*, 2004). The introduction of a female condom or Femidom in the last ten years could be seen as part of attempts

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to give women more power in sexual transactions with men. Bodibe (Health-e, 01 July 2004) states that this means of protection 'which is meant to put sexual protection in the hands of women is still unavailable to a large section of South African women, primarily due to pricing'. Against the background

where the South African Health Department has increasingly made male condoms available, protection against infection with HIV/AIDS is still reliant on male condoms, given relative availability. Dr Abdool Karim adds an important caveat to this statement – that the availability of the male condom is only the most effective intervention to prevent HIV transmission as far as men are willing to protect themselves and their partners (Health-e, 01 July 2004). This fact adds to the hope that the discourse on HIV/AIDS and men reflects regarding the potential role that men can play in curbing the spread of this epidemic. More than this, it elucidates social conditions that facilitate men's power over women and other sexual partners in sexual relationships and transactions.

HIV/AIDS: The dominant images of men

The *Review* that came out at the end of 2003, aptly entitled (*Over*) *extended*, plays on the idea of the extended family and its (commonly) romanticised 'containing' function and capacity. In this sense, (*Over*)*extended* looks at the extent to which the psycho-social institution of the family can cope with challenges thrown at

it by the twenty-first century. Implied in that *Review* is a question whether the family can survive the challenge of HIV/AIDS, a condition that even most governments are still struggling to come to terms with. Until recently, the case of the South African government, although not necessarily unique, seems to have caricatured such



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struggles by governments to come to terms with this epidemic. Consequently, Madeleine Bunting, writing for electronic news media, reflects the after-taste-like effect still experienced by some in saying that despite all the achievements that South Africa prides itself with, its laggard response to AIDS reflects conspicuously on its debit side.

Given this, beyond just its capability to deal with infected and sick family members, the function of the family and other social structures to give birth to, bring up and initiate the socialisation of children and 'deliver' to society productive, sound citizens ready to take on the duty of citizenship still remains. To what extent is a family, situated in a larger society whose own 'containing' ability (to use Winnicott's concept) is compromised by political wrangles as well as other viewpoints that are diverse, empowered to fulfil its traditional functions?

A systematic engagement with how men function as products of the over-extended family and other social and community structures, as reflected in *(Over)extended*, might provide a useful starting point for a review of the impact of HIV/AIDS on ideas and performances of masculinity. To this effect, I include in the current *Review* a highly selective reading of those parts of its predecessor that refer directly or indirectly (through silences about men) to men's practices, to construct images of men as they stand in the context of families that are over-extended by the challenges of HIV/AIDS.

In an introduction to an edited book called *Representing Black Men*, Blunt and Cunningham (1996) start off with an instrumen-

tal quotation that I believe provides a lead into the engagement with *(Over)extended* as I read it:

Behind the electric clippers, a muscular black man is trimming hedges with the intensity of a barber sculpting a fade; nearby, his wife empties groceries from the car. In most quarters, they might elicit barely a nod. But in this largely black working-class community, the couple is one of the few intact families on the block. All too common are the five young women who suddenly turn into view, everyone of them pushing a baby stroller. Not one of them married. Resigned Caballero says with a sigh, "Where are the men?"

***... whether the family can
survive the challenge of AIDS,
a condition that even most
governments are still struggling
to come to terms with***

Men and their absence

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Statements like the one that Blunt and Cunningham make above abound and most of them are backed up by statistics. In *(Over)extended*, Barolsky quotes the Deputy President of South Africa in saying:

Data from the 1996 Census showed that 333 510 children had untraceable fathers, 24 325 had untraceable mothers, while nearly 90 000 households were headed by

children aged from 10 to seventeen years of age (Zuma, 2000).

The picture that emerges from these readings is that of men as deserters. It highlights the status of women and children as vulnerable, particularly in a patriarchal society, where women's ability to access resources is still hampered by the superior view that

society accords men over women, a view that privileges men as instrumental in finding resources for the family. Based on the statistics quoted above, it would seem that men are ten times more likely than women to abandon their families, leaving behind the vulnerable child and mother to fend for themselves. This picture suggests the prevalence of an unfeeling, heartless man who is not only unresponsive to the needs of others, but more importantly, a man who is unresponsive to the needs of the vulnerable.

To this effect, in discussing the gendering of care, Barolsky suggests that being diagnosed as HIV positive often leads to separation and divorce. This is true even prior to one becoming symptomatically ill, and therefore, more vulnerable and in need of care. She states that in some of these cases, women return to their families of origin, a sign that the families that they joined and/or established through marrying their husbands have failed to look after them. Amongst the most poignant quotations reflecting the fate of women faced with the toll of AIDS on their physical health in particular, Barolsky uses the following words of a woman living with HIV/AIDS:

When women become ill, they send them to families (i.e. their families of origin) or just leave them to die, but women always take care of their men when they are terminally ill.

For this essay, it would seem that part of being a 'real' man flows from having a healthy family. It would seem the self-imagining of these men as being 'real' men crumbles under the strain of having a sick wife. In these cases, the picture that emerges is that of a man who prizes the successful performance of manhood (free of

the strain of an ill partner) above the need to respond caringly towards a loved one that has been rendered vulnerable by disease. A further deduction from this is that men cannot be depended upon even during the most manageable stages of the HIV/AIDS epidemic, represented by the diagnosis as HIV positive, and prior to the onset of AIDS with its characteristic opportunistic diseases: cancer, tuberculosis, pneumonia, etc.

Thus represented, it would seem men have escaped inclusion into the 'total effort' to combat the epidemic. In a different sense, they also represent a 'reserve' group which can be tapped into in an attempt to fight the epidemic. Potentially, such men represent the 'last bullet', to be used only when matters get the most desperate.

This idea can be read from the discussion on gendering the social process in *(Over)extended*, where it states that:

The predominance of women as bearers of 'bad news' feeds and reinforces already

deeply established characterisations of women as inherently contaminated. If this cycle is to be broken and men and women are to perceive themselves as facing a joint challenge, then active interventions will have to be made to ensure that a substantially increased number of men test for HIV, even taking the lead in this process, to refute myths of women as carriers of disease. Increased early testing by men will enhance the possibility that more men, knowing their status, will not engage in sexual activities that endanger both themselves and women.

The fact that most information about the incidence of HIV/AIDS in South Africa derives from prenatal clinic tests renders women

It would seem that men are ten times more likely than women to abandon their families

relatively more vulnerable in discourses of blame regarding HIV/AIDS. In some instances, this interacts with African traditional views, that perceive women's biological processes such as menstruation as contamination. These views lead to making taboo contact between women and men during this process. A careful reading of this would not fail to illuminate the image of a man and his performance of masculinity in the background. Each time there is a taboo like this, each time a woman is diagnosed as HIV positive, and each time a woman is sent home to her parents to be cared for (and in some cases to die), the image of a man and his self-imagining and performance of masculinity lurks in the background. It is within the silences and apparent absences of men in these processes, that social discourse pronounces the vicious spectre of men's practices the strongest.

This idea is made even more forcefully in discussions of women's power (or lack thereof) in sexual relationships. Faced with economic disadvantage and the perpetual inequality which have become characteristic of a patriarchal society, many women rely on men to facilitate access to the needed resources. This leaves men in a powerful position, which in the context of HIV/AIDS in particular, has become exceedingly dangerous, because it is in wielding this power over women and other sexual partners, that some ideas of masculinity are felt to be entertained. Processes and acts of sex become performatives: of the possession of ability to subjugate for men, and of the *im*possession of alternative sources of livelihood for women. Barolsky issues an imperative in stating that:

HIV/AIDS ... requires new forms of sexual power from women, despite the severe limitations on their practicable

ability to exercise these required new forms of power and identity in contexts of economic dependence and sometimes violent, frequently coercive, forms of subjugation (p. 19).

One of the sections in *(Over)extended* gives a careful review of the concept of the extended family. Through this, the author discusses whether social change has had an impact on the nature of the extended family (especially the African extended family), and how it operates. Despite some of its strengths within the context of the HIV/AIDS epidemics (e.g. shared child-care) the author cautions against some of the characteristics of the extended family

that render women particularly vulnerable and compromised in their ability to exercise the 'new forms of power' stated above. Extended families are portrayed as sites that enhance male domination over women. It is important to note that although this is true in many cases, there are instances in which extended

families are actually protective of women. In these cases, it is when a family departs from the confines of the extended family that violence becomes rife, and the occurrence of murder becomes more probable. For the purposes of this essay, suffice to clarify that admittedly an extended family in a patriarchal society tends to permit male domination of women. But it would seem that this is not the same as disempowering women, at least not in all cases. An extended family puts in place structures that empower and protect women. One can say that it is a case wherein men are strategically enabled and women are tactically enabled. Stated differently, it could be the structure, not the individual, that wields power in the extended family. Given this, appeals to fairness are

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not always dependent on the whims of one individual. There is recourse to use other members whose influence on the system is better, and stands more chance of succeeding to get the system to meet the needs of the individual, man or woman. Therefore the 'nature' of the extended family cannot necessarily be declared as men 'empowering' and woman 'disempowering' any more in the context of HIV/AIDS than in other cases. Nonetheless the point I wish to make here is that if practices of the extended family are held up as potentially useful in dealing with the effects of this epidemic, the portrait of men and their performance of masculinity in these structures raise some difficult questions even when structural change is seen as inevitable.

A number of surveys to examine the prevalence, incidence and other dynamics of HIV/AIDS have been undertaken in South Africa. Three of the more important ones in terms of the amount of debate they have generated are the MRC Technical Report (2002), Nelson Mandela/HSRC Study of HIV/AIDS (2002), and UNAIDS South Africa (2002). In particular, the Nelson Mandela/HSRC Study cites statistics that reflect a higher prevalence of infection in women, and other studies (e.g. The impact of HIV/AIDS on adult mortality, 2001, quoted in *(Over)extended*) go as far as illustrating a higher prevalence of HIV/AIDS-related deaths in women of child-bearing age compared to men). One of the main reasons submitted to explain these is the biological differences between women and men's reproductive systems, rendering women more vulnerable to infection than men. The discussion of this acknowledges the important role that socio-cultural factors play in rendering this biological relative vulnerability significant. The discussion of the

dynamics of the extended family above is but one such factor. For this essay, what is important is that in the face of HIV/AIDS, it is not only the socio-cultural factors and the politics of gender that advantage men (in terms of relatively lower infection probability), but in addition to this, there are biological reasons as well. The interplay of these facilitates all kinds of ideas and self-imaginings of masculinity, some of which are problematic and counter progress in the lowering of infection rates in those that are more vulnerable. The fact that one can have unprotected sex and 'escape' the infection even if one's sexual partner is HIV positive contributes to the laxity of some men in supporting campaigns aimed at lower-

ing the risk of infection. For women, and other sexual partners of men, this risk is much higher considering the possibility of tearing or haemorrhaging the internal membranes of the receptive partner (or passive partner, according to the gay slang) during penetrative sex in particular, and thereby, increasing the chances of infection.

The fact of the chance that one can have unprotected sex and 'escape' the infection even if one's sexual partner is HIV positive contributes to the laxity of some men in supporting campaigns aimed at lowering the risk of infection

If one accepts the process of sex as an aspect of performing masculinity, and associates risk-taking behaviour with ideas and practices of masculinity, then wouldn't unprotected sex with its concomitant risk be incorporated as part of the daring behaviour of some men? Unprotected sex and its role in the transmission of HIV could evoke the same reactions as would be characteristic of the forbidden fruit maxim. Theoretically, it is possible for a woman to have sex with an HIV-positive man and not contract the virus. However, reports on men having unprotected sex with HIV-positive sexual partners without becoming infected themselves have been encountered several times, as the following quote by an HIV-positive

woman who is part of a support group illustrates:

... he wanted to have sex with me, at the support group I was told to use condoms. It was my own way of introducing condoms, when I told him, I didn't tell him straight that I was positive, I told him that my daughter was tested positive, and when he said which means you are also positive and I said which means you are also positive ... he went for a test, his results were negative (p. 44).

In this way, some of the practices of men can be seen as relatively less challenged by the fact of HIV/AIDS. Though infection is something that cannot be wished upon anyone, the comparatively lower risk of infection amongst men (in SA), coupled with cultural encouragement to have more sexual partners (as in polygamy), means that the quotation above represents the possibility of men as unfair survivors. This is particularly true when one considers that 'the global AIDS epidemic is driven by men' (Walker, *et al.*, 2004, p. 24). This is in contradiction to the view held in common discourse, which 'portrays men as passive victims of HIV infection carried by and passed along through women' (Leclerc-Madlala, 2002 quoted in *(Over)extended*, p. 39).

The quotation cited above serves as an opening for Walker *et al.*'s (2004) discussion of men's different practices and positionalities in the context of HIV/AIDS. One of the main prongs of prevention programmes is an emphasis on fidelity. Besides the image of a dying woman being given up on by her husband and/or his family, and being sent to her parents to die, *(Over)extended* presents an image of a religious woman whose adherence to conventional

values does not keep her out of the reach of infection. Understandably, this presents a devastating impact, especially in a context where some religious bodies hold out religious practice as a promise of refuge against the ravages of HIV/AIDS. It is normally when all else has failed that people hold on to religion as a source of hope. The quote of the interview with the NAPWA support group woman ends with:

I was blaming my husband, blaming myself to marry this man, I was also blaming God (*(Over)extended*, p. 46).

This is where the point becomes relevant that Barolsky makes in saying that some of the interventions that have ignored engaging with the concept and performance of masculinity have failed, and have even proven to be harmful to those they try to protect. Walker *et al.* (2004) also talk about selective practices of safe sex. They cite a perception that a committed relationship will necessarily guarantee one's safety from infection. Interventions that

do not foreground the tendency to have more than just sexual partner as common will of necessity miss some of the people it is trying to protect. In particular, it is likely to miss those men for whom sexuality is an issue of conquest, for whom sexuality becomes a question of how many women one can get off with and how many times one can screw them.

Socio-cultural factors interact with other aspects (e.g. biological) in permitting and/or restricting different performances of masculinity. These performances find their immediate targets, audience, mirrors, in women and to some extent in children as well. Their effects, some of which bear disastrous results in the spread of HIV,

Some of the interventions that have ignored engaging the concept and performance of masculinity have failed, and have even proven to be harmful to those they try to protect



are felt the most by those who are excluded in the hegemonic practices of masculinity. It is the kaleidoscope of masculine self-imaginings and practices that women in particular come to encounter in the context of HIV/AIDS. As much as men can protect and support, men can violate and rape, as suggested by this quote:

I didn't blame my husband because what happened to me was in 1994, I was raped while I was going to look for a

job ... I told my husband what happened and he was also supportive to me but there was no education on HIV/AIDS but I was tested and the results came back negative ... so we continued sleeping together up until I got pregnant in 1995. That's how I really know that the man who raped me is the one who infected me ((Over) extended, p. 45).

