Chapter 4
Masculinity and HIV/AIDS

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4.1 Introduction

In the early stages of the HIV/AIDS pandemic, it was primarily men who were infected with HIV, but that trend has now reversed (WHO, 2003). In many countries the infection rates for young women are five times higher than young men (RHO Archives, 2005), and young women are generally infected at an earlier age than young men (Walsh cited in RHO Archives, 2005) (see Jewkes, Chapter 3 of this volume). In South Africa, over 50% of new infections of HIV occur among the 15–24 years age group, with black women affected significantly more than other demographically defined groups (Health24, 2006). Further, more women are dying of HIV/AIDS than men (Matlin and Spence cited in RHO Archives, 2005). In South Africa, the mortality rate for young women in the 25–30 years age group has increased 350% over the past 10 years, almost exclusively as a result of AIDS-related deaths.

There is a growing realization that it is not only biological differences in susceptibility that result in these gendered differences in HIV transmission, incidence and prevalence (RHO, 2005), but gender inequalities of all kinds (see Jewkes Chapter 3 of this volume for further details). It is increasingly apparent that the social construction of masculinity plays a major role in putting women (and men) at risk of HIV infection and that gender-related interventions, including and especially among men, need to be an integral part of HIV prevention campaigns. This perspective also suggests that effective intervention requires far more than information transmission and technological solutions (such as increased use of condoms) to modify male behaviour. Rather, we suggest, it is the construction of masculinity and the identity of men as gendered persons which needs to be challenged if there is to be any effective and sustained intervention in the HIV pandemic.

4.2 Introducing Masculinity

The dominant theoretical framework for understanding gender in general, and masculinity in particular, is social constructionism. This theoretical perspective

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proposes that, although integrated with biological sex, gender is primarily a socially constructed phenomenon, through which men are broadly privileged over women in most domains (Connell, 2008). Connell, one of the most influential theorists in the field of masculinity research, argues that male privilege and social power is produced and perpetuated through the construction of hegemonic masculinity, which refers to the production and maintenance of a nexus of ideas, institutions and behaviours that generate, normalize and, in fact, demand male dominance. As such, the power of hegemonic masculinity is deeply embedded in forms of social activity, giving it the appearance of inevitability and ensuring that it is 'naturally' produced and reproduced in ordinary social interaction. In this sense, hegemonic masculinity is 'an ideal or set of prescriptive social norms, symbolically represented, (and) a crucial part of the texture of many routine, mundane, social and disciplinary activities' of men (Wetherell and Edley, 1998, p. 336).

While the social construction of gender undoubtedly produces a 'patriarchal dividend' that privileges men over women in most respects, Connell (2008) suggests that men benefit from this gendered set of privileges in very unequal ways, with some men benefiting greatly and others not at all. Connell argues that there are multiple masculinities, each of them existing at the intersection of race, social class and history. These versions are arranged hierarchically, and there is considerable pressure for young men to avoid subordination by aligning themselves with hegemonic masculinity – which results in the perpetuation and maintenance of masculine hegemony (Edley and Wetherell, 1997). However, Wetherell and Edley (1998) argue that as well as being complicit with, subject to or resistant to hegemonic versions of masculinity, boys/men might adopt multiple parallel positions in different contexts and for different audiences.

The pressures on men to attempt to live up to the demands of hegemonic forms of masculinity are ubiquitous and powerful. Seidler (2006) argues that, ironically, the pressure to enact the physical and emotional toughness required by hegemonic masculinities results in fundamentally vulnerable positions for individual men and, simultaneously, obstructing acknowledgement of emotional vulnerability. This, according to Seidler, leads young men to 'an instrumental [functional] relationship with their bodies' and to 'deflect these emotions into anger and violence, which affirms their male identities' (p. 117). The emotional vulnerability of young men and the concurrent emphasis on emotional control also makes it difficult for young men to deal with intimacy, so that they tend to construct 'sex as performance' (Seidler, 2006, p. 120) rather than as a relationship.

