

MASCULINE GENDER IDENTITY AND PRE-ADOLESCENT BOYS

Introduction

This copy contains a review of some of the literature on the social phenomenon of masculine gender identity (or masculinity/ies), especially as it relates to pre-adolescent (8 to 12-year old) boys' experiences and constructions of masculine identity/ies.

The paper is divided into three subsections/parts. Each part focuses on a specific issue in relation to the topic of men as men, as gendered beings, and specifically as masculine gendered beings. Each section also considers the implications of its content for understanding the gendered experiences and constructions of pre-adolescent boys.

Part 1 is more theoretical in nature and discusses **masculine gender identity** as a social reality, and considers some of the conceptual frameworks or approaches to the issue. Part 2 (also somewhat theoretical in nature), looks at **gender identity acquisition and children** in general. From Part 3 onwards, the sections are more issue-based. Part 3 looks at some research and writing about **masculine identity/ies and men's sexual behavior** and constructions of sexuality/ies: including heterosexuality, alternative sexual male identities, women's sexuality/ies. It ties together some of the implications for social-psychological intervention programs with 8 to 12-year old boys.

PART ONE

PERSPECTIVES ON MASCULINE GENDER IDENTITY

GENDER, GENDER IDENTITY, GENDER RELATIONS, AND MASCULINE GENDER IDENTITY

GENDER AND GENDER RELATIONS

This part of the paper begins by focusing on gender and gender relations as constructs and as lived reality. It defines and clarifies what we mean by gender and locates studies and writing on masculinity within gender studies in general.

GENDER

Talk about masculinity, suggests Horrocks (1995) must begin with its place in the general discussion of gender. Gender is a basic defining feature of a person's identity ('the sense of who and what I am') and is given, put together, and derived from the society in which we live. Whereas our biological make-up is responsible for our sex, "society and how it is organised, gives us gender" (Coltrane & Adams, 1997 cited in Arendell, p.219, 1997). Most people, however, assume that gender (my sense of myself as a man or woman) flows naturally from biological sex - genitalia and reproductive organs. Gender therefore involves a society's "constructed ideal of what it means to be a woman or man" Coltrane, 1994 cited in Cheng, 1999). It has to do with cultural and social processes which relates to a person's experience of him- or herself as a gendered being. Although gender connects with and flows through many social and cultural areas such as sport, film, music, and literature (Horrocks, 1995), it's often a taken for granted and ignored aspect of our social and individual lives.

How people perceive and make sense of gender – their "gender constructions" – tends to "reflect the current generalized definitions of gender" (Brittan, 1989, p. 42) in the society of which they are members. Most Western patriarchal societies (societies dominated and ruled largely by men as a group), including South Africa, define, portray and construct men and women as belonging to two separate (and unequal), gender categories (Brittan, 1989, p. 17).

It's convention most current socially shared definitions and views of gender operates on a dichotomous view of gender: men and women, masculinity and femininity, are treated as two mutually exclusive, opposing poles of social and individual experience. It's assumed therefore that you cannot be both a man and woman/masculine and feminine at the same time, it's either the one or the other.

We also come to look at and treat gender as a simple fact of nature, instead of seeing it as a socially constructed fact of patriarchal culture. We hardly question the division of our experience –which tends to be very complex - into two opposing poles of 'masculine' and 'feminine'. The limits of our experience is already defined for us, it can only be feminine or masculine, but not both. Hence, many people assume that “‘masculine’ behavior is performed only by men, and by all men, while ‘feminine’ behavior is only performed by women, and by all women” (Cheng, 1999). Indeed, “one of the difficulties in any discussion about gender and gender identity is that our terms of reference are already defined for us” by the prevalent ideology of gender differences and inequalities” (Brittan, 1989, p. 35).