From this admittedly selective reading of the previous *Review*, I have tried to sculpt the following image of men in common discourse:

- The meeting point between men and HIV/AIDS is characterised by men's failure or unwillingness to face the impact head on. In cases where there are children, women are left with the burden of child-care while at the same time they are forced to cope with the psychological impact of infection and the departure of the spouse or partner.
- Men have difficulties in standing by 'unhealthy' families. The fact that being infected with HIV has got implications for the sex life of the couple, and that the main route of infection thus far has been through sexual intercourse, seems to interfere with the inclusion of standing by an unwell partner in the script of hegemonic masculinity. This is particularly important considering that there is no immediate cure for HIV/AIDS. Gaining an upper hand over the disease, which would be scriptable in performances of masculinity, with an associated emphasis on winning seems to escape inclusion in the HIV conundrum. HIV/AIDS, although manageable, is an incurable condition.
- Men also seem to be on the periphery of efforts to meet the challenges of HIV/AIDS, but their role as the 'driving force' of these epidemics is unmistakable in the literature. This role is attested to by the presentation of countless 'victims' of men's practices in the context of the HIV/AIDS epidemics. The victims of hegemonic masculinity (which differ according to context) include other men too.
- One of the most discrediting phenomena of men in this context is reflected at the point in which the perceptible impact of the epidemic is at its most potent. When the effectiveness of treatment can no longer be counted on and death looms, it is an image of a lone victim of the practices of men that confronts us.
- Prior to this stage, and even prior to infection, men are constructed as selfishly holding on to scarce resources and using these manipulatively in their relations with women. This withholding and this manipulation contribute to the spread of HIV/AIDS and to the failure of prevention programmes.
- Masculinity is both an idea and a practice that is as multi-embedded as it is over-determined. Like the HI-virus, masculinities mutate in response to social challenges to change. To extend this metaphor, the challenge is to facilitate the evolution of benign permutations of masculinity.
- Social institutions and some of their practices privilege men in ways that contribute negatively towards attempts to fight the epidemic and to deal with its effects. Pressure on men, both self-generated and external, contorts practices of masculinity in ways that could potentially hamper the progress achieved against HIV/AIDS.
- The fact of the higher biological predisposition towards infection in women interacts with socio-cultural practices to create what appears to be a relatively more serious crisis amongst women. Thus constructed, the crisis of HIV/AIDS among men has a semblance of being less serious and *postponed*. In this

context, and as more women reach the climax of the AIDS epidemic characterised by the common occurrence of death, the climax for men comes in a delayed manner.

In the face of HIV and AIDS, Barolsky adds that 'despite their inferior social and political status the integrity of the South African family hinges on women'. The epidemic, with its disproportionate impact on women, will therefore have a particular effect on the ability of the family to adapt to the demands of the epidemic. As recently as May 2004, Madeleine Bunting wrote that women accounted for 77% of the total population of those that are HIV positive, and she states: 'Once a disease of western gay men, it is now one of poor black women' (<http://www.guardian.co.uk>). Although statistics on the prevalence of HIV infection vary and are contestable, most statistics concur that women, particularly poor black women, are hit the worst by this epidemic. Whereas gay men are only at the bottom of the social hierarchies of masculinity, poor black women occupy the lowest rung of the social hierarchy in South Africa, given the history of racial oppression and its interaction with class oppression. Poor black women are the most vulnerable to infection initially, and eventually, the worst effects of this epidemic often find the body of a poor black woman to display its spectacle. Against this background, surely real manhood as is commonly perceived and performed must change, even if it means becoming *unreal*.

The (admittedly) limited analysis of what emerged in *(Over)extended* foregrounds men's absence or inadequate presence quite strongly. It also points to how this absence seems to aggravate the effects of the epidemic on the individual members of the family and on

the family as a whole. In part, a formulation as per *The Future of an Illusion* would suggest that men's absence functions to allay the effects of an anxiety that is as devastating as the unexpected diagnosis as HIV positive or the manifest signs of AIDS on the body. It says humanity still has reserve power for the destruction of this epidemic. Even if that were the case, this *Review* seeks to encourage humanity to dislodge such men from the confines of 'real' manhood if 'real' manhood means holding back from the participation in the total onslaught against the spread and the impact of HIV/AIDS.

In light of this reading and analysis; and against the new imperative to give a focused account for the role that masculinity plays in the context of what Chiwome calls 'the fastest growing epidemic at the moment (Gunduza & Vambe, 2001, p. 2), *(Un)Real* looks at those masculinities that have begun to chart the way forward for others to follow in the fight against HIV/AIDS. It talks to a selected group of men who may be at the cutting edge of the limits of masculinities and its practices, and at the intersection between the practices of men and the advance of HIV/AIDS.

**Women account for 77% of the
total population of those that are
HIV positive**

Hold on: Change is coming

Coming across a view that men in a patriarchal society are amongst the worst perpetrators of oppression, crime, violence and other forms of atrocities is not uncommon. In most cases, such atrocities are perpetrated against those that are perceived as weaker than men, usually women, children, the infirm (the elderly and the

disabled) and members of other minority groups (either political or numerical). Such statements against men are valid in most cases, as they are born out by the facts. However, amongst the reasons why a blanket statement like this might be unfair is the known fact that not all men are abusers. But most importantly,



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this indictment needs to be situated within the discourse of women liberation and child activism, with the associated intent of this activism to decry the undue power that men wield in society, against each other, and against women and children. Looked at in this way, it is possible to see that those who make this statement have more than the identification of a fact about social relations in mind. Portraying men as oppressors and abusers is alive with the politics characterising social relations and activism. Those who hear this charge, be they victims or perpetrators themselves, are expected to take some action against the problem so identified. Therefore, the portrayal of men as violent and anti-social is not just a fact, but it is also a performative, meant to incite women, children and other vulnerable groups to assert themselves against abuse and oppression. It is a performative meant to incite men to disavow violence and abuse against other members of society.

This activism has become more than just relevant as women are increasingly becoming the face of the HIV/AIDS epidemic, especially black women in South Africa. The call for an all-encompassing participation in the fight has become more earnest, as the number of AIDS orphans increases, and the print media continues to receive obituaries of the young to print on the back pages. The elderly in Africa are increasingly assuming the role of primary parenting of their grandchildren as the epidemic claims the lives of their children. As one newspaper stated in a headline of one of its articles: 'No rest in the twilight years' (*This Day*, 9 July 2004), HIV/AIDS has become a major disruptor of life as we have known it.

***Activism has become more than
just relevant as women are
increasingly becoming the face of
the HIV/AIDS epidemic***

Increasingly, some men are heeding the call of this activism, and they are joining and even leading the fight in favour of the HIV/AIDS community of suffering. One of the most public faces of the fight for the human rights of HIV-positive people is Zackie Achmat, a man whose story and endeavours the media has carried on countless occasions. Similarly, some of the reasons why Edwin Cameron disclosed his status publicly are that he wished to serve the vulnerable and to educate the ignorant. In one interview he says of his decision to disclose that he was HIV positive:

I disclosed for a combination of personal and political reasons. From a personal point of view, I think it is important that people with HIV or AIDS should be able to feel free ... Firstly, to talk to those around one, and secondly, to anyone who has genuine interest in your status or your well being, to be able to draw on support.

(*Living Openly*, Department of Health, p. 31)

In the same booklet, Jones Mgonezulu explains how he went to stay with a woman who was also HIV positive after his disclosure. The fact that there was no support group in their vicinity encouraged them to start one, reach out and support others. Earlier this year a Western Cape newspaper, the *Cape Argus* ran a story on a woman whom Jo Breach (reporter) referred to as an AIDS victim lost in the system. In less than two months, the woman mentioned to had been referred to five different hospitals, losing out on timeous intervention in the process, and her health had deteriorated. This story is significant in a number of ways in the South African context. On the one hand, it adds to the increasing number of men that are becoming open participants in dealing with the effects of HIV/AIDS. In this story, Andrew Steyn, a white man,

reaches out to help a poor black woman whom the health system fails because of her socio-economic status. On the other, this story illustrates an instance where class, gender and racial differences are set aside in favour of the need to help those who are in need. Andrew Steyn says 'I am so sad this has happened. If it has happened to Valentia, it must be happening to other people' (*Cape Argus*, 15 January 2004).

Harris, a prolific American novelist, writes about a character called Kyle, through whose illness and death from AIDS readers get to see and appreciate the value of friendship, both for the one who is ill and those who live after his death. Kyle writes a moving letter to his friend Raymond, another character, which he makes sure Raymond receives only after his death.

You know one of the truly sad things about AIDS is the *loneliness*. There were times I sat in this chair and felt a *loneliness so overwhelming* that it made me scared. I was scared until the night you turned the key to my apartment. I was never afraid of disease. Some people might say I earned it. I did in fact spend my life as a dick receptionist. But I wouldn't change a thing about my life. I was scared I'd never get the chance to tell you what your love and friendship meant to me. (Harris, 1994, p. 305)

Although this is fiction, such work is inspired by what is happening in real life. In this case, if at the end of one's life, after AIDS has taken its toll on one, one whom society frowns at and whom hegemonic masculinity alienates and silences, if then one can still look back and appreciate the love, care and support received from a male friend, then men can be something other than just deserters.

There is a script of masculinity that includes standing by a loved one when they are sick.

Following in the footsteps of Harris, but with a more defined focal point, King exposes what Margena Christian (*Jet Magazine*, 03 May 2004) calls the sex secret that is devastating black women. King's book, entitled *On the Down Low*, draws attention to an area of life that he says is as common as it is devastating in the context of HIV/AIDS. According to him, men living on the down low, i.e.: men who have sex with other men while married to or having relationships with women, usually don't use a condom – because it makes them stop and think of what they are doing. He says they have sex with men when they become infected (and are normally unprepared). Contrary to some of the reactions that this book has evoked, King must be commended as a man that through his own experience has raised a flag on an aspect of men's practices which should be considered when designing prevention and other intervention strategies to curb the spread of HIV/AIDS. It is the lack of nuanced analyses like the one that King offers, that reduces the effectiveness of some of the interventions in this country, rendering women, their children and other vulnerable groups sacrifices of this epidemic.

Describing the men of (Un)Real

This section focuses on the scripts of masculinity of ordinary men in South Africa. It looks at the lived, imagined, espoused and rejected ideas of what it means to be a man and the awareness, responsiveness hereof or lack thereof towards HIV/AIDS. As such, a couple of points should be raised at this point to explain the apparent exclusion of women, children, and certain other men. Firstly, and on a more practical level, men and masculinities are relational concepts. They relate to what is imagined to fall outside the contours of the definition of hegemonic masculinity. Further, socio-cultural constructions, ideas of manhood and men's practices are not produced only through the processes of men's self-imaginings; women, children and others participate as much as they are affected by the products called men and masculinities. Even more importantly, one encounters women and children in discourses of the HIV/AIDS spectacle, so much so that a discussion of this subject without a clear inclusion of women might appear incomplete at best.

Secondly, Messner (1997) cautions that some of the processes and projects that seek to effect change in men's practices, especially where these relate to women, take place 'largely within organisations that have defined themselves as male only' (p. xiv), and in the process, such discussions preclude dialogue with women and women's organisations. The outcomes hereof relate more to what men imagine women to be, and very little to actual experiences of women. The absence of women interventions in these also lays

bare such processes to all sorts of projections. The demonisation of women is one potential outcome hereof, bearing a further potential to render women 'valid' objects for men's violence in all its forms.

Further still, Guttman's (1997) view of the irrelevance of masculinity (to use a stronger term) except in relation to women (or that which is defined as non-masculine) is worth repeating:

... masculinities develop and transform and have little meaning except in relation to women and female identities and practices in all their similar diversity and complexity (p. 400).

Given the important role that women play in the socialisation of children during the formative years, and their position as subordinated by men once these are grown up, it is an undisputable position that women are important role players in transformative projects of masculinity, and that if such projects exclude women, their vulnerability to being misguided increases, although they might be well-meaning.

All of these indicate the need to relax the restrictiveness of men as focal points for this project. However, this restrictive focus is intended to serve as an intervention in itself. I have pointed already to women (black women in particular) as the face of HIV/AIDS, and as victims of men's practices in this context. Although early work on HIV/AIDS centred on gay men and their practices, especially in

Ideas of manhood and men's practices are not produced only through the processes of men's self-imaginings

the United States, the fact that victims of heterosexual sex have come to eclipse the number of those for whom homosexual sex is implicated in their infection, calls for some degree of 'masculinisation' of transformative projects. To what extent have we learned about one of the most important roots of the problem of HIV/AIDS in a context where the effects thereof calls for more urgent attention? For instance, the following is a description of a life-story of an abandoned HIV-positive baby:

Name: Nomsa

Date of Birth: 23 December 2000

Was admitted to Cotlands Baby Sanctuary on 31 July, 2002. She was abandoned at Bara Hospital as she was HIV positive, very ill and tiny. She could not breathe on her own, so she was oxygen dependent. Her health deteriorated due to the opportunistic diseases. Eventually she had an Hb of 4.6 and she was admitted to Bara for a blood transfusion.

She could neither talk nor walk at two years and six months, even after all the interventions made, like stimulation and physiotherapy. We made her health our goal in 2003. She was included in our Pilot group on ARVs. Her treatment was started on 19 February, 2003. She vomited for the first three days of treatment, and settled thereafter. She gradually improved and was weaned off the oxygen. Slowly, she started to crawl, gained confidence, and by November she was learning to walk unaided. She has blossomed into a very cheerful little girl. She now talks,

walks, sings and she enjoys a normal life. Her quality of life has improved. She is our success story.

GALA Archives/AM 2835

Another point that should be made is that the men that were interviewed for *(Un)Real* are in no way representative of the variety of men or potential masculinities that could have been engaged and explored were issues of representativity the main concern. This notwithstanding, theirs was also not a haphazard inclusion. Rather, they were selected carefully to provide a snapshot that would facilitate an exploration of men's self-conceptualisations and how these relate to concerns about the spread of HIV/AIDS, their understanding of their relationships with others (men or women), and ideas about sex in all of these.