4.2.1 Masculinity, Risk Behaviour and HIV/AIDS

Many elements of hegemonic masculinity (Connell, 2008) are closely related to the typical high-risk behaviours associated with HIV transmission. These behaviours include multiple sexual partners, unprotected sex, use of alcohol before sex and, in some cases, sexual violence. This association is so strong that, in some places, being

HIV-positive itself has become a badge of manliness (e.g. Brown et al., 2005). Boys and men recognize the importance of these behaviours as markers of successful masculinity, and therefore feel considerable pressure to perform them, and to be seen to be performing them. Ironically, girls and women play a critical role in the appraisal and maintenance of these hegemonic behaviours, despite the fact that they are often subordinated by them (e.g. Talbot and Quayle, 2008). Although there are variations in specific forms of hegemonic masculinity, there is remarkable empirical consistency in constructions of hegemonic masculinity related to high-risk behaviour for HIV transmission across geographical, cultural and linguistic divides in Africa and elsewhere.

First, and underpinning many other elements, is the importance of risk-taking to the construction of hegemonic masculinity (Barker and Ricardo, 2005; Pattman, 2005; Tshabalala cited in Peacock, 2005). Since taking risks is a marker of successful masculinity, increased knowledge of risk has not resulted in decreased risky sexual behaviour, as it has imbued it with more symbolic power as an enactment of hegemonic masculinity.

Second is the centrality of an essentialized and uncontrollable sex drive. One expression of this is that hegemonic masculinity is often constructed around and through sexual conquest (Barker and Ricardo, 2005; Simpson, 2008; WHO, 2003) and the desirability and number of sexual partners may be an important indicator of masculinity. This is well demonstrated in South African *isoka* or *ingagara* identities, which refer (with admiration) to men who are highly successful in demonstrating their masculine potency with multiple sexual partners (Selikow et al., 2002; Walker, 2005). (See further details in Chapter 2.) Men who fail in this regard are othered through labels such as 'cheeseheads' or *isithipa* (ibid). However, if Seidler (2006) is correct, then these sexual enactments of masculinity are more likely to be instrumental or performative activities than relational engagements.

Third, hegemonic masculinity is defined in terms of compulsory heterosexuality in spite of considerable evidence that even heterosexual men may engage in sex with other men. Such practices are usually highly stigmatized, for example, being considered 'un-African' (Barker and Ricardo, 2005; Varga, 2001), making them very difficult for men to acknowledge and to talk about in ways that reduce their own risk and the risk of their sexual partners (Potgieter, 2006; WHO, 2003).

Fourth, hegemonic masculinity requires male dominance and the appearance of physical and emotional toughness, strength and stoicism (Erasmus, 1998), as well as independence and self-sufficiency. These demands make it difficult for men to acknowledge vulnerability. In medical terms, this may translate into a failure to access medical and other forms of help (Peacock et al., 2006). In personal relationships 'love becomes problematic, as emotions [with the exception of anger] are a sign of weakness' (Seidler, 2006, p. 70). Therefore men come to 'relate to their [own] bodies as machines they need to control' (Seidler, 2006, p. 100) and to the bodies of others as objects in relation to their own masculinity: such as the demonstration of sex-drive by penetrating them; or the demonstration of strength by dominating them. Thus, even the most intimate of interactions, including sexuality, become performative and instrumental rather than relational.

Fifth is the pressure for men to be materially successful and to be able to 'provide for' girlfriends, wives and families (Khunou, 2008; Luyt and Foster, 2001; Waetjen and Mare, 1999). The increasing equality of women in the labour market and high levels of unemployment in the region undermines the ability of many men to adequately satisfy this requirement of hegemonic masculinity. While this expectation provides men with social powers, it may also be a source of intense vulnerability because it, firstly, subordinates poorer men to richer men (cf. Pattman, 2002) and (most often) younger men to older men (Barker and Ricardo, 2005). Secondly, it produces anxieties about obtaining enough money to access women and may result in worries that women may be 'loving' them only for material benefits (Pattman, 2005). However, even where women may be financially superior, it seems that hegemonic masculinity still demands – and allows – men to control financial affairs (Silberschmidt, 2004; Smuts, 2006).