GENDER AND GENDER RELATIONS

Gender identity as a concept points to the inextricable link between “the self and society”(Coltrane & Adams, 1997 cited in Arendell, 1997, p. 220). It refers to ‘the social in the person’: how gender in its dimensions as socialpolitical process, intersect with gender as experienced and lived, as psychologically processed and made sense of. Theorising about gender in general, and masculinity in particular, requires the recognition that while peoples’ lives are constantly subjected to the operations of social power motivated by gender, as individual beings they are also quite complex (Connell, 1987, p.194 cited in Brittan, 1989).

Gender relations are dynamic and have concrete and specific effects on the lives of men and women, and children as individuals or as a groups. How we behave as women and men will always depend “upon the existing social relations of gender”, meaning “the way in which men and women confront each other ideologically and politically” (Brittan, 1989). Although patriarchal social definitions of gender regard it as naturally given (the “natural attitude to

gender”), feminist-inspired scholarship has come to show gender for what it is: embodying “concrete structures of male domination and female subordination” (Horrocks, 1995, p. 6). Jane Flax (1987), pointed out that “the single most important advance in feminist theory is that the existence of gender relations has been problematized”. No longer do our “self-attributions in terms of gender” (how we define ourselves as gendered) have to remain intractably rooted in the “dichotomous gender system”. (Brittan, 1989, p. 42).

As a social-political phenomenon, gender serves as a point of intersection between larger social processes that has powerful and concrete consequences for the lives of individual people. “At any given moment, gender will reflect the material interests of those who have power and those who do not” (Brittan, 1998, p. p. 3). Gender, intersecting with other social stratifications along the lines of race, class, ethnicity, sexuality, and religion, is an expression of political power (or its lack) and social status.

In patriarchal societies, gender relations are politically dominated and controlled by men (Horrocks, 1994). Even though not all men everywhere are politically and socially equally powerful, most societies are characterised by gender relations “in which the power of men is taken for granted” and goes relatively unquestioned, both in public and domestic sphere (Brittan, 1989, pp. 5-6).

In general, the patriarchal ideology underpinning the construction of gender and gender relations “gives primacy to the belief that gender is not negotiable” (Brittan, 1998, p. 4), it’s biologically-based, static, permanent and not subject to social, political or individual change. It tends to not accept evidence “that the relationships between men and women are political and constructed nor, ... does it allow for the possibility that [there] are alternative forms of gender commitment” (Brittan, 1989, p. 4). In short, the rigid stratification of gender relations in a patriarchal society is organized in a way that ensures the political domination of men and the subordination of women (Brittan, 1989). Ironically, today we recognise that men are also to an extent prisoners and victims of their own gender constructions, and not simply its beneficiaries – a recognition that seems important in the struggles against traditional gender.

But gender does not exist outside history and culture. This means that changes in social and cultural processes (even though happening over long periods of time) related to gender, makes both masculinity and femininity subject to reinterpretations (Brittan, 1989, p. 1).

Perceptions and experiences of gender vary historically: styles of masculinity/ies prevalent in South Africa 20 years ago, for instance, are not necessarily prevalent today.

MASCULINE GENDER IDENTITY/OR MASCULINITY/IES

Christopher Kilmartin (1994) in his book "The Masculine Self" asks "what is masculinity?" and "how do we define it?" He then goes on to describe a particular form or construction of the "stereotypical 'real man'" masculine identity that was, and probably still is, prevalent in the United States.

Stereotypical "real men" masculine identity can be described as having certain personality traits: they are strong, independent, achieving, hard working, heterosexual, tough, aggressive unemotional, physical, competitive and forceful. In terms of their typical activities or behaviors, or what real men do: they earn money, initiate sex, solve problems, get the job done, take control, take action, enjoy masculine activities (such as sports, drinking), take physical risks, and support their families financially. By implication, any man who does not perform any of these, or do not perform it well, are not "real men".