Men of (Un)Real: 'Sites' of origin



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Looking at its early history, social discourse on HIV/AIDS reflects a curious if not controversial interaction between HIV/AIDS and men's behaviour. The fact that initially HIV/AIDS took off in the gay community in the US inserted men into discourses of blame for the epidemic from the very beginning. This interaction has undergone a number of mutations in that society, and today it includes activities of men who straddle the imaginary boundary between heterosexuality and homosexuality, transporting the virus across these boundaries in their wake, and subverting attempts to deal with this epidemic. This is what Harris alludes to in his work of fiction, and what King relates based on his own personal experience in *On the Down Low*. In South Africa today, HIV/AIDS continues to claim lives indiscriminately, from a sex worker to an ardent woman of prayer. Institutions that have a close association with heterosexuality and heterosexism, like the family and the church, are as compromised in their ability to curb the spread of the epidemic as are night clubs and other entertainment places. Against this background the men of *(Un)Real* have been extracted from the following sites: isiXhosa culture and the idea of *Ubudoda*; the

urban space called the township; and a gay and lesbian support organisation. I propose that each of these sites produces certain types of masculinities, which though not mutually exclusive, reflects its own associations with the spread or prevention of HIV/AIDS. I turn to the description of these sites below; I insert what I extracted from the interviews in that specific site and point to the points of convergence between the different sites at the end of this section.



Uyindod' enjani: What kind of a man?

When I was sixteen, the regent decided that it was time that I became a man. In Xhosa tradition, this is achieved through one means only: circumcision.

(Mandela, 1995)

Quite recently, a well-known gospel music singer decided to honour his obligation to go to *entabeni* (literally translated as going to the mountain or to the bush). This followed a few years after he had publicly denounced this practice for himself, preferring to respond

to the demands of his career development, rather than set time aside to undergo this Xhosa ritual, whose purpose is to initiate one into *ubudoda* (or Xhosa manhood). Following a number of personal life tribulations which included drug abuse and several social fall-outs, he withdrew this denunciation and set time aside. This singer might have had personal reasons for his decision to honour this at this particular time, but as will be discussed below, it would seem there is a perception that one who has not gone to *entabeni* comes across some cultural impasse, the effects of which elicit a response from most Xhosa men at some point. I intend to argue that some of these cultural practices represent rare moments of receptivity in the construction of men and their practices, which cannot be found anywhere else. The reverence and commitment that seem to characterise how lessons from these practices are received and lived out, carry great potential for the construction of masculinities that will participate more constructively in the fight against HIV/AIDS.

In his paper on the anthropology of masculinity Guttman (1997) quotes research that compares the rites of passage that men in New Guinea and Amazonia undergo. Central and common to these rites is the notion that the status of being a boy does not progress naturally into that of being a man. The research he quotes in this comparison suggests that the status of being a man, at least in these cultures, is achieved only through undergoing certain rituals, which are perceived to create men. Earlier in the same paper, he refers to Gilmore's (1990) notion that in most cultures 'men (and some women) share the belief that men are artificially made while women are naturally born' (p. 397). It would seem that

it is to a similar notion that Mandela refers when he speaks of the Xhosa idea of what it means to be a man. It is also to this similar notion that the men I interviewed for this project seem to refer in talking generally about what they believe to be the transition to *ubudoda* (or Xhosa manhood) and its practices. For instance, in response to a question as to what one is before one has gone to *ehlathini*, one responded replied:

He is a boy – *u yinkwenkwe* – before he has gone to *ehlathini*. I mean culturally one has to go ... yes, one is born a boy, but at the end one ends as *indoda*. So one who has not gone for the initiation, who has not gone to *ehlathini* is *inkwenkwe*.

Some of these cultural practices represent rare moments of receptivity in the construction of men and their practices, which cannot be found anywhere else

This conception carries with it practices that ostracise and render one as *persona non grata* were one to spurn the practice. As illustrated by the example of the gospel musician above, it is a practice that seems to have a reificatory effect, in that it seems to compel its practice

and observance in a way that overshadows the role of personal agency:

It guarantees that you will be recognised as a man (Interviewer: by whom?) By your community, and other men. Because you will find that when there are cultural events, no *nkwenkwe* will stand up to say something. And *inkwenkwe* will be treated as such. You will sit there on the side, regardless of your age.

Frosh, Phoenix and Pattman (2003) argue for the inclusion of the personal in thinking about processes of personal identity formations. In this article, they offer an important intervention for a

reading of changing men's practices in the context of HIV in positing that 'subject positions are coercive and complex'. The assumption of the status of *indoda* in the Xhosa culture, as well as one's self subjection to the practice, reflect more than just personal choices. In fact, there are indications that were this not the case it would not survive, given that the process involves aversive elements (implied by the level of pain that has to be endured, the threat of death, as well as the conditions that fail to meet some of the most basic hygienic standards) that would lead to its gradual decline in a progressively westernising society. Mandela (1995, pp. 32–33) gives a vivid description of this pain in his autobiography when he says:

Without a word, he took my foreskin, pulled it forward, and then in a single motion, brought down his assegai. I felt as if fire was shooting through my veins; the pain was so intense that I buried my chin in my chest. Many seconds seemed to pass before I remembered the cry, and then I recovered and called out, '*Ndiyindoda!*'... But I felt ashamed because the other boys seemed much stronger and firmer than I had been; they had called out more promptly than I had. I was distressed that I had been disabled, however briefly, by the pain, and I did my best to hide my agony. A boy may cry; a man conceals his pain.

It is significant that in this quote, nothing was said to Mandela, yet he experienced the shame that reveals its intrapersonal origins, or its origin from the internalised other, who from that point on, represents that which will rebuke transgressions of the code of manhood. One of the respondents holds a similar view to Mandela,

but he adds what seems to suggest that given a choice and what he knows of the process of initiation now he would not be one of its staunchest proponents. Yet he finds himself compelled to continue the practice, as duty-bound:

I'm sorry ... you know the pain that you go through when you go through circumcision, is something which made me wish I were not there. So that's what I feel I would say to my father. But I also feel sometimes I don't want my child to go through that same practice. But I'm bound by my culture – being a Xhosa I have to say 'you have to go there'. But before I would argue with my parents. If I had known that this is the pain that you go through when you go to circumcision, I wouldn't promote or encourage other young people to go for circumcision. I'd tell them to rather go to the hospital and then go practice the norms and values or learn how to behave.

The process involves aversive elements that would lead to its gradual decline in a progressively westernising society

It is also possible to read from this that the pain is accorded some importance in constructions of manhood. I refer to this below, when I discuss the role of male genitalia in one's self-imagining as a man, or in this case as *indoda*. For this part, it seems there is a degree of concurrence between how the pain of circumcision is conceptualised and the drama of initiation suggested by Guttman in the research that he quotes in the article referred to above. In this quote he describes the effect of initiation rites as being to

... dramatise the change of status through symbolic rebirth – while at the same time operating directly and drastically, at a psychological level, on the bonds to women and their world, which the novices must leave behind.

Concurring with the sentiment expressed in this view, it is possible to read out of it the idea of the importance of the primary caregiver (in the majority of cases, the mother) during the foundational stages of identity development. It would seem that the Xhosa way of initiating young men into *ubudoda* (manhood) brings to bold relief the idea that the process of individuation from the (m)other remains incomplete until one has undergone this rite. In this way, initiation into manhood represents an important stage in the individuation process of the male child, and it represents an essential ingredient for the discursive surround of the young man's identity formation, albeit as defined in contradistinction to women and other men who have not undergone the same rite.

The point I am making here relates to the role that the initiation process plays in the subject formation of Xhosa men. It would seem that this process has a powerful way in which it inserts itself in the Xhosa men's self-imaginings as subjects, and as such informs ways in which they relate to themselves as individuals, to one another and to the 'others' in their own individuality. The depth of this access to men's self-imaginings is something that current interventions against the role that men play in the spread of HIV, and their role in dealing with the epidemic in general fail to reach. Even such other homosocial spaces as Gutmann mentions in his article, and their association with the facilitation of 'male bonding', do not access men the same way that Xhosa men's initiation into manhood does.

One of the outreach projects that the South African Men's Forum has initiated and participates in is the Shebeen Project. This initiative followed the important realisation that not all men can be

accessed through contact with such formal formations as the church and sports organisations. With the Shebeen Project, men are accessed by other men in places where, although not exclusively attended by men, male patrons predominate nonetheless. One could argue that other than the fact that shebeens are where many men can be found, this initiative might have been encouraged by the relative lack of defensiveness that would otherwise be activated in heterosocial spaces. The argument proffered here suggests something a lot more complex, in that whereas formations like the Men's Forum appeal mainly to the individual's moral sense to curb all forms of violence, against women and children in particular, men's initiation rites add the element of cultural observance, and *something more*. It is this *something more*, this some-

... men's initiation rites add the element of cultural observance, and something more

thing that seems to produce extra-discursive effects on Xhosa men's self-imaginings as men, that is crucial in this argument. It is an effect of the interaction between the space of initiation, the cultural base, and as I will discuss

later, the allure of relative power over 'others' that seems to ingrain what men are taught during the Xhosa men's initiation into manhood, into their processes of subject formation. This is an achievement that except for processes of racial identity development, very few other sites can produce. Given the gravity of the situation with the HIV/AIDS epidemic, we are compelled to intervene at the most intimate and otherwise secluded sites where identities are constructed, played out and defended. In the same way that being a devoted member of a religious formation does not exempt one from the risk of infection, the following statements illustrate the 'lack of deference' that the HIV evinces against *amadoda* (Xhosa men) despite the potential power inherent in this institution (male initiation rites) to construct men that could eschew HIV infection promoting practices:

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Respondent:

I think HIV doesn't discriminate between a Xhosa, a Zulu, a Sotho, etc. And everyone should be informed about it even before they go to *entabeni*. People should be informed about this since even *amadoda* still get infected as well as other older men.

Researcher:

And your friends that passed away due to HIV, were you close to them, were you there, and did you see them through the process?

Resepondent:

I was very close to them and I saw them through the process. I also tried to help you know, did a bit of home-based care, education, I even sometimes bought them fruit, and guide them through the process as to what to eat, what to do, etc. But they died, at the end of the day they died. I feel it's because of carelessness, not using condoms, not listening to other people's opinions, not attending skills development workshops around HIV/AIDS and ignoring the workshops and talks around HIV/AIDS.

Researcher:

Would you say they were *amadoda*?

Respondent:

Most of them were from *entabeni*. Only two of them were boys (*amakhwenkwe*).

So far I have discussed the Xhosa men's initiation rites broadly, without exploring the specific details that impress as particularly problematic in this practice. From the interviews that I conducted with adherents of this practice, a couple of issues were raised,

which relate directly to how women are perceived. In general, women are rendered largely invisible in the one month or so during which the young man goes through the rite of passage (as one respondent intimated). Their presence can be read only indirectly through the food that the initiates receive from home at regular intervals. They make a highly regulated appearance again at the end when the initiates rejoin the community. In most cases, these are older women, whose wisdom is sought at this stage to create some balance with what these young men have been taught for over a month, by the elder men. Elsewhere, I explicate the apparent role of women as that of delivering a well brought-up, strong and healthy young man to the older men at the moment of initiation (Kometsi, 1999). In the context of HIV/AIDS, one of the

most glaring practices around the Xhosa initiation tradition that is not always explicated is the encouragement that the newly returned initiates should find a woman to have sex with as soon as possible, or wait for six months for

the first sexual encounter with their regular partner. Our experience with the strand of abstinence in the HIV/AIDS prevention programmes is that it does not represent the most effective aspect of these programmes. Therefore it is clear that the majority of the newly initiated young men are likely to seek contact with a woman instead. One respondent stated:

It is perceived that when you become an *indoda*, you become a better fucker, if I may put it bluntly. And guys, those who've just come out of *esuthwini*, because they have been away for a long time, or whatever period, you are encouraged to go and test yourself. That is something that is encouraged.

Women are rendered largely invisible in the one month or so during which the young man goes through the rite of passage

Researcher:

So you are encouraged to go and test yourself? Let's say when you go to *esuthwini* you are in a committed relationship. You have been involved for some time before you went. When you come back, where are you gonna test yourself, on her?

Respondent:

Not on her.

Researcher:

Why not on her?

Respondent:

There's a perception that when you come back from *esuthwini*, you are carrying dirt. So you have to deposit the dirt somewhere else. Otherwise if you test out on your girlfriend, that relationship is not gonna last.

Researcher:

So you are encouraged to go and seek another woman, to deposit that dirt into?

Respondent:

Yes.

Mandela seems to hold a somewhat different view from what the respondents suggest above. However, the idea that one was encouraged to find a woman to have sexual relations with soon after one's return from *entabeni* seems to be undisputed as Mandela confirms in this description:

On the day of our re-emergence, we went down to the river early in the morning to wash away the white ochre in the waters of the Mbashe. Once we were clean and dry, we were coated in red ochre. The tradition was that one should sleep with a woman who later might become one's wife, and she rubs off the pigment with her body (p. 34).

It does not require an utterly critical reading to ascertain that a woman is authored into the script of the Xhosa men as a sex object, at least at this stage of the initiation process. It would seem the practice salvages some women for a respectful treatment, and singles out others for use in the drama of becoming *indoda*. This encouragement goes against the grain in terms of the practices that are aimed at HIV/AIDS prevention. This is particularly the case when the perception is that newly returned initiates carry dirt that should be deposited in the body of a woman. An interaction between this perception and a related one that holds that these men have been rendered better fuckers by the process of initiation render both these men and women vulnerable to HIV infection. Rooted in this perception might be the negative reception that seems to characterise condom use. How does condom use impact on the

myth of 'dirt' deposit? And what are the implications hereof on one's self-imagining as *indoda* – a 'real' Xhosa man?

***The perception is that newly
returned initiates carry dirt that
should be deposited in the body
of a woman***

The perception that one deposits dirt during one's first sexual encounter with a woman, and the subsequent encouragement against having a relationship with that same woman, seem to send a subtle message that there are times at which infidelity or increasing the number of one's sexual partners is acceptable. It also sends a message that there are times when women can be used purely as sex objects, with no obligations for commitment, regardless of what the woman might have wanted.

Respondent:

Yes, the first session cannot be with your girlfriend. The perception is that you are going to lose your girlfriend if you do that.

Researcher:

What if it were a woman who wanted a relationship but was not interested in a marriage anyway?

Respondent:

You can have a one night stand with someone else, and then go back to your girlfriend.

It would be interesting to find out if there are any rituals that have been put in place to cleanse the woman of the supposed dirt, and to explore how she is perceived subsequent to this practice.

The role of a woman in the construction of *indoda* does not end with the 'testing out' practice. Women re-emerge later to aid the gradations of, and as an integral part of the performance of manhood. Here again, it is not an overt prescription that a *indoda* should necessarily marry, but there are subtle nodes of coercion which seem to suggest that it is possible to be more of *indoda* than what the process of initiation affords you:

The notion is that if you want to become *indoda*, you go to *esuthwini*. The expectation is that the next level is to take a wife. But there's nothing wrong with becoming a bachelor for the rest of your life. But unfortunately, when it comes to cultural events, a married man will be given more respect than the one who is unmarried. Let's say maybe there's a discussion that is happening, a married man is more respected than an unmarried man.