Sixth, since masculinity is constructed around the subjugation of women, the reproduction of hegemonic masculinity requires men to control sexual decisions (Horizons Report, 2004) including if, when and how sex takes place and whether or not condoms are used (Bujra and Bayllies, 2001; Foreman, 1999; Noar and Morokoff, 2002, cited in Peacock, 2005; Scalway, 2001; Shefer and Ruiters, 1998; Simpson, 2008). (See Jewkes Chapter 3 of this volume for further details.) It has been suggested that this is especially the case for married men, as social constructions of marriage – including cultural practices such as *ilobola* (Hunter, 2004) – bestow on men the right to be in control of all aspects of their wife/wives, including and especially their sexuality (WHO, 2003) (see Leclerc-Mdlala et al. Chapter 2 for further details). Men may have a similar sense of entitlement whenever relationships involve material transfer from men to women (Campbell et al., 1998; Selikow et al., 2002). Then, when masculine power intersects with entrenched beliefs, such as the idea that condoms reduce men's sexual potency (Doyal, 2002; Simpson, 2008; WHO, 2003), or that 'regular "flesh-to-flesh" sex is necessary for a man's good health in order to maintain balanced levels of blood/sperm within the body' (Campbell et al., 1998, p. 52), it becomes difficult for the behaviour to be resisted or negotiated. Many aspects of hegemonic masculinity which are associated with high risks of HIV infection are related to this imperative for men to dominate women (see Jewkes, Chapter 3 of this volume), ranging from apparently benign, patriarchal decisions such as whether women should undergo HIV testing (WHO, 2003) to male-on-female violence and rape.

There has been considerable empirical evidence for the association between these behaviours associated with hegemonic masculinity and HIV risk. For example, there are reports that the highest incidence of HIV-related health-risk behaviour are among young men aged 15–24 years (Panos/UNAIDS, 2001; Selikow et al., 2002), and that these behaviours include having multiple sexual partners, treating women as sex objects and using sexual conquests as a means of proving masculinity (Panos/UNAIDS, 2001). Endorsement of hegemonic masculinity has been shown to be empirically related to negative attitudes to condom use and decreased condom use (Noar and Morokoff, 2002, in Peacock, 2005). The Horizon study (2004) in Brazil revealed high levels of 'detrimental gender norms', including male dominance of

women, lack of emotional expression, high levels of risk taking and the norms that men should have multiple sexual partners and maintain control over female partners. The findings showed a definite association between support for traditional gender norms and HIV risk, such as correlation with STI symptoms. Similarly, the Horizons study in Tanzania (Horizons Report, 2004) found that HIV-positive women reported significantly higher level of partner violence and that the most frequently reported triggers for violence were suspicions of infidelity by men or accusations of infidelity by women.

What evidence has there been for these patterns of hegemonic behaviours in contemporary African and South African contexts, and for their association with HIV risk? *First*, many recent studies (Bhana, 2005; Brown et al., 2005; Bujra, 2000; Burnard, 2008; Davies and Eagle, 2007; Hunter, 2004; Kent, 2004; Khunou, 2008; Luyt and Foster, 2001; Moletsane, 2004; Mork-Chadwick, 2007; Mtutu, 2005; Naidoo et al., 2004; Pattman, 2002; Pattman, 2005; Pattman and Bhana, 2006; Selikow et al., 2002; Sikweyiya et al., 2007; Silberschmidt, 2004; Smuts, 2006; Thorpe, 2002) have found that masculinity in the region is strongly characteristic of hegemonic masculinity, including elements such as: risk-taking and audacity with respect to rules; male dominance that often justifies coercion; a demand for toughness and strength that may be expressed violently; stoicism and aversion to signs or expressions of weakness or vulnerability; exclusively heterosexual and frequent sex with multiple partners; and pressure to achieve material success and demonstrate it by the display of high-status items such as fashion, cellphones and cars. These norms are unlikely to be experienced as identity *choices*, but as essentialized and inviolable biological or cultural imperatives (Thorpe, 2005). Even blind adolescent boys (Joseph and Lindegger, 2007) strongly aspired for exactly the same hegemonic masculine norms as their peers despite the enormous challenges they faced in attempting to attain them.