What 'real men' are prohibited from doing (do not do) is: cry, express feelings other than anger, perform "women's work" (e.g. washing dishes), back down from confrontation, and get emotionally close to other men. The typical roles real men perform are those of athlete, professional, worker, father, husband, buddy, playboy, and leader.

What do varying definitions of the traditional 'real man' have in common? asked Robert Brannon (1976, cited in Kilmartin, p. 9). He found four major themes. Many men base their sense of being a 'real man' on the following.

1. *Antifemininity*. Males are encouraged from an early age to avoid behaviors, interests, and personality traits that are considered 'feminine'. Real men don't

express feelings, show that they are emotionally vulnerable, have sexual feelings for other men, or have interest in feminine professions (e.g. secretary, elementary school teacher). The relevant masculine norm here is “No Sissy Stuff” (Kilmartin, p. 9).

2. *Status and achievement.* Men gain status by being successful in all they do, especially sports and work
3. *Inexpressiveness and independence.* Men are expected to maintain emotional composure and self-control even in the most difficult situations, keep their feelings to themselves, and dislike any display of weakness.
4. *Adventurous and aggressiveness.* Conventional constructions of masculinity is characterised by a willingness to take physical risks and become violent if necessary.

Patriarchal society constructs ‘masculine’ qualities as those, which demonstrate “control and transcendence” (French, 1991, p. 78). Any man (or person) that “fixes, makes permanent, creates structure, ... is ‘masculine’” (ibid.) ‘Masculine’ has come to be equated with “authority, rank, status, legitimacy and right”. French (ibid.) goes on to say that “ownership” and “possession” are core masculine qualities as it represents “a fixing of property or person”. Permanence and structure are ‘masculine’ ideals because they ‘control’, or seem to control fluid (natural) experience.

The ‘true’ or ‘real’ man shows individuality (which involves competition and rivalry), transcendence (freedom from nature, independence) and control (of nature, which is symbolically equated with women and children). Its counterpart or counter definition spells out what being masculine is not about: femininity. In patriarchal social formations women (presumably identified with the feminine principle) is “associated with nature, with everything fluid, temporary, and flexible”, qualities sometimes pointed out as weak (French, 1991, .79), and hence, to be avoided by men. Men who show feminine qualities – or “are like women” – are associated with a lack of control in every area of experience (ibid).

Previous research on gender informs us that there are variations in cultural and racial constructions of masculine gender identities and how it is lived (just as with feminine gender identities). For example, Bosow (1992) found that African-American men are considered more emotionally expressive than white American men. At the same time, other research show a great deal of cross-cultural similarity in gender roles.

THREE MODELS OR VIEWS OF MASCULINE GENDER IDENTITY.

How do men come to be the kind of men they are? This is another way of saying how do men come to inhabit or identify with the kind of masculinity that they do? How do we even begin to think about, conceptualise or theorise about men and masculine gender identities? It's necessary to think about this, for how we approach or conceptualise the issues involved about men and masculinities is likely to inform possible intervention practices.

Brittan (1998) reports on three emphases which are relevant as to how researchers have conceptualised or thought about masculinity. They are: the socialization case; the masculine crisis view; the social construction model" (Brittan, 1989, p. 19).

Some major aspects of each of the views or models are briefly summarised in the following section.

THE SOCIALIZATION MODEL AND MASCULINE IDENTITY

The socialization model essentially emphasises that a male person's (like a female person's) sense and experience of gender is the outcome of his socialization experiences, especially in relation to gender. `Socialization' refers to social processes involving cultural institutions (e.g. the family, the media, the school) that prepare younger members of society to one day assume already established conventional roles (such as gender roles).

Women's and men's masculine or feminine identifications are thus the product of gender socialisation processes, especially those experienced in our families, and reinforced by other

societal institutions such as schools and the media (Conception et al., 1999). Much of what society regards as appropriate masculine and feminine behavior is mirrored and maintained in many, if not most, family structures. This makes the family structure the most important social site for gender socialization (ibid.).