This recalls the Lynne Segal quote that Messner (1997, p. 1) opens his book entitled *Men and Masculinities* with. It is a quote that suggests that the concept of masculinity is elusive, precisely because of the many indices along which men tend to distinguish themselves against other men and women:

The closer we come to uncovering some form of exemplary masculinity, a masculinity which is solid and sure of itself, the clearer it becomes that masculinity is structured

through contradiction: The more it asserts itself, the more it calls itself into question.

In the gradations of men against each other, the issue of seniority calculated in terms of the number of years one has been *indoda* is recognised alongside one's marital status. This is true regardless of one's chronological age and it seems to be relatively less controversial compared to how the Xhosa 'hegemonic' masculinity silences other masculinities which are either ethnically or sexually different. To return to the original sense of the concept of hegemony, both Connell (1995) and Morrel (1998) agree that violence does not have to be an overt feature of how it sidelines, silences and insert itself in a position of sole legitimacy and authority. It is exactly because there are other masculinities vying for positions of legitimacy

and ascendancy, against which hegemonic masculinity needs to defend itself as it adapts to lay a stronger claim on its legitimacy. This ongoing adaptation might lead to periodic consensus although the spectre of violence always lurks

in the background, aiding its acceptance. For instance, one of the respondents who is self-identified as gay says:

I grew up in an environment where young boys go through the circumcision process, knowing myself that I am a gay person. But to follow on my father's and my fore-fathers' footsteps, I had to obey the rule and also respect the culture. When it was time to go for circumcision, I went at the age of 22. Nothing was kind of changed, where I would say, 'look at me, it changed me from being gay'. No, it never did. Instead I went through that whole process and practised what I was told by the elders, and I also believed in what they told me, of which there was no kind of advice where they said, 'you will change from being gay'. The only thing that changes, is that you change from boyhood to manhood.

***When it comes to cultural events,
a married man will be given
more respect than the one who
is unmarried***

Embedded in this quote is a suggestion that the kind of masculinities that are associated with sexual identities other than heterosexuality, get coerced to participate in the performance of the script of *ubudoda* (Xhosa manhood). Underpinned by all kinds of arguments (familial, cultural, peer pressure related, etc.) a gay-identified man seems coerced (and accepts this) to join in the valorisation of heterosexual traditional Xhosa masculinity. The silencing that is implied in this statement is made explicit in the discussion contained in the extended interchange below:

Researcher:

What does *ubudoda* say about homosexuality?

Respondent:

Homosexuality is a no-no. That one, we don't even discuss it.

Researcher:

What do you mean when you say it's a no-no? What happens if someone is homosexual in the Xhosa culture?

Respondents:

Seeing that it's not even discussed in our culture, it happens that someone is gay. There are signs that you see when the child is still growing up. It also happens that such a child gets accepted as he is – he grows up with this. It's not something for which a meeting would be held, where men would discuss that there is this problem. But when the time arrives for this guy to go to *esuthwini*, he has to go. They go, and he will be treated like everyone else, he is *indoda*. On returning from *esuthwini* he will receive the same respect like all other *amadoda*.

Researcher:

It's still not clear to me when you say that homosexuality

is a no-no? If in the Xhosa culture a homosexual person can still go *esuthwini*, and come back and receive the same kind of respect like everyone else, what does it mean when you say it's a no-no?

Respondents:

It's a no-no in that when you are given lessons there, you are not told that in life you will meet homosexuals, and this is the way to treat homosexuals. If a person who is regarded as a homosexual in the community goes to *esuthwini*, he is regarded as *indoda*, regardless of his life as to what he does. That is why I say it's a no-no. We don't even discuss it. We don't recognise it.

Researcher:

So regardless of what he does in his own private life, if there are cultural events, maybe some young men are returning from *esuthwini*, will he be allowed in the kraal?

Respondents:

He will be allowed in the kraal because he has undergone the process – he knows everything about it.

Researcher:

So he is allowed? (Yes). OK. It doesn't matter even if it is known that he is involved with a certain guy in the community?

Respondent:

No, it doesn't matter. That is why we say we don't really discuss those things at all. Even when he is given counsel during the whole process, he is told about a woman, that as *indoda* he is supposed to have your family, to take women. He is part of all the other *amadoda*.

Underpinned by all kinds of arguments a gay-identified man seems coerced to join in the valorisation of heterosexual traditional Xhosa masculinity

When the violence of rape occurs, when a sexual partner's requests for protected sex fall on deaf ears, or when someone declares publicly that they are HIV positive – and are killed because of that; it is when the spectacle of violence rears its head that we do not waver in our conviction that some man's violence has erupted one more time. Morrel (1998) concurs with this and sees it as both understandable and important, but he goes further to say that 'it is important to understand masculinity is at play all the time. It may be particularly evident *in action* (i.e. when its violence is brutally visible), but it has social force within the workings of non-violent organisations and institutions too' (p. 614). In the case I have referred to in the interchange above it is clear that the silencing of gay masculinities (which I explicate below) does not happen through overtly violent behaviours. This might give an impression that gay people are generally accepted in this context, but the fact that they are wilfully ignored suggests the operation of what Sello Duiker (2000) calls 'the quiet violence'. The lack of attention that the gay sexual identity receives seems to point to a perception that it is an invalid, non-existent identity.

Of direct relevance for this *Review* is how the silenced sexual identities come to play themselves out in spaces that are out of sight and out of the reach of different interventions mounted in the wake of the HIV/AIDS epidemic. To extend this even further, such spaces are not only out of sight, but they are also out of imagination in the discourse of what it means to be a 'real man'. As part of the bigger argument that this review proffers, it is such private, out of sight and 'unimagined' spaces where this epidemic seems to be in constant incubation even against an illusion-

ary relative control over its spread, or as Susan Sontag would say, against the advances of this enemy.

Moreover, although there is no corroborating evidence in the form of reports for the purposes of this *Review*, there are anecdotal references to spurts of men's violence where lack of conformity to 'prescribed' masculinities and femininities is punished by extreme displays of sexual violence, as in a situation where men gang-rape and sometimes even kill a lesbian or gay person (Walker *et al.* make reference to this type of violence). One cannot even try to imagine the level of risk for infection in these cases for all involved, but most especially for the one who is being raped in a violent attempt to 'straighten' him/her up. Despite the fact that I

The lack of attention that the gay sexual identity receives seems to point to a perception that it is an invalid, non-existent identity

do not present any conclusive evidence in this *Review* for this kind of violence, men and women who dare to be different face an ever-present denial of their difference, both externally and internally imposed, with outcomes

that are often detrimental to their well-being. They face, endure and deal with what Medea and Thomson (in May *et al.*, 1996) call 'little rapes', suffered commonly by women walking in public spaces.

Othered and self-othering masculinities

Including gay men as part of a discussion of a project whose main focus is to point out the senselessness of holding on to a construction called real manhood does not come without contradictions. The most obvious one is suggested by the fact that I have discussed gay men as part of the community of suffering, which self-defines and self-asserts against the dominant and violent practices of men in our societies. Particularly in earlier discourses of HIV/AIDS, gay men have been singled out not only as perpetrators, but predominantly as victims of the epidemic. This is particularly true when one considers that the stigma of HIV/AIDS interacted with a stigma that was already existent – that attaches to gay identities in a society that is generally heterosexist and to a larger extent also homophobic – to produce negative reactions against the gay community.

In the African context, the existence of homosexual practices and the modern gay identities appear to have been founded against a general discourse of denial. Murray and Roscoe (1998) introduce a book entitled *Boy-Wives and Female Husbands* by reviewing different anthropological claims against the existence of homosexuality in Africa. They refer to the fact that anthropologists' reports were either selective in their attention to the object of their study, or reflected responsiveness towards political pressures that were operant at the time, which might have forced them to exclude certain aspects from their focus. The denial that homosexuality

was part of traditional societies in Africa, as these authors state, has effects that go beyond grand academic interpretations. Of particular importance is what they describe as the genuine social consequences of this denial, which include stigmatisation, the silencing and the alienation of those that engage in homosexual behaviour, in addition to what one of the respondents calls 'the emotional upheavals and need to find a way' of those who are grappling with gay identities.

Particularly in earlier discourses of HIV/AIDS, gay men have been singled out not only as perpetrators, but predominantly as victims of the epidemic

The denial discourse still continues to some extent today, especially in certain cultural spaces. However, even here, the prohibitive inclinations have always been interspersed by what Ronald Louw (in Murray & Roscoe, 1998) calls 'the new

spaces of desire', which seemed to exist almost inexplicably in the midst of what appeared to be the most conservative communities in the 1950s. It is important to note that sexual interaction between men is not and has never been restricted only within these spaces. Even in those spaces which have an appearance of extreme heterosexuality, complete with denunciations of homosexuality, these practices occur. The following statement in response to how the respondent characterises his decision to remove a 'heterosexual mask' is instructive:

When I started that process, it was about six years ago. So already the constitution was in place, and I was in therapy ... 1999 was the year I left my second wife, so it was around that time that that law which would have landed

me in jail if I was caught with another man was actually changed. It was taken off the statute books. So it was not an offence to get involved in a gay relationship. That also helped tremendously, because one of the fears I had about coming out was just that.

I return to the price that the denial and intolerance of homosexuality extorts out of personal relationships as implied in this quote. For this point, this quote illustrates that homosexuality does not exist as an exception to the rule, in isolated disordered spaces. It is a practice that occurs in the very patriarchal, heterosexist institutions like the family. In these families, it is not only the parents' internal conflict about their sexuality that is at play. When youngsters go through adolescence, sexual experimentation finds its expression even within same sex relations. One of the respondents also describes how as a teenager he and his cousin used to 'wank each other'. He also describes how this cousin never married and how the family has remained silent around this. It would also seem that the political changes in South Africa in particular, have aided and enabled the legitimisation of homosexual practices in the first place, as well as the widespread emergence of gay identities. It is along these lines that Walker *et al.* (2004) assert that 'male-male sex is pervasive in South Africa'. They concur with a point that Dunbar Moodie (in Murray & Roscoe, 1998) makes in stating that male-male sex is a common practice in labour compounds and in prisons; a practice not only of 'peripheral others', but a daily encounter that characterises the lives of 'ordinary masculine men'.

In South Africa today, engaging in the denial discourse is not in vogue anymore. In fact, one finds both in the media and in academic publications a reference to the "post-gay" concept, explicated as a discernment of 'a contemporary movement away from rigid categories of sexuality, a greater tendency and capacity to play across

the boundaries' (Shaun de Waal, *Mail & Guardian*, Oct 1–7, 2004, p. 37). The point of this discussion is to illustrate what the pursuit of being a 'real man', of pursuing the elusive membership to a given hegemonic masculinity, might have on men's lives. 'Real manhood' with its different definitions, is not pursued only by heterosexual men. Different masculinities have that which is held up as the ideal of being, which others emulate. The ideals of different masculinities intersect, and cross-influence. In this regard, Hopkins (in May *et al.*, (1996, p. 102) states that: 'out gays may see themselves as morally, cognitively, and emotionally superior to the men who continue to repress their sexuality', whereas in the discussion that ensues below, it is clear that the heterosexual ideal appeals across sexuality categories, at least for a considerable time in some gay men's lives. However what is common across men's categories of sexuality is that '...regardless of sexual orientation, manhood and sex are intertwined throughout many men's lives (Walker *et al.*, 2004, p. 37).

In keeping with the expressed intent of this *Review* to give a nuanced description and to look at more intimate spaces where male dominance and the pursuit of 'things authentic' intersect with the spread of HIV/AIDS and its endurance as an epidemic, I focus on the life trajectories of four different men, and their implications in this regard. Walker *et al.* (2004) allude to the object of this discussion in stating that the high levels of domestic violence amongst heterosexual relationships are also found in homosexual relationships.

In particular, the manifestation of physical violence does not present challenges that are unique to a male-male relationship. For the purpose of this *Review* I turn to other practices that I include in the broad definition of violence in the context of HIV/AIDS, and I use these as a lens into behaviours that I raise as both common and problematic given the challenges that the epidemic raises.

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The object of 'sexual attraction'



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Earlier in this *Review* I have referred to how men objectify women in their performance of the masculine role. In the context of Xhosa initiation into *ubudoda*, the initiation does not end off with one's return from *entabeni*. To lay a stronger claim on Xhosa manhood there is an expectation that one should get married. The role that marriage plays in the gradation of Xhosa men, as the interchange with this respondent illustrates, provides for a subtle coercion to perform manhood, or real manhood through a specific relationship with a woman:

Researcher:

So that's one area, beyond the healing, beyond the pain and beyond coming back from the bush, your father meant for you to get married and to have kids, and to take responsibility, etc. What do you say to that?

Respondent:

Well, I think I knew from the beginning that I'm going to the bush. They can understand that I went to the bush; they can also get the satisfaction. But marrying has never been my wish because I knew myself who I am. My feelings, my sexuality, so I knew and I just couldn't tell them before I went to the bush I knew how I felt and how I am, I'm a gay person. I couldn't share that with them and say that I think I'm gay and therefore I cannot go to the bush, I couldn't. But I knew inside that, yes, I will satisfy them by going to the bush, but if they're looking for me to get married, I won't be able to.

Researcher:

So would you say then, your father's wish, the way you

have respected it, is incomplete in that you didn't get married?

Respondent:

It is incomplete.

This interchange follows an explanation that this respondent's father saw going to *entabeni* as an initial step to manhood, which would be completed by taking a wife, getting married and having children. It is a subtle coercion in that one continues to receive some of the respect, and with this, some of the power that accrues to one's status for having fulfilled the going to *entabeni* part, even though an aspect that is integral to one's experience and sense of self is discounted. The coercion to include a woman

through marriage as part of the script of masculinity is not uniquely an aspect of the Xhosa culture. It gets played out in other cultures as well, and its resistance is not always complete. In terms of the same respondent whose interchange with the researcher is quoted

above, he views having succeeded in having a child out of wedlock as some compensation for his choice not to fulfil his father's wish in full. The fact of incomplete resistance gets illustrated by marriages that break up or remain dysfunctional due to men's pursuit of real manhood, or their avoidance of the social repercussions of embracing their sexual attraction to other men. One respondent states:

I look at myself as being a man, and I don't want to be anybody else. I don't want to be a woman, but my sexual preference is men. And it's always been there, although I have had two marriages in my life.