Second, there has been much evidence in Africa of peer norms, which involve the 'proving' of masculinity through early sexual conquests and having multiple sexual partners (Buve et al., 2002). Reference has already been made to *isoka* and *ingagara* masculinity in South Africa. Lindegger and Maxwell (2005; 2007) found that late adolescent boys experience extreme peer-based pressure to demonstrate their masculinity through claims of multiple sexual partners, and that inability to measure up to these expectations produces enormous anxiety. Exposure of such failures may result in immensely shameful experiences (Zakwe, 2005), which play a key role in policing behaviours associated with hegemonic masculinity.

Third, male denial of vulnerability and the construction of masculinity around power, strength and control may be key factors that contribute to health risk and gender-based violence in South Africa (see Jewkes, Chapter 3 of this volume). Related risk behaviours include substance abuse and risky sexual practices (Blackbeard, 2008; Leclerc-Madlala et al., Chapter 2 of this volume), such as resistance to condom use because of issues of dominance, control and fidelity (MacPhail, 1998). These features of masculinity also contribute to limiting male help-seeking behaviour, which is an obstacle to creating norms of health-protective behaviour amongst men (Hoosen and Collins, 2004). Additionally, men are less likely to

undergo HIV testing in the early stages of infection and tend to seek anti-retroviral treatment later than women (Magongo et al., 2002; Hudspeth et al., 2004, cited in Peacock et al., 2006; Pinnock, 2007). These features are also associated with high rates of violence against women and exploitative or coercive sexual practices (MacPhail, 1998; Strebel and Lindegger, 1998). Recent studies in South Africa have revealed that between 15 and 20% of men acknowledge that they have used force to get women to have sex with them (Jewkes et al., 2006; Kalichman et al., 2007; Sikweyiya et al., 2007) (further details are provided in Jewkes, Chapter 3 of this volume). MacPhail (1998) argues that social norms and practices that endorse gender inequality and coercive sex as expressions of love place South Africans at particular risk of HIV transmission.

Walker (2005) claims that current gender violence in South Africa, ironically, is related to the intensification of traditional constructions of masculinity in response to the perceived threat of human-rights-based gender norms. (See Jewkes, Chapter 3 of this volume, for other threats to traditional norms of masculinity.) There are also indications that changes in cultural structures governing courtship, marriage and intimacy have resulted in a shift in power towards men in that idealized notions of traditional masculinity are now operating without their traditional complementary restraints (See Leclerc-Madlala et al., Chapter 2 of this volume). For example, although historically the *isoka* – the young Casanova – was admired by men and women alike, unplanned pregnancies were punished by requiring the young man's family to pay a fine to the family of the young woman. This practice required young men to share responsibility for contraception and pregnancy (cf. Hunter, 2005).

There are two features of these HIV-related features of hegemonic masculinity that we would like to explore further. The first lies in the pressure to conform to hegemonic patterns in the midst of the contest of masculinity that all boys and men face and is well explained by the work of Connell (e.g. 1995, 2008). To date, most of the work around masculinity and HIV risk, as described above, has focussed on these hegemonic patterns of behaviour. To modify the behaviours associated with masculinity in this paradigm, gender issues must become part of the mainstream of HIV intervention, which would require challenging beliefs and assumptions about masculinity based on biology and culture; the psychological empowerment of women to resist control by men and to play an active role in sexual decision making; and the economic empowerment of women to reduce their dependency on men. Like the Horizons project, such interventions would ideally also involve creating spaces for boys and men to critically reflect on the social construction of gender and consider alternate patterns of masculinity.

However, we argue that problematizing negative features of masculinity is not enough – we must also explore the private vulnerabilities of boys and men. As argued by Hunter (2005, p. 156) 'Gender is more than simply the one dimensional expression of male power but, as historical analysis of the *isoka* masculinity demonstrates, it is embodied in male vulnerabilities and weaknesses.' These vulnerabilities have been exacerbated since 1994 in what Reid and Walker (2005a) describe as 'the troubled, unsettled world of masculinity and sexuality in a country in transition' (p. 2).