The emotional upheavals that I have referred to above tend to focus attention on men who are attracted to other men inordinately. The repression of sexual attraction to other men is common, and the deliberate attempt to lead a 'normal life' impacts more than just the person concerned. Women get drawn in this resistance, given the importance of relationships with women in the performance of heterosexual masculinity. Unlike the objectification of women which I have discussed in regard to the performance of Xhosa manhood, the involvement of women in the lives of men who are sexually attracted to other men is not a once-off thing. It is something which both these men and women expend all their lives on, with dire consequences for the quality of their lives. One respondent stated:

The repression of sexual attraction to other men is common, and the deliberate attempt to lead a 'normal life' impacts more than just the person concerned

And we had been together for ten years and the friendship that we developed was just so deep and here I was planning to explore my heart, in other words follow my intuition, and what I knew I had to do, and it was going to hurt her. And I'd

wrestled with this thing for quite a long time, before I even told her I was looking at gay pictures. And she did everything in her power to try accepting that as well. And eventually it got to the point where she couldn't deal with it ... it was just too painful.

Women as objects in the dynamics of defence against the internal conflict of homoeroticism pay a high price emotionally. Although it is important to acknowledge the complexity of sexuality, and the indeterminacy of the relationship between sex and sexual identity, in the relationships that the respondents recounted, women are called upon to believe in a sexual attraction that at

worst does not exist – an illusion – or at the very best, an attraction that is haunted by the spectre of attraction to other men. The challenge of fidelity in these contexts may prove to be too much for the people concerned, partly due to lack of satisfaction in the marital relationship, but also because of the emotional toll that characterises lives in these relationships:

But she realized that it needed to go into a full contact, into a full sexual experience with somebody else and she couldn't deal with that. And I don't know some of the thoughts that went through her, but some of the things ... were 'what did I do wrong, am I good enough?' All that kind of stuff was coming up to her. And that took her into a very painful place, and I thought 'could I be responsible for this?' And I hated the pain

I was causing her.

It is in the inevitable cracks between the performance of what one perceives to be 'real manhood' and one's erotic orientation that the risk of infection with HIV and other sexually transmitted infections is increased. In referring to the claims that homosexuality is not part of traditional societies in Africa and the impact hereof on the practice of homosexuality and the expression of gay identities, Murray and Roscoe (1998) allude to the ominous implications of these when it comes to the prevention of HIV. It is precisely because although those that enter marriages in pursuit of the image of the real man as defined in heterosexual terms might not always have premeditated on the resultant emotional price that the couple ends up paying, the defence of marriage does crumble under 'the pressure and the feelings of wanting to be with another man', as one respondent said.

The reason for my coming out was due to the fact that, ... I was in Durban in 1991, I was actually trapped by a policeman, and it was printed in the newspapers. I mean there were two of them and I hadn't seen the second one. The one pretended to be a homosexual. I then turned up and so on and so forth, and then the badge came out and so on. So actually that was an entrapment.

He goes further and says:

And then what happened was that I actually had my encounter with the policeman in Durban. And then the whole thing became ... it was in my face. And I had to talk to my wife about it.

The point is, male-male attraction rarely (if at all) remains unexpressed forever

From this quotes, it is clear that marriage does not stave off sexual activity with men for a man who is sexually attracted to other men.

As Shaun de Waal implies in the article quoted above, one does not have to be identified as gay for one to experience and act on feelings of attraction to a member of the same gender. The point is, male-male attraction rarely (if at all) remains unexpressed forever. Further, it would seem even though for some men the removal of an 'exclusive heterosexual mask' is a decision that is intrapersonally generated, for others it takes an external coercion of sorts. More research is needed to assess the claim as to whether or not precautions that one would use in other situations form part of these private spaces, which the valorisation of heterosexual masculinity polices out of sight and out of the reaches of intervention. However, the following narration from King's (2004, pp. 34–35) book suggests that there is something that society does, expects, prescribes, that leads to an assumption

of a heterosexual identity with all its 'props', to use a concept that reflects the objectification of others:

Being with him was an escape to a world I didn't think existed. Even though things were perfect at home, being with Melvin completed everything. I had a great job and family, and now I had someone I could let my guard down with and totally be myself. I could allow those desires and feelings that I had for so long tried to bury and kill come out and breathe. I knew those feelings of wanting to be with another brother were not dead ... they were simply locked away. Melvin found the key, and I allowed him to unlock the door.

Specifically on taking precautions during these encounters, King writes:

We did what we did sexually with few words. Not one time did we talk about what we were doing as being gay or homosexual. In fact, we never even talked about safe or safer sex. We never used protection. Never. He schooled me in the fine art of having sex with a man, but he never taught me how to be safe ...

On the one hand this sounds like an exhibitionistic tendency, but King explains his decision to write a book this explicit about something that he clearly has embraced despite the pain it caused both for him and his family, as the need to protect his daughter, his cousins, nieces 'and all the other women who could be having sex with men who were not telling them about their double life'. He says he did not want his daughter or any other woman to get infected from a man who lied to her about his down low lifestyle

(www.livingdownlow.com). Though King himself lied to his wife about this aspect of his life, he maintains that in all other respects his marriage was not a lie. This claim is in contrast to the argument in this essay, which holds that it is in pursuit of what is held up as real manhood and in aversion of potential rejection and alienation, that men who know themselves to be sexually attracted to other men, knowingly take women not only as their wives but as objects to veil this attraction and claim their stake in the status of a real man. What King calls the 'down low' does bring about HIV infection, although this was not the case in King's own case. This has impacted on lives like Sheryl's, and probably Marcya's (listed on the website quoted above). As with some of the respondents

quoted above, eventually the truth about this practice in its diversity gets faced, and the price is paid. Perceptions of what it means to be a real man may lead to a denunciation and alienation of men who turn around and acknowledge their affinity with this practice. But isn't facing this reality, giving their sexual

partners an opportunity to make a choice about their involvement in this practice, what real manhood should be about?

Costs of 'real manhood'

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Messner (1997) describes how doing 'real man' cost his father his own life. Similarly, the respondents that left their marriages seem to have been responding to the dictum 'play through the pain'. Although theirs was a different 'pain' to what Messner is referring to in regard to his father, what he comes up with eventually holds true for all men, and in this case, those men for whom the script

of hegemonic 'masculinity' proved too intimidating to turn down, or too imposing to escape from. Messner states that 'men tend to pay heavy costs ... for conformity with the narrow definitions of masculinity that promise them status and privilege'. The toll it takes on a man that finds himself in a marriage when his attraction to men cannot be denied any longer illustrates how poten-

tially, the situation impacts on all that are involved, the marital couple and the children born to them. One respondent described the relationship with two of his children as strained following the break up of a 21-year-long marriage:

I have a problem, I mean my eldest son and my youngest son I haven't spoken to for a long time. They have a problem with my sexuality, and the eldest one and his wife have a problem with the HIV. My middle son is fine.

In the case described above, it is clear that different children will react differently to their father's pursuit of his erotic attraction to other men. In the same way that the relationship of the respondent and one of his children was not affected by this revelation, King's children are cited as supportive of their father's decision to educate others about the down low lifestyle. However, it is also clear that children and family relationships might be affected negatively.

Giving up the heterosexual mask may bring about a sense of relief to some, but with that may come the mourning of a life ideal that has been lost. In a society where patriarchal influences continue, and with that the acceptance of heterosexuality as normal, assuming a different identity which 'violates' socially constructed gender boundaries requires some courage, strength and time to adapt. Characterising this, one respondent gave a statement that subverts beliefs in hegemonic masculinity discourses in stating crudely that 'it takes a man to fuck another man', which he explained by saying that it takes a certain amount of courage, in the sense of breaking through the stereotypes, or breaking through the whole belief system that bars sexual interaction between men. Part of the argument in this section is that free choice to practice what sexual attraction one feels, is desirable in the fight against HIV/AIDS. Prescriptions of heterosexual hegemonic masculinity force those sexual activities which deviate from

this prescription into secretive expressions, and away from consideration in the fight against HIV/AIDS. Once again, if real men repress any sexual feeling that is not towards a woman, irrespective of their true object of attraction being different, harmless and legal, then the reality of HIV/AIDS, and the need to release women from objectification and use in the performance of 'real manhood' calls for these men to be (un)real.

Rather than face the wrath of his family and friends, as well as the existential adjustment following forced coming out and the subsequent break up of his marriage one of the respondents described his situation as follows:

When my wife and I split up in 1993, I went through a period of about a year with unbelievably low self-esteem and unbelievably low self-worth. I felt a failure as a husband, a failure as a father, a failure as a man, all of that because of the situation that I was in.

In line with the argument advanced above, an assumption of a particular gender (and sexual) identity and its performance is a process that permeates all levels of consciousness. The renunciation of the 'heterosexual mask' has serious implications for one's sense of self. Hopkins (in May *et al.*, 1996) states that even though one is recognised – and I would add, self-recognises – as a man prior to evidenced masculinity, evidence must still be forthcoming in order to merit that continued 'unproblematic' status. Involvement with a woman in a marital relationship, siring children (for some) were up to the point of the renunciation aspects of the evidence he held for other men to see, proof of my respondent's masculinity. Against this then, what evidence could he bring in the face of ongoing scrutiny by self and others – and against the insult and the intrapersonally generated charge that he was not being masculine enough?

Feelings of depression, characterised by low self-esteem and low self-worth amongst others, are to be expected during this period of existential adjustment. Suicidality is also not uncommon. Perceptions that one could use HIV as a weapon to kill formed part of the alarmist reactions that characterised the early stages of this epidemic in South Africa. Some of these reactions were due to lack of factual information about the nature of this virus. It was the case with this respondent as well, whose divorce not only from his wife but also from the performance of the socially sanctioned script of masculinity, left him with a wish to die – from HIV. He had this active wish despite the fact that the down low-like lifestyle had left him uninfected with the virus. He says:

I fucked around like you cannot believe ... I mean I'd meet somebody and we'd have a quick fuck, and that's when, I mean I was in my early days of being passive, and I was conscious that if you were a passive partner you were more likely to become infected than if you were an active partner. I went out of my way to become HIV positive.

The link between suicide and HIV is a curious one in that it presupposes that someone else, other than just the suicidal person, is going to die too

A common explanation in regard to suicide and suicidality is that one turns feelings of anger – that might have been evoked by someone or some event – inwards, meaning that one becomes the object of one's own aggression. A review of theories that explain this phenomenon is beyond the scope of this project. Suffice to say that during the contemplation of suicide, an expression of the felt aggression is made impossible, difficult or inappropriate, with one of the reasons being that that object is rendered as unreachable (e.g. due to death) or abstract and non-concrete (e.g. life). Suicide, unless it is intended to be a political statement (as in the case of suicide bombings), is a private undertaking, which does not involve anyone else, at least not directly. The link between suicide and HIV is a curious one in that it presupposes that some-

one else, other than just the suicidal person, is going to die too. It is in exceptional cases that death due to AIDS does not imply 'imminent' death of another too, especially in an era where infection through sexual contact is the most common route for HIV infection. The sexual roles that the respondent refers to here and his assumption of the more risky role during a sexual transaction do not protect others from infection, especially if his expressed intention is to seek the virus. These transactions carried a high risk of infection for all parties involved. This respondent presents as both a victim of his circumstances and a potential source of infection (or death for those whose access to life-preserving interventions is limited) for others. Implied in the intended death of this respondent is the death of others, many others.

In this specific case, lack of adequate information about HIV/AIDS, especially about the nature of the demands it puts on the body before the body finally gives in, seems to have influenced taking this particular route. He says, I wasn't brave enough to commit suicide with a gun or a knife. That was just not

me. And I thought to myself 'ahh, if you fuck around you could become HIV positive and you would probably die within one or two years'.

He believed that dying of AIDS would be less painful and more certain than using other means to kill himself. The picture is not as simple and uncomplicated, both from the perspectives of one who has AIDS already, and those that see him/her:

It's about six months since I was diagnosed with HIV and I've been horribly sick. My feet are in constant pain and my body is trying so hard to fight off a combination of AIDS, cancer and TB. I am getting better but I have a long way to go (GALA Archives/AM 2835).

I felt tears filling my eyes as I looked at my dear friend. He seemed so frail and lifeless. His normally flawless brown face looked distressed. His forehead was covered with worry lines. The only thing that looked vaguely familiar was his eyes. This couldn't be the same person I had seen in May (Harris, 1994, p. 187).

Spurning the use of protection during sexual intercourse does not occur only with those that do not have adequate information in regard to the realities of HIV/AIDS. Using the spectacle of the body on which HIV/AIDS has taken its toll to emphasise the message of protection has been intimated, but except for being unethical, this seems unlikely to discourage people from engaging in unprotected sex. The same respondent quoted above revealed that once he was infected, he still encountered men who insisted on unprotected sex even though he told them that he was HIV positive. He relates that:

During the time I was up in Johannesburg, I met a lot of people, and I was very open about my status, and there were a number of people who said that they understood and accepted the fact that I was HIV positive, they wanted to penetrate me without using a condom. On the odd occasion I would say 'sorry, I'm not prepared', and on an odd occasion say 'OK, that's fine, but you do realise that you are taking a risk'.

Could this be a reflection of affinity between risk-taking behaviour and performing being a man, with its associated fearlessness, or could it be once again a manifestation of the 'it only happens to them' phenomenon? Whatever the case might be, it seems the spread of the HIV infection that takes root within what is constructed as heterosexual relationships is not limited to heterosexual sex only. It crosses the imaginary boundary between hetero-

sexuality and homosexuality in the same way as it does the other way round. This vicious cycle needs to be broken somehow, and with women being at the centre of interventions against HIV/AIDS, this review argues that men, all men should come to battle. Men living on the down low as King says, as well as other men with male-male sexual attraction are only highlighted in this section given the obscurity of these practices and the fact that Walker *et al.* (2004, p. 36) allude to in saying that 'the health risks to the gay community have been largely ignored and under-reported', given the recognition that HIV is transmitted primarily through heterosexual sex in sub-Saharan Africa.

It is also not only individuals who deny the existence of men's practices that have been proven as contributive to the spread of HIV in

South Africa. As this respondent says:

Now that's not stretching my imagination, it's not my experience but I've spoken to two young men, who have been through that system and that's exactly what happened. Raped, beaten constantly, I don't

know if everyday, but at least more often than they wanted.

It took the Correctional Services a long time before condoms could be made available in South African prisons and it is less likely that prisons elsewhere on the continent have taken even this initial step, given the expressed hostility against same sex sexual relationships expressed by, amongst others, Robert Mugabe for Zimbabwe and Sam Nujoma for Namibia. Lack of provision for safe sex to occur in prisons reflects institutional denial that sex happens between members of the same sex, and that through this, HIV continues to spread. The penal institutions in this way serve as gender regimes that encourage conformity to the dominant gender systems, which require revision in the fight against HIV/AIDS.

***Lack of provision for safe sex to
occur in prisons reflects
institutional denial that sex
happens between members of
the same sex***

With 'love' – from where the people live

The concept of the township evokes imageries of difference, otherness, danger to some, and unconventionality. The township also evokes images of vibrancy, creativity, appropriation and pride. In terms of the geo-sociographics, the townships are historically positioned between two developments in South Africa, namely the 'whites only' residential areas in towns and the black residential areas in what were referred to as the rural areas. Townships as residential areas developed more as imperative structures, encouraged by the need of capitalists for an easily accessible workforce. Secondary to this but of equal importance is the role of the township in the drive of modern racism, where proximity of cheap black labour afforded racist whites opportunity to test out and implement racist ideas, which might have been just harboured, but not acted out at that point. Townships played an important role in introducing class-based racial discrimination, where black was equated with working class and poverty, and white with middle class and owner of business commodities, or being an employer. The relative proximity of the township to white residential areas and centres of business allowed contact between black and white to a point where it was not limited to white men and black men only in the mining industry, for instance, but white women and children also got ample opportunity for active racism, and the experience of white superiority.

***"I am not even thirty years old,
but more than 250 girls I have had
sex with – ke ba jele"***

From this, it can be appreciated that it is not an easy task to reflect on the township and 'township identities' without at the same time referring to the racist history of this country. Racial identities or in this case, a black identity, has little meaning unless it also refers to that which it is not, that which is excluded in the fold hereof. By implication, the meaning of townships or black residential areas is enhanced and clarified by reference to white residential areas, 'towns' or suburbs. It is considerations like these, that inspire statements like 'Rockville – it's like a suburb mos', Detlev Krige's title for the 'Township Now' conference paper. It appears that understanding and appreciating the township carries the imperative to know something about what it is not. So what is the township, and what are township identities? Answering these questions is essential in a project that foregrounds the township as a site that produces identities that although influenced by developments in other sites (imagined or real), still produces identities with unique traces of the township, even if only in sentiment. Although townships do not present as uniform, they nonetheless have some important similarities which allow for the theorisation of township identities (as implied in Clive Glaser's *Youth Culture and Politics in Soweto*, 1994).

One way through which to understand township identities, and more especially masculine identities, is focusing on the intersection between life in townships or life in rural areas, and cultural practices. Morrel (1998) refers to black masculinities which he contrasts to African masculinities. The latter is characterised by the stronger adherence to African traditional cultural values and strong ties with the rural areas and traditional leaders. For this *Review*, the former, which is characterised by the loss of jobs, loss of dignity, and an expression of emasculation through violence, is more important in that some of the violence that men's 'emasculation' engenders has a direct bearing on the spread of HIV. Similar to married men who are sexually attracted to other men, some township men are included in this category. The performance of identities that are associated with black masculinities reflected a conspicuous way in which women were scripted as part of this. Glaser (2000) confirms this in his discussion of tsotsi gangs and Soweto gangs. He holds the view that these gang behaviours represented expressions of young urban masculinity. Although not every young man became directly involved in these expressions, some of their influences extended beyond the boundaries of gang membership, and affected the relationship of the genders in general. In the case of the tsotsis' expression of urban masculinity:

Young township women as objects of subcultural prestige, as trophies of masculinity, were subjected to astonishing levels of sexual violence. Male power and control in the gang subculture were underpinned by rape and threat of rape (Glaser, 2000, p. 4).

***Gang behaviours represented
expressions of young urban
masculinity***

This author also relates the most overt objectification of women, in which one gang leader carved his initial on the foreheads of all his women, a mark of that woman's subjugation and lack of independence in the face of a man's performance of masculinity. He goes further to report that women were rendered as possessions of a given gang just by living in the community of a gang, as much as they were objects through which battle was waged against another gang (through the kidnapping and seduction of 'their women'). Gang behaviour is not as widespread as it was in the past, except for certain specific areas like the Cape Flats, but the subjugation and sexual exploitation of women in the townships has outlived the proliferation of gang behaviour. The opening quote of this section points to that. A young man who seems

to have been under pressure, from self or other, to clock as high a number of sexual conquests as possible reflects very little regard for the women concerned. I now turn to not only how the township men that I interviewed

relate to women, but also how they view those masculinities that are not the same as their own, and children.



Born of a mother – fathered, perhaps

I have referred to how families of whatever kind are amongst the spaces where male domination of women plays itself out. Families represent spaces in which a child first comes into contact with the subordination of women. It is out of families and within personal relationships, usually that of a father and the mother, where woman subordination gets produced, is asserted and gets contested. Messner (May *et al.*, 1996) gives an example of how a child growing up with homophobic parents observes his parents' behaviour, identifying with their emotions and desiring to emulate them. Similarly, children observe the gender relations of those who are close to them, and tend to reproduce this. This is one of the explanations that the learning model would proffer for the continuation of male dominance. With almost all of the young men I interviewed, manhood confers being head of the family on a man. However, there were differences regarding succession, with some of the participants feeling that the mother becomes the deputy head of the family after the father, and others feeling that the position of being head of the family is restricted to the male members of the family. For the latter position, one of the respondents seemed to be dismissing the position of the mother in the power stakes of the family, suggesting that his status as a man accords him more power than his mother:

Participant:

A man is a head, that's all ... in the family I am the head after my father. That means my father is the head because he is a man, and then I am the other man. If my father is not around then I must take more responsibilities.

The general perception that being a real man means taking on more responsibility engenders assuming power over women, amongst other things

Researcher:

And your mother?

Participant:

Then my mother comes after.

Researcher:

After you?

Participant:

Yes.

That there are such perceptions at all suggests that families still socialise boys to become men with an ascribed status of power, especially over women. The general perception that being a real man means taking on more responsibility engenders assuming power over women, amongst other things. To the extent that this forms a major part of the socialisation of children who grow up in these environments during their formative years, it becomes overly resistant to demands for change at a later stage, and tends to impact on how personal relationships are conducted. In essence, taking more responsibility due to one's gender status, although it reflects a semblance of care, starts off the process of woman subjugation, and comes with a sense of self-entitlement that could prove to be problematic in the context of HIV/AIDS.

The other point of contention between the participants was the manner in which children are brought up. Although there was a sense that a parent needed to treat all their children in the same way, regardless of whether they were a boy or a girl, there was one

participant who felt that as a man it was not his responsibility to bring up his daughters, delegating this to his wife, and assuming responsibility for the upbringing of his sons. Although he was challenged most strongly by others, his insistence was significant. He felt that too close an association between a daughter and a father could lead to the daughter being less of a lady, she could become a tomboy or a lesbian. He also felt that this would present problems if she got married. He warns the others:

Let's avoid turning our children into tomboys. As I was saying, if your child is a girl, her mother should open a recipe book and show her how to bake.

Child rearing that is compartmentalised according to gender deprives the child of early adequate experience with members of the opposite sex, although such contact inevitably happens at a later stage. Instead of an avoidance of what seems to be the masculinisation of the girl child as this respondent suggests, it would seem where co-parenting is possible, it should not be restricted to by the genders of the child and the parents. In the context of HIV/AIDS children require all the information that they can get, which task could be made easier where well-functioning co-parenting is possible. This however does not mean that women cannot bring up adequately informed sons, who are well-adjusted citizens, and that the same does not hold true for fathers and daughters. It also does not guarantee that two parents will bring up well-adjusted children all the time, necessarily. HIV/AIDS poses a greater challenge to parenting in terms of preparing children for adulthood.

An example of where child care-taking seems to have failed, particularly in the context of HIV/AIDS, is provided by one respondent

who related his reaction at coming across two boys having sex together at his house:

Earlier this year I went to town to buy stationery for my nephew. When I came back with his books the house was open and it looked like there was no one in the house, but there were shoes left in the dining room. When I got to the bedroom, I found my cousin aged 16 and his friend aged 15 having sex. That day I was tired and shocked. I locked the bedroom door and I went into the dining-room to digest what I had observed. I sat there and I waited until their mothers arrived from work in the late early evening because I didn't know how to deal with that situation.

***Child rearing that is
compartmentalised according to
gender deprives the child of early
adequate experience with
members of the opposite sex***

This encounter would pose a challenge to any adult. In this case, the children were locked up in the bedroom from late morning until early evening when their mothers got back from work. Eventually they got a hiding, and were told to clean the house as punishment.

Commenting outside of that situation, it would seem that although this was shocking to the participant, it had presented him with an opportunity to engage these children on the subject of safe sex and HIV/AIDS and other STIs. It is possible this was a context where not only sex between children was made taboo and denied, but more than that, this was sex between two boys, a double shock in townships that are mainly heterosexist and conservative. Such experimentation is not uniquely found in townships. Wherever it is encountered, it calls for one to be an adult who will not punish without educating. Sex is a difficult subject to broach with children. However, in this case it seems the eschewal of engaging with the subject happened despite the fact that it was staring the adults in the face.

Manhood, genitalia and size

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The genitals represent one part of the body, the exposure of which both the law and different African cultures control. Regarding the exposure of genitals in the relation of genders, there seems to be a perception that a woman should not see a man's genitals unless

a sexual relationship exists or is to be established. This suggests a number of things, amongst which is the perception that one's genitalia represents the secret of what it means to be a man. This is reminiscent of Freud's idea of penis envy. For one to be envious

of an organ it has to be a functional organ. It would seem that a penis exposed is a penis that needs to prove its worth. Otherwise the power engendered in its supposed mystery is removed – which idea reveals the uncanny aspect of masculinity, i.e. a vulnerable ordinary man. Each time its insecurity is exposed, it has to find ways to shore itself up, and prevent its disproof through some performance. In the case of the participants, one related how following circumcision at the hospital he went back for observation and treatment. When he found that it was a young female nurse that was in attendance, he felt:

It's all in the mind, that this girl was younger than I was.

She was going to undermine me if I took off my clothes in front of her and not engage in anything sexual.

Is there perhaps a compulsion that once the genitals have been exposed, there follows a compulsion to perform one's masculinity through penetrative sex, and thereby assert one's dominance over a woman to whom one has exposed oneself? Will non-penetrative sex perform the same function? These are some of the questions that concern over the exposure of male genitals evoke, particularly where HIV/AIDS is concerned. Further, what are the implications hereof on men's self-imaginings as masculine, particularly when they too require full-time assistance from others in the later stages of HIV infection?

Interviewing young men who had undergone the Xhosa initiation to manhood in the previous five years, they explained how looking after the wound inflicted on the penis during the ritual plays an integral part in the initiation process. Some of the lessons of manhood are grounded in this healing process. This has serious implications for those young men that Colin Richards writes about in

an article entitled 'Walking wounded'. In this article he writes about the work of Churchill Madikida, a young Xhosa artist, who dedicates his work 'to all those that lose their lives and their manhood undergoing this ritual'. This means that there are men out there who have lost their sex organs, and by implication, their manhood, according to this article. The participants whom I interviewed were of the view that such a man is still a man, but a crippled man. This reveals the importance of sex organs in the drama of masculinity. A deduction can also be made about the importance of sex in the playing out of this drama, as will be discussed below.

It is not only a man who has lost his manhood in the sense that Colin Richards writes about initiation gone wrong, who encounters problems in the performance of manhood. The participants

related how the size of one's penis becomes a source of embarrassment in the company of other men, and how it also affected one's behaviour in communal spaces like public showers at sport gyms. One had this to say:

If we go for a bath right now, and definitely you know you have a small penis, you will be ashamed to undress and take a bath with us as boys. Because somehow we will talk and say 'guys, but that guy's penis ...' If the size bothers the owner, it is likely to be worse with other people, and people talk about this.

Drawing from this, it is likely then that a bigger penis would become a source of pride to the owner, and a source of envy for those who do not have the same. It is particularly insofar as the penis is perceived to satisfy women that its size becomes important. The hypothesised pride that derives from a perception that one has a bigger penis informs the concerned man's performance

of manhood through sex with women. In contrast to the popular question as to whether the size of a penis counts, the participants felt that it would definitely put anyone in a disadvantage if they had a smaller penis:

Surely if my male organs were bigger, I would feel more comfortable because of the stories that come from girls, you see. Because definitely that irritates, a small penis irritates, you see.

It would seem the perception is that women do not get sexual satisfaction from a man with a small penis. One participant related how girls from the townships that he knew all felt a man with a small sexual organ was not satisfying. He believed the size of a penis counted a lot for women. An important implication hereof is that once again women are drawn in and constructed as sources of the validation of manhood. Seeing a man's genitalia is one thing, but the effect of validation seems to flow from seeing or feeling the penis at work. This presents a paradoxical situation, in that in this sense women are held up as possessing the power to affirm or refute one's claim to manhood, while their subordination features as an important aspect in men's self-imagination as men, real men. In the broader sense, sexual partners and sexual activity become the platform on which men construct and prove their masculine worth as well as seek confirmation. Both Connell (1995) and Morrell (1998) state that hegemonic masculinity operates without recourse to direct violence. However, they add that the capacity for and threat of violence both support and underpin its authority. In light of this, a perceived negative judgement of the man's manhood and a withholding of the confirmation are likely to evoke a form of violence, with a

In the broader sense, sexual partners and sexual activity become the platform on which men construct and prove their masculine worth as well as seek confirmation

possibility that women as perceived judges might give confirmation under duress. Similarly, confirmation could lead to seeking more confirmation. Positive reinforcement has that effect. Given the elusiveness of real manhood, each time one level is met, more levels appear, which serve as further dimensions along which real manhood could be attained. Women and other sexual partners are not spared, they find themselves self-including and included.

For instance, the participants discussed how a well-known member of their communities kept on losing girlfriends despite external signs of opulence and a high socio-economic status. Their curiosity about this, given that there is a perception that one of the most important reasons why women in the townships become sexually involved with a man is the man's perceived ability to provide financially, led them to this finding:

What these women are saying about this guy must be tested. One lady swore to us that if that guy's penis was not as small as she was claiming, then she would sleep (or

have sex) with all of us. So we pressurised him and watched him, every time he went to the toilet we followed him until one day a friend managed to take a photo of his penis.

Realising that we now have a photo as proof, he decided to call us to the side, and offered to undress for us to see his penis in exchange for the film. The man has a serious, serious problem.