It is striking that most studies referred to above are silent about the vulnerable subjectivity of boys and men, and about the issues faced by men in dealing with the powerful and unattainable demands of these constructions of masculinity. In the process, men and masculinity are only seen as part of the problem and not an integral part of the solution (Seidler, 2006) to HIV/AIDS. Many might agree with Connell that, given the power and privileges accruing to men from their enactments of hegemonic masculinity, their precious subjectivity is an irrelevant consideration. However, we have already argued that many of the negative outcomes of hegemonic masculinity are due to its demands that engagements with real people are stripped to their functional or instrumental value, for example, by reducing sex to a performance and accomplishment. Most research and intervention in masculinity, sexuality and HIV has emphasized functional aspects of sexuality such as condom use while challenging sexuality as a means for boys and men to prove their masculinity through multiple sexual partners and the sexual conquest and control of women. This is understandable, since there must be a change in these high-risk sexual behaviours if there is to be any real influence on the HIV pandemic. However, by concentrating on the negative aspects of functional sexuality such as sexual conquest, or failure to use condoms, these projects and interventions may unintentionally reinforce the notion for men/boys that 'their bodies (are) machines that they need to control' (Seidler, 2006, p. 100). Even campaigns focussing on abstinence treat sex as an event (in this case to be avoided), thereby stripping-off the vulnerability and relational complexity of sexuality and reinforcing the instrumental construction of sex so central to South African masculinity. It is here that Seidler's work becomes especially helpful, because he suggests that the over-commitment to the structural aspects of gender relations (relying especially on the work of Connell) has tended to overshadow the personal struggles of individual boys and men, and especially struggles with personal emotion, sexuality and the capacity to relate.

4.3 Changes in Patterns of Masculinity

A range of socio-political and legal changes have played a major role in initiating changes in the gendered order of South African society since 1994, and have triggered 'a rethinking of masculinity which offers new ways of imagining masculinity and, for men, suggests new ways of being a man' (Morrell, 2001, p. xiv). While this especially refers to forms of African masculinity, this does not only refer to African men. Major legislative changes during the first 15 years of our democracy have played an important role in contesting the established and privileged position of men and masculinity and have opened the door to new forms of masculinity in South Africa. The new South African constitution embraced a liberal understanding of sexuality, incompatible with many traditional aspects of masculinity, such as the unacceptability of gay masculinity. Forms of masculinity that were patriarchal, violent and often authoritarian have increasingly been called into question in South Africa (Reid and Walker, 2005a). Sideris (2005) argues that a culture of revelation

and 'confession' facilitated by the development of a free press has led to the large-scale exposure of abuse by men on women, especially rape. The intolerance of such abuse has been further reinforced by a growing human rights culture in South Africa. The increased importance of women in public space, and the growing economic independence of women, has probably also played a major role in unsettling many of the traditional assumptions and practices of masculinity.

However, the response to these changes is variable and ambivalent. For example, Sonke Gender Justice (2007) reports that a recent survey of men in Johannesburg found about equal numbers of men for and against government attempts to promote gender justice. Morrell (2002) argues that there have been three general responses. *First*, there are many who fought to preserve male privilege, such as the South African Association of Men (Lemon, 1995) and less organized but probably more powerful voices who fear that the erosion of male privilege is part of an onslaught against traditional culture (Ndlazi, 2004) and against men themselves, such as the respondent in Attwell's (2001) study who said that 'women have stolen men's place in society.' *Second*, some men have reacted to changing gender roles as an emerging 'crisis of masculinity' – a position that has been criticized by feminists as yet another attempt by men to foreground and privilege masculinity at the expense of women. *Third*, there have been those groups of men who have identified with the transformation of masculinity and fought for gender justice, and some examples of these will be discussed later in the chapter. We add that *fourth*, and the least visible in the masculinity and gender literature, there are many women who do not welcome all of the shifts that changing patterns of masculinity require of their own gender identities (Talbot and Quayle, 2008) or the encroachment by men on previously female domains such as maternity wards (Mullick et al., 2005).