The group of guys that sought proof for what girls were saying about this man had offered to all undress in his presence, so that all could see who had what size, before they resorted to taking a

photo of his penis. It is possible to see this request as one of the many moments in which biology on its own is not sufficient to prove that one is a man. In the eyes of his fellow community members, his status as a man was called into question, and as it happens often, though not in as dramatic a way, he was called upon to provide evidence of how much of a man he was. Of further significance is the fact that this request came up in a social encounter where the same man was 'boasting' that women were crazy about him. So in addition to his wealth, which given the high unemployment levels in the townships and the role of wealth in men's self-imaginings as men (see the effect of unemployment on men's social identities, e.g. Bell Hooks, 1981), he was claiming more success with women. Right there, it could be said that a critical moment emerged, which signalled that he was claiming to be more of a man than his counterparts in the community. Silence on the part of these men might have been perceived as acceptance of defeat as men, an acceptance of a relatively lesser claim to desired masculinity. Showing off their sexual organs in the midst of claims regarding the size of his penis might have afforded an opportunity and a dimension along which they could reclaim superiority over this man, despite his material advantage with women. In this way and for that moment, the showdown had passed. The onus was on this man to identify another site of contestation, another dimension along which he would launch a stronger claim on masculinity. Insofar as women were concerned, the perception seemed to be that he could not climb up to the top of the pile:

Around the township, girls emphasise the fact that size is important. It is important. So when you come with your

'normal' size penis ... let me say girls in the township are satisfied by the size of the penis during sexual intercourse, then the man's performance. So they are satisfied first by penis size, and then come the performance. But if you come with a small penis and perform excellently, you will not satisfy them at all because they would have missed out on the first satisfaction, which is the penis size. So that is our problem.

I have alluded to the apparent self-inclusion of women in the script of masculine performance. Though this could not be explored directly, it would seem women find cracks in the performance and pursuit of real manhood, and employ tactics through which they effect some influence on men's behaviour. An explicit promise of sex seems to bear a point of leverage for women over men, in spite of the obvious problematic connotations that this holds in the context of HIV/AIDS. I return to this point in the conclusion. Suffice to point out that there is a difference between what I am referring to here as women's self-inclusion into the script of manhood and men's perceptions of what women need, think and feel. There is a tendency on the part of men's practices to focus on these perceptions, an observation that is not surprising given the undemocratic character of patriarchal gender regimes.

For the purpose of this *Review*, the most significant perception that came out of the group discussion was that for women to experience sexual pleasure they needed pain. On the one hand, the participants stated that a man with a large penis is likely to inflict pain during sexual intercourse. They also stated that women

Showing off their sexual organs in the midst of claims regarding the size of his penis might have afforded an opportunity and a dimension along which they could reclaim superiority over this man

tend to tell each other about their sexual experiences with different guys. In contrast to what would be expected, given that pain leads to aversion, there was a perception that if a woman has had a painful experience with a sexual partner due to the size of his penis, that this could attract others to the same guy. This was stated emphatically, as the ensuing exchange illustrates:

Participant 1:

 Their being hurt is accompanied by the pleasure that they experience during the intercourse.

Researcher:

 Is that what you think?

Participant 1:

 Yes, that's what they tell me.

Participant 2:

 I want to touch on that subject ...

Researcher:

 Is that what they tell you?

Participant 1:

 By being hurt they in turn feel the sexual pleasure.

Participant 3:

 There must be pain.

Participant 2:

 I want to emphasise what he is saying, that girls in the township have this, that in every sexual pleasure there must be pain. So there is no pleasure without pain. To them you are not man enough if you cannot inflict pain so they can receive sexual pleasure.

Participant 4:

 This is painful if you are a man. I have a normal size, I do not have a problem with it. But just imagine a guy with a small penis, this is painful for him.

Could these perceptions lead to the incorporation of pain inflicting sex in the constructions of manhood? Clearly, if this were the case, it would pose a serious threat to the safety afforded by condom use. Painful sex could suggest inadequate lubrication of the sexual organ, and therewith, a risk that the condom could burst. The threat is compounded if the pain is due to the haemorrhaging of the sex organ membranes – providing an entry point for the HI virus, were the condom to burst. The perceived relationship between pain and pleasure during sexual intercourse poses a particularly serious problem for women with vaginismus, as their expressions of pain might be wrongly interpreted as signalling more pleasure for a man set on claiming the prize of a great performance of masculinity.

Self-recognition through 'difference'

In the discussion earlier I referred to the central role that relating to women plays in men's claim to manhood. Having a relationship with a woman within or outside marriage gets used as a grading aspect of men, with married men being perceived as having reached a higher level or a greater authenticity of manhood, and as having a proportional claim on the respect that accrues to this. Against this background, men who do not marry are viewed as deviant, although continued attraction to women seems to redeem them from the heterosexist condemnation.

Except for the absence of the penis, or its size when present as a means through which other men are alienated and *othered*, Patrick Hopkins refers to men who commit what he calls *gender treachery*. He uses this concept in describing other men's reaction towards a man who finds that his erotic orientation is towards other men. He says:

That body is a manifestation of confusion, a reminder of rejection, an arrogant affront to all that is good and true about men, real men, normal men, natural men. How could this 'man' give up his natural power, his natural strength, his real self? Why is he rejecting what he should be, what I am?

(Hopkins in May *et al.*, 1996, p. 109)

The participants seemed to share the idea that gay men and lesbians have resorted to same sex eroticism because of negative experiences in the realm of heterosexuality. Thus conceptualised,

heterosexuality and the heterosexist masculine practices are defended as the normal ways of being. Gay and lesbian identities resist inclusion in the script of masculinity as heterosexual women are. Consequently, these identities become targets of hegemonic masculinity:

If it were up to me, I wouldn't allow gays, truly speaking. I do not know where we could find a machine ... maybe in future there will be technological advances that will help us to train them both physically and mentally, so that they can remain single sex people. I do not agree with this at all because many of them are gays and lesbians because they have had bitter experiences. So to avoid disappointment they engage in same sex relationships.

This view reflects ignorance in regard to the development of sexual identities that are different to heterosexuality, as well as a poor grasp of heterosexuality itself. In an age with an epidemic that is transmitted mainly through sexual practices it is a cause for concern that so little is known about sexuality. A further indication of this ignorance is an age-old perception that men who are sexually attracted to other men necessarily want to be women. This view concurs with the point that sex represents the main transaction in the play out of masculinity between men and women. The binary gender system forces identification with womanhood or manhood in this transaction. It also seems to impact on the understanding of sexuality, such that heterosexism and masculinism identify male-male sexual attraction as an aberration that

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excludes such men from the masculine realm, relegating them to femininity only on the basis of their sexual attraction to men. In this sense, it is women who become sexually attracted to men, not other men. Is it the pursuit of real manhood and the need to defend against gender treachery that is responsible for this short-sightedness?

Kalpna Seshadri-Crooks (in Lane, 1998) proffers a view that incorporates homosexuality in the drama of heterosexuality, or the pursuit of inclusion in the ideal of real manhood. She quotes Judith Butler who states that 'the abjection of homosexuality enables, even produces heterosexuality (which is a defining aspect of what is perceived to be real manhood). Heterosexual

identification takes place not through the refusal to identify as homosexual, but through identification with an object homosexuality' (p. 370).

Frosh *et al.* (2003) concur with this view in describing homophobia as an aspect of masculine performance. Masculinity and what is perceived as real manhood finds its illustration through the sustained and vigorous focus it puts on what it is not. Such performances of real manhood, or the defence of one's claim to this were raised in the discussion with participants in this group. Where 'undue' contact with a man that is sexually attracted to other men could happen, one of the participant insisted that he would fight the biggest fight of his life:

Let me tell you something, that when I am drinking I've got a limit. I won't drink more than four bottles a day, you know why? There are so many things that have happened in my life because of alcohol. One of them is that one of my friends once slept with a gay guy in his drunkenness.

Their fighting woke us up when he realised this. That is why I am saying if it can happen to me, when I wake up, yo! I am going to fight.

It is interesting that this participant imagined this happening only if he were to be in an altered state of consciousness, that is if he were drunk. When he comes to, and the effect of alcohol wears off, he does not have a defence behind which he can hide his perception that he has committed treachery against himself and against what he stands for. He then resorts to fighting, a public display meant to illustrate his abjection of homosexuality. This is particularly significant in that as an alternative to 'the big fight' in

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the morning, this participant felt he would be able to save face by keeping the gay guy indoors until the middle of the next night, when the chances of this being found out would be slimmer. It seems there is both a social and a personal imperative to perform manhood, and where aberrations are not detected, the right to

claim the real man ideal is protected.

Hopkins' reference to the incomprehensibility of how a man, born to be powerful and strong, could give up this social right to the ascribed status of power, and commit gender treachery, helps to clarify these participants' assertion that 'men who have sex with gay men are not gay themselves'. Although there is some truth in this, the fact of ignorance that I referred to above still comes through. But more importantly, this perception reveals a belief that gay men are not only aspiring to be women, but they could be scripted as such in the performance of manhood. They could be seen as additional sexual objects, which become incorporated

in men's practices without this affecting the status of being a real man. After all, why would any man want to give up the power associated with 'real manhood' which being gay supposedly does not entail? Unless of course, they are mentally disturbed, as one participant suggested: It is just that they are not mentally well. There is something that disturbs them, you see. It is like wherever they think their penises can penetrate, they use that opportunity. And another one felt that these men have a very sick sexual drive.

The concept of the township eludes any fixed definitions. One of the ways in which one could have some understanding of what the township means is through reference to its dynamic history and life in the present. And these appeal differently to different people, depending on one's positionality vis-à-vis and experience of the place. HIV/AIDS imposes on all of these. It has become impossible to imagine the township without referring to the impact of HIV/AIDS, unless there is a deliberate attempt to block this out, possibly in defence of the now common nostalgic, if romanticised, references to life in these places. From the most mundane aspects of life, such as walking on the street, attending a party or announcements of childbirth, to the more complex and abstract ones such as considerations of life and death one can sense how HIV/AIDS has permeated lives in the townships. Eddie Maluleke captures aspects hereof in a poem entitled 'Nobody Ever Said AIDS'. In one stanza she says:

We all died
Those who used to tap
With a Black Label in one hand
Those who used to sing
Like superstars

Whether we wore rouge red glossy lips
Whether we wore khaki brown
And beat the kaffirs in the prisons
Whether our faces were covered with soot
From the mines
Even if we were old grannies
With our men living in Jozi
Even if we were just born.

But as Detlev Krige's characterisation of the township points out, 'there is no ending or conclusion in the township. Life just goes on. And like anywhere else, it is about people'. This section addressed pertinent aspects within the subject of masculinity in the lives of these particular participants. In the midst of the commonplace and mundane, and in the practices of men and their interactions with, and their imaginings of self and others, HIV/AIDS inscribes itself and declares its impact through the lives it affects or claims.

Let's talk about power

This *Review* wades through many relational aspects to focus primarily on men's practices in the context of HIV/AIDS. In particular, it looks at how the practices concerned are influenced, directly or indirectly by the quest for 'real manhood'. It looks at men's perceptions which influence their relation to, regard and/or lack thereof, for others. Looking at these has compelled an exploration of some of the minute details of everyday life, as well as a re-

examination of topics that are common in the literature on masculinity, with the sole intent of finding potential and existent intersections between these men's practices and the spread of HIV/AIDS. It is on the 'blind spots' of social relating that more light is required, to shift focus to a different level, in line with the pervasiveness of sites and conditions of infection.

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Power as an operational concept is essential in examining how men relate to themselves, to other men, and more importantly to women. I have used the concept of masculinity as shorthand for men's practices in these relationships, and I use it interchangeably with men's practices at other points. I qualify it as real masculinity to denote those practices that dominant images of manhood are associated with. Connell (1995) suggests that it is important to look at how men and women lead gendered lives as a lead into what the concept of masculinity means. Despite his reluctance to offer a brief definition of the concept, he defines it as follows:

Masculinity is simultaneously a place in gender relations, the practices through which men and women engage that place in gender, and the effects of these practices in bodily experience, personality and culture (p. 71).

The main focus of this Review has been on the experience of these practices in men's relating to women, and also to other men which the imperative of being a real man excludes, alienates, ignores and silences. The same author also describes masculinity as representing 'not just an idea in the head, or a personality identity. It is also extended in the world, merged in organised social relations' (p. 29). Thus explained, masculinity becomes a useful instrument in looking at men, women and their gender experiences in the context of HIV/AIDS. As an entry into a discussion of masculinity, power and HIV/AIDS, Morrell (1998) provides a useful conceptualisation of hegemonic masculinity, which he describes as that version of masculinity which holds sway, bestowing power and privilege on men who espouse it and claim it as their own, even though there exists a number of other masculinities at the same time. I have explained above that even though the dominance of hegemonic masculinity is not always effected through violence, there are instances where violence becomes the mode of its operation.

Against this background, Walker *et al.* (2004) posit that power imbalance pervades all social relationships between men and women. I would also add that such a power imbalance also characterises relations between those whom hegemonic masculinity bestows power and privilege on, and those who are excluded in this bestowal. To contextualise this even more, there is an unequal balance of power between men and their sexual partners – an imbalance whose detrimental effects have resulted in (black) women becoming the face of HIV/AIDS both in Africa and in the United States. Being black and being a woman evokes images of the most oppressed group of people, on whom all the oppressive tendencies of other social groups play themselves out. Clearly then, there is a place for the discussion of power in a project that discusses HIV/

AIDS. I have also made reference to how the power imbalance carries some blame for the clandestine nature of alternative practices of men, some of which claim lives, both of these men and of the women they get involved with. Quest for power and inclusion, and aversion to potential alienation in a context where

hegemonic masculinity is secured through consensus, are the reasons for this apparent self-defeating behaviour.

Morrell also refers to the major influences of masculinity, especially black masculinity, which he contrasts to the masculinity of the earlier generations which was closely associated with the countryside, chiefs and the homestead. He characterises the present day masculinities as marked by losses of jobs, loss of dignity and expression of the resultant feelings of emasculation through violence. The concept of emasculation with its associations with powerlessness is worth examining further. However, that is beyond the confines of the focus of this discussion. Suffice to point out its curious association with that which a woman does not have – the male sex organ. Powerlessness is associated with lack of these.

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Accepting that violence is not the preferred means through which hegemonic masculinity bestows power on men, reports of the pervasiveness of domestic violence suggest that there is crisis, if not a masculinity crisis, to use the platitude, then perhaps a social crisis in the broader sense. Are men's sexual partners then unintended casualties in the fight against the erosion of men's power by processes that are out of their control in most cases?

This is unlikely, given that masculinity means very little outside its relation to others. Part of its characterisation is as an over-reaction to femininity, suggesting that apparent gains by women, in terms of social and legal rights, especially the right to control their own bodies, is likely to threaten men's self-perceptions as powerful. Discussing the psychoanalytic contributions to the discussion of masculinity, Connell also points out that in addition to masculinity being part of men's over-reactions to femininity, quite importantly, its making is founded on the subordination of women. Bell Hooks (1981, p. 103) uses a quote which I believe illustrates my point here. She writes:

So we live in constant fear as the threat to our power is everywhere (even, and especially, in our bedroom). This fear of the challenge to our power explains our paranoid hatred toward the 'Uppity Woman'.