While the factors outlined above are playing major roles in changing the gendered structure of society, we argue that the HIV pandemic has also begun to play a role in escalating or facilitating these changes by forcing acknowledgement of the importance of misogynistic masculinity in public and private life and facilitating public conversation about sex and sexual practice. Additionally, Hunter (2005, p. 151) argues that HIV/AIDS is challenging *isoka* masculinity in South Africa by 'transform[ing] some of the most virile and popular bodies into barely living skeletons, shunned by friends and neighbours. . . . previous 'players' are buried by their friends who were once envious of their ability to attract women.'

Our concern in this chapter is specifically with the link between gender and HIV/AIDS, or more specifically the constructions of masculinity and patterns of HIV risk. We are especially interested in whether there is evidence of changes in the construction of masculinity, and more specifically, whether new forms of masculinity, which are likely to be associated with reductions in HIV risk behaviour, are emerging either spontaneously or as a result of organized interventions.

The Sonke Gender Justice (2007) in the *South Africa Country Report* claim that there is evidence in South Africa of growing numbers of men taking a stand against gender-based violence, and challenging many of the customs endangering the health of women, and standing for greater gender equality. This report quotes the research by EngenderHealth and the *Men as Partners* NGO showing that the majority of

men participating in their workshops supported gender-based rights and opposed control and abuse of their female partners. Walker (2005, p. 173) conducted a study of young men in Soweto, and she reports that 'present in all these narratives was the interviewees desire to have an alternative experience of being a man – an experience different from their fathers, uncles or elder brothers. For these men, the costs of hegemonic masculinity – certainly of male violence – outweighed the benefits. Indeed, all explicitly rejected the use of violence.' Such findings are hopeful signs of the transformation of masculinity, but she goes on to say that these young men did not find the process of change to be an easy one, as they were caught between 'traditional masculinities' and 'being a modern man who is in control, respectable, rational and responsible' (Mullick et al., 2005). This conflict between 'traditional' and 'modern' masculinities seems to be a common experience in South Africa and is echoed by a group of men who participated in a study with Sideris (2005) who were highly motivated to embrace and live out a more just and equitable form of masculinity, but reported feeling caught between these conflicting versions of masculinity. (See Leclerc-Madlala et al., Chapter 2 of this volume, for fuller discussion of culture and masculinity in Africa.)

Despite the evidence of a growing number of men engaging with issues around the construction of masculinity (critically or otherwise), there are a number of obstacles to further transformation. *First*, there are elements of the 'transformed' masculinity that are not much changed, such as 'control' and 'responsibility' in Walker's (2005) study quoted above. Other examples of this type of sanitization can be found in the commitments that came out of the national mens' *imbizo* held in 2002 that included 'to respect and protect every woman as our own mother, wife, daughter, sister and friend' and to 'organize ourselves to be able to provide' (Gobind, 2005). All of these 'transformations' are discursive wolves in sheep's clothing that allow the most powerful aspects of hegemonic masculinity to persist in apparently progressive masculinities. Burnard (2008), in his study of young men in the Shosholoza soccer movement, found that their motivation to make changes to traditional hegemonic behaviours was primarily motivated by their interest in their own self-protection, rather than because of agreement with egalitarian gender-rights arguments. Similarly, Sikweyiya et al. (2007) found that Eastern Cape men opposed gender violence and rape because of the negative consequences (such as prosecution) for men.

Second, Thorpe (2002) notes the emergence of a brittle and thin 'education responsive' masculinity that may briefly emerge in formal settings such as school life-skills programmes and HIV interventions. This identity draws upon the language of human rights and knowledge of the 'correct' answers but does not engage with personal experience or extend outside of the educational context. If this identity is widely accessed by participants in gender research and interventions, then their masculinities in other contexts may be more profoundly patriarchal and misogynistic than we realise. *Thirdly*, in the discursive struggle with patriarchal (e.g. 'traditional') versions of masculinity, it may be that the human rights discourse is losing momentum, or at least failing to penetrate in meaningful ways beyond bounded contexts such as schools, universities (Mork-Chadwick, 2007) or workplaces. *Fourthly*,

changes in idealized versions of 'traditional' masculinity, economic and cultural shifts, and genuine advances in gender rights may destabilize socio-cultural limits that have previously held those versions of masculinity in check. For example, as already mentioned, the erosion of traditional social institutions, along with advances such as increased access to female contraception, have allowed men to revise versions of 'traditional' masculinity to completely abdicate responsibility for pregnancies that historically they would have been held accountable for. This, in turn, has impacted on the actual practices as well as the symbolic meanings of courtship and sex (Hunter, 2004; van der Riet, 2008). On the other hand, some socio-cultural structures have failed to adapt to the rapidly changing social conditions. For example, the traditional practice of *ilobola* has not adapted to the extreme rates of unemployment in South Africa, thereby disqualifying a vast number of men from many of the positive features of traditional masculinity.