This sheds light on the fact that men's need to dominate women and other sexual partners derives from the fear that men's power is under threat, or, stated differently, their masculinity is under threat. With sex being central to the self-imaginings of men as real men, that is, men with power, especially over women, women's insistence on practising safer sex might be seen as a challenge against the power of men. What the quote above suggests, is that the bedroom has become an arena in which masculinity asserts itself, violently if needs be.

It is in this play out, this apparently banal scene characterised by sexual partners going through their business of a sexual transaction, that the risk of HIV infection looms high. This risk attaches to the power contestations in this context in the sense that one party is 'dis-abled' by the power imbalance to make a decision that carries a direct bearing on their well-being.

Public displays of power, though directly related to power contestations in private spaces, are always exercised in ways that avoid giving rise to undue challenges against hegemonic masculinity. To the extent that it is a moral and a criminal offence to violate the other, such acts tend to attract attention if committed in too overt ways, and in public. As the caption above suggests, private spaces are fraud with politics of power. It is in these spaces that the

threat of censor is relaxed, and men unleash 'unsupervised' displays of power against others, be it children, women or other men. Although Bell Hooks states the following:

Sexism condones and supports male violence against women, as well as encour-

aging violence between males. In patriarchal society, men are encouraged to channel frustrated aggression in the direction of those without power, women and children, it is important to note that there are imaginary boundaries, the expression of violence beyond which is an 'illegitimate' practice. The same aversion that men experience against alienation due to underperforming what is associated with masculinity, they also tend to experience against exclusion due to excessive 'unjustifiable' performance. Active and conscious pursuit of masculinity represents a precarious position in that regardless of how highly identified one could be with 'prescriptions' of hegemonic masculinity, there is always an additional dimension along which others could be better, another dimension that urges the man to do more. As Connell states, hegemonic masculinity is responsive to

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its context, and change or adaptation is part of its configuration. In this regard, the gradations of manhood that I referred to in the discussion above relate to a similar idea in the Xhosa conceptualisation of manhood. Seidler (in May *et al.*, 1996) lends weight to this idea in stating that one can never feel completely at ease with masculinity. As the 'gradation' identifies next levels of its performance, one is called upon to prove one's worth as a man, continuously. It is a process that as Bell Hooks has stated above, involves the objectification of those with relatively lesser power, women and children. Putting others down, especially women, seems to be integral to every gradation of masculinity.

The relationship between violence and masculinity is a complex one, and expressions of violence against women are multi-determined. Although it is the right thing to condemn any expression of violence against women and vulnerable others, we tend to adopt a moralistic position too easily, and thereby, we miss the opportunity to examine the complexities of this violence, which is a crucial aspect for prevention programmes. One of the dimensions of this complexity relates to general feelings of insecurity about black men's selfhood in the United States, which Bell Hooks states are partially responsible for the commission of black-on-black violent acts. Despite this concession, she states emphatically that:

... in a culture that condones violence in men as a positive expression of masculinity, the ability to use force against another person – i.e. oppress them – may be less an expression of self-hatred than a rewarding, fulfilling act (1981, p. 104).

Interactions within which the HI-virus is transmitted have been conceptualised as violence against the other. Although debate has been ongoing in regard to whether there should be a specific

legal provision to punish willful offenders in this regard, the fact is that there is an existent provision within which these 'offenders' could be punished. As such, the problematics of this position notwithstanding, transmission of HIV is firmly grounded (with legal underpinnings) as an act of violence against the other. This position finds more support in HIV/AIDS prevention interventions which have popularised the notion that one should treat every sexual partner as potentially HIV positive. Where women or other sexual partners are relatively powerless, as the discourse goes, the burden of prevention lies more with the one on whom hegemonic masculinity confers power.

A point I made above, regarding the boundaries within which hegemonic masculinity condones violence in the subordination of others,

requires further qualification at this point. In the same way that the concept of masculinity is characterised by change and dynamism, so these boundaries are shifting and unstable. That being the case, what guides the nature of the violence that tends to be part of men's trans-

actions with their sexual partners? Who polices this and/or do such possibilities of policing exist? Of particular significance is how men are socialised. Often this socialisation encourages men to be macho risk-takers and to crave social power. In a situation where the strong patriarchal ethic interacts with life situations that seem impossible, Campbell (2003) avers that frequent and unprotected sex with multiple partners may often be one of the few ways in which men can act out their masculinity. Related to this point, Bell Hooks describes an incident where in a context where socio-racial domination was rife, the youth emitted positive excitement at the killing of someone, where sadness and shock would have been expected. She says:

After all, sexist socialisation has been encouraging them all their lives to feel they are unmanned if they cannot commit violent acts (1981, p.104).

The relationship between violence and masculinity is a complex one, and expressions of violence against women are multi-determined

To restate a point I made earlier, the active and conscious pursuit of real manhood or prescriptions of masculinity create anxiety precisely because of the shifting nature of the boundaries of masculinity, and its instability over time and place. The socialisation that Bell Hooks refers to above crafts men and women as opponents. It creates the perception that masculine power and status are under threat from those who are not masculine. It is a threat the men can 'conquer through violence'. Bell Hooks and Seidler concur in saying that during their formative years, men learn that violent acts do indeed dispel feelings of vulnerability. These acts lessen their anxiety and fear of threat against their masculine power. This has a reinforcing effect, the principle of which is the statement that it leads to repetition each time these feelings are experienced. In the absence of clear guidelines and the shifting nature of masculinity across time and place, violent oppression against others is likely to be characterised by a variety of practices, intersecting with individual personalities. This ties in with an argument made above, regarding the pervasiveness of conditions under which HIV/AIDS spread. As men experiment with different ways in which they can quell their anxiety in relationship to the perceived threatening others, there is a potential that these could coincide with conditions of infection.

Messner (1997) states that men share unequally in the fruits of patriarchy, substantiating this claim by referring to the idea that masculinity is constructed not only in relation to femininities, but also in relation to various othered masculinities (racial, sexual, and class) which are also subordinated. The clearest example of these othered masculinities is a gay man (not only a man who is sexually attracted to other men). Hopkins' discussion of the extreme reactions that homosexuality evokes from other men is instructive in this regard. Does an overpowering of another man through

violence register as a more spectacular form of power assertion, particularly because it is an assertion of power over one whose 'natural power, his natural strength' is the same as the vanquisher? Walker *et al.* (2004) discuss this as part of the research done in mining compounds and in prisons. The point here is that men, solely by virtue of that social status, are beneficiaries of male-ascribed power, even though the extent of benefit varies across individuals and situations. It also follows then, that men, regardless of indices along which they differ, are rendered more powerful than women in a patriarchal society. Bell Hooks emphasises this point in the following statement:

The active and conscious pursuit of real manhood or prescriptions of masculinity create anxiety precisely because of the shifting nature of the boundaries of masculinity

Patriarchal power, the power that men use to dominate women, is not just the privilege of upper and middle class white men, but the privilege of all men in our society, regardless of their class or race ... poor and lower class men are as able to oppress and brutalise women as any other group of men in American society (1981, p. 87).

The spread of HIV/AIDS forces us to look at the conundrums of gender power dynamics. Although the lens of this review is largely on men, it is important to point out that 'women are not hapless victims of patriarchy'. Ramphel (1990) argues that all human beings are active agents of history, and thus are participants (active or passive) in shaping their own history. Where power inequality in favour of men is an established fact of patriarchal societies, HIV/AIDS indeed has come to 'accentuate the disparities of our world' as Cameron (in Walker *et al.*, 2004) says.

Postscript

I have characterised the men I interviewed according to three sites of origin. It is important to emphasise that the intent was not to draw out a representative group of the sites referred to. Rather, I have used the individual opinions and stories of these men as a lens through which I could engage the subject of men, HIV/AIDS, and changing men and the need to change. As such, attempts to draw any generalisations about the members of these sites of origin would be unfortunate. I might have used broad brush strokes at times to illustrate a point or as a style of writing. Even then, I have tried to foreground the origin of the idea in one specific group or individual, or the assumptions that are made about others. Most importantly, I have used literature about these sites where the reach of statements required going beyond the immediate interactive encounter. In addition to this, some of what the participants said was in retrospect, and it did not necessarily characterise their current behaviour and attitudes.

I have explained my approach to this task, which deliberately excluded interviewing women. Once again, this could appear as a situation where women are talked about, and their needs are dissected in their absence, an infantilisation or patronising of sorts. But looked at as technical device, and an intervention without words, this has forced the writing of this *Review* to unearth men for scrutiny. Unlike situations where men's presence is mainly detected through their obscurity and references to the effects of their practices, this *Review* has attempted to engage men as they are, unplugged in a sense.

With this in mind, employing the concept of masculinity in studies of men in their contexts comes with its own difficulties, particularly given the centrality of women in configurations of masculinity. Here again, I believe that although concrete interactions between men and women out there form an important basis for such an analysis, how men imagine themselves, women and other men plays an equally important role in understanding nuances of men's behaviour. In the psychoanalytical sense, internalised objects or the intrapsychic representations of others bear as much influence on ideas of masculinity as external encounters with these do.

Different types of masculinity overlap, or they inter-influence, as much as they respond to constructions of femininities

Another important consideration had to do with why I chose to interview these particular men and not others. The idea that there are many masculinities – in a state of flux, and

that the hegemony of one masculinity stands challenged and could be replaced unless it defends and repositions itself constantly, winning support of its authority from others – is generally accepted both in studies of, and in studying men. It is clear then that who represents what masculinity remains a problematic in studying men. Besides this, different types of masculinity overlap, or they inter-influence, as much as they respond to constructions of femininities. Nonetheless, I chose these particular men especially because of the significance of the intersection between their sites of origin and imaginations around HIV/AIDS. Initiations into manhood imply a repositioning of the individual man vis-à-vis women. I give the details hereof in the main text. Such repositionings represent a sensitive node in the development and the self-

imaginings of men as relational objects. If we are serious about engaging men and manhood in the context of HIV/AIDS, we need to find ways to access these nodes. In almost a similar way, the youth of the late 80s and the early 90s in South Africa could only be accessed when attempts to reach the youth ceased to assume conservative, formal social gatherings. Youth became responsive towards essential communication when they were engaged 'where they were'. Social positions of youth are multiple and variable over time. Similarly some thought should go into where men are, and their receptivity levels in those spaces should be assessed if we need to understand different men's interactions with HIV/AIDS.

Townships, sometimes celebrated and a source of pride, and at other times fear-evoking and a source of embarrassment, represent an important site out of which most (black) men have been socialised. The interaction of the townships and HIV/AIDS made extracting some township experiences for this *Review* crucial. It is in the townships where most of the spectacle of HIV/AIDS comes into display. When death strikes, the township obliges by marking it with multitudes of mourners descending to the cemeteries. Though the cause of death is not always disclosed, surely some impact on how one imagines oneself, life and death results. How does this interact with gender systems in these places?

Including specific gay men was informed by the confrontation that often results between men's self-imaginings, dominated by constructions of and relations with femininity; and the gay man's male-male sexual attraction that 'deviates' from this self-imagination. It

seemed to me that an engagement with the concept of masculinity which does not include discussions on notions of homoeroticism display an unforgivable bias. Sexual attraction and activity between two or more men have been implicated in discourses on HIV/AIDS, sometimes wrongly so, although at times some of the claims were valid. I hasten to clarify that any sexual activity (homosexual, heterosexual, or otherwise) is implicated in the spread of HIV/AIDS. Gay men are a clear representation of masculine (or feminine) alterity in a strongly patriarchal society.

Having said all of this, encouraging men to be more responsive in efforts against the spread of HIV/AIDS is complicated by the dividend of masculinity, which apportions power according to one's identification with ideas of hegemonic masculinity. Heeding the call to curb the spread of this epidemic is complicated by the power that accrues through the rehearsal of some of the problematic practices of men.

This is central to processes of change resistance: It is not easy to part with positions of power, especially when there is no assurance that you might not find yourself at the wrong end of the same oppressive power.

Tough as it is, the call of *(Un)Real* points to the existence of more meaningful, compassionate ways of being men, and some men have heeded the call for change already. Amongst these ways is the need to evince a meaningful presence and participation in the fight against HIV/AIDS, in caring for the ill and helping pick up the pieces in the aftermath of the AIDS spectacle.

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Centre for the Study of AIDS

The Centre for the Study of AIDS (CSA) is located at the University of Pretoria. It is a 'stand alone' centre which is responsible for the development and co-ordination of a comprehensive University-wide response to AIDS. The Centre operates in collaboration with the Deans of all Faculties and through Interfaculty committees to ensure that a professional understanding of the epidemic is developed through curriculum innovation as well as through extensive research.

Support for students and staff is provided through peer-based education and counselling, through support groups and through training in HIV/AIDS in the workplace. A large number of student volunteers are involved in the programme, as are many community groups, ASOs and NGOs.

To create a climate of debate and critique, the Centre publishes widely and hosts AIDS Forums and seminars. It has created web- and email-based debate and discussion forums and seeks to find new, innovative, creative and effective ways to address HIV/AIDS in South African society.

Together with the Centre for Human Rights and the Law Faculty at the University of Pretoria, the Centre has created the AIDS and Human Rights Research Unit headed by a Professor of AIDS and Human Rights. This research unit is continuing the research into the relationship between AIDS and human rights in the SADC countries, is engaged in the development of model legislation, of research in AIDS and sexualities and sexual rights, and in the placing of interns to work in various sub-Saharan parliaments and with parliamentarians to strengthen the role of parliaments and governance.

AIDS Review, published annually since 2000, addresses major aspects of the South African response to the HIV/AIDS epidemic. *Review 2000*, entitled *To the edge*, addressed the complex question as to why, despite the comprehensive National AIDS Plan adopted in 1994, South Africa has one of the fastest growing HIV epidemics in the world. *Review 2001*, entitled *Who cares?*, dealt with the levels of commitment and care – in the international community, in Africa and in South Africa. *Review 2002*, entitled *Whose right?*, addressed the relationship between AIDS and human rights in eight of the SADC countries and how the ways in which a rights-based or a policy-based approach has determined the ways in which people living with HIV or AIDS have been treated and the rights of populations affected. *Review 2003*, entitled *(Over) extended*, evaluated age, demographic changes and changing family and community structures. *Review 2004*, *(Un)Real* looks at the dominant images of men in society and focuses on masculinities in the South African context. *Review 2005* will look at the impact of AIDS on rural livelihoods and on food security.

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