Although many people talk of 'traditional' and 'modern' masculinity as fixed constructs, it should be clear from this discussion that neither can be taken as fixed or static entities. Rather, they are simultaneously social resources that are exploited to produce or police particular instantiations of identity and, at the same time, sites of intense contestation within individual men and also within and between social groups. Individual men, then, can be seen as 'entrepreneurs of identity' (Reicher, 2004; Reicher et al., 2005) and, specifically, entrepreneurs of masculinity and need to have the skills to evaluate the identity resources available to them and to contest the attempts of others to police them into particular masculine norms. This has been hinted at by studies that have found that HIV interventions are more effective in changing behaviours if they involve a critical gender component encouraging reflection on the construction of masculinity (Hoosen and Collins, 2004; Strebel and Lindegger, 1998). Given the fluidity of these constructs, and their importance in producing individual and group identity, leaders in groups that are important to men and those with influence over media such as advertising, sports and entertainment also have a massive responsibility to reinvent both 'traditional' and 'modern' masculinities to incorporate gender equity and simultaneously respond to the challenge of HIV/AIDS.

4.4 Conclusion

As important and effective as many of the campaigns and interventions have been, levels of violence and coercion against women are still unacceptably high, and there is still much to improve, including: generating greater clarity on the goals of working with men (Sonke Gender Justice, 2007); more coordination between organizations working to change patterns of gender injustice, and its effects of HIV risk; more systematized efforts to involve boys in achieving gender equity from an early age (Sonke Gender Justice, 2007); more widespread penetration compared to the reach of the relatively small workshops and groups currently targeted by most interventions, including greater community involvement and follow-up and the

use of other strategies such as advocacy for policy change or rights-based activism (Sonke Gender Justice, 2007). There is also ongoing need for the organization of sexual and reproductive health services, and HIV-related services such as Voluntary Counselling and Testing (VCT) or treatment of STIs in such a way that they are more accessible and attractive to men.

Changes in masculinity and patterns of gender equity in South Africa require much greater involvement with three broad intellectual projects. *Firstly*, activists, leaders (especially cultural, traditional and religious leaders), politicians, those with influence on media messages, celebrities and ordinary South African men need to actively engage in re-inventing 'traditional' and 'modern' masculinities to accommodate the rights of women and children, to reduce HIV risk and to give men a platform to engage in satisfying egalitarian relationships with women, children and other men. *Secondly*, and as a pre-requisite for the first, the notion that masculinity is essentialized or unchanging (e.g. in cultural, biological or religious discourses of masculinity) must be undermined in everyday and common-sense understandings. For example, histories of cultural practices (Thorpe, 2002) demonstrate that 'traditional' masculinity is neither stable nor fixed. Until this reality is accepted and widely disseminated by people who have the power to shift and define social identities (such as politicians, religious leaders and traditional leaders), men will still have recourse to arguments of essentialism to avoid engaging with change and to continue to produce new and even more misogynistic versions of traditional masculinity. Although this is a particularly problematic issue when 'modern' forms of masculinity intersect with 'traditional' forms (and especially so when issues of race are also invoked) as they do in many interventions, essentialization is also a keystone of 'modern' constructions of dominant masculinity (Talbot and Quayle, 2008). *Thirdly*, the vulnerability inherent in hegemonic masculinity – such as the constant threat of shame – must be acknowledged and addressed in society and in interventions. Critical engagement with and reflection on these vulnerabilities, as well as the skills for managing them, are essential for men, individually and collectively, to live out more positive masculinities, and so reduce the risk of increased HIV transmission and infection.

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