In accounting for how gender is acquired, socialization models take the 'natural attitude' to gender for granted: that biological differences are the starting point for the construction of gender differences. Men and women are believed to be different kinds of human beings because they are biologically different. Gender roles, so the argument goes, are then later added to biology to give us gender. Once this happens, men and women acquire their appropriate gender identities (Brittan, 1989).

The implication is that men acquire their heterosexual masculine identity/ies from having internalised (over a period of time), and identified with, an already established masculine role. In this scheme of things, men cannot be anything other than masculine since that is what they have been socialized to be. In Brittan's (1998, p.21) words, "when I behave like a man this can be accounted for by my identification with some master gender script which lays down the requirements of my role performances". Men's experience of maleness, their experience of masculinity is therefore "nothing more than an ensemble of internalised social relationships" (ibid.).

The socialization model ascribes to a developmental view of gender identity acquisition. The adult male's current sense of maleness or manhood is the result of what went on during his childhood years, especially in relation to messages received and perceived about gender. What is also implied here is that men (as boys) have very little influence in the outcome of their gender socialization since children are not really in a position "to resist the imposition of social and cultural controls" (Brittan, 1998, p. 39). In other words, children tend to accept their gender socialization in a passive way and contribute little, if anything, to their own gender formation.

Gender socialization models of masculine identity acquisition thus assume that society, through parents and other institutions, do things to boys and girls who happen to be mostly on the receiving end of learning to become masculine and/or feminine. It further implies that once done, “nothing can reverse or subvert what is done” (Brittan, 1989, p. 35). Assuming that boys and young men are mostly passive in their gender acquisition, and that what was done cannot be reversed, gender socialization is then politically and socially dangerous. Men don’t have to take responsibility for their sexism, for instance; “Blame my sexism on society/parents/others, since they are responsible for my socialization”. Nor do men have to take responsibility for change; “What’s done is done, how can you undo the past?” In addition, Horrocks (1994, p. 21) points out, if adult men are experiencing “gender problems”, these are seen as replays of gender problems coming from childhood.

THE MASCULINE CRISIS MODEL AND MASCULINE IDENTITY

Adherents of this model observes an irony: that currently in our predominantly patriarchal ‘masculinist’ culture men, and masculine identity, is in a general, genuine crisis. The crisis shows itself in a way that “many men feel both insecure about, and dissatisfied with, their identity” (Horrocks, 1995, p. 11). Johnson (1994) puts it this way: “There was a time when men took it [their manhood] for granted. It was just there. Now, they are not so sure. And the thing about manhood is: without confidence, it’s nothing” (p.38). “Years ago,” comments Keillor (cited in Johnson, 1994) “manhood was an opportunity for achievement, and now it is a problem to be overcome” (p. 40). Kaufman found that the most common response to the male identity crisis is simply confusion: “Guys just don’t know what to do anymore, since change doesn’t come with an operating manual”. (cited in Johnson, 1994, pp. 39-40).

Conventionally, having some sort of social power and exerting some measure of control has been equated with being masculine. Part of the problem, reckons Kaufman (1991), is that many men don’t feel that they are in control. He goes on to say that (ibid.) “if you equate being a man with having power, a lack of power can make you feel incomplete, inadequate, impotent”. Since women have started challenging men’s power, they have helped to uncover the “profound insecurity that lies beneath it” (Kaufman cited in Johnson, 1994, p. 38). Ever

since, men have been trying to redefine what it means to be male. Such redefining happens in a context, according to Horrocks (1995), in which “old boundaries of gender and sexuality are blurred and transcended”, and in a far more publicly visible way than before.

Apart from feminist inspired challenges to men’s power, what else contributed to men’s current crisis in their masculine identities? The male crisis view also explains men’s gender problems in terms of psychological processes. These have their origin in early or primary socialization experiences. Incorporating socialization theory into its fold, the male crisis model holds that a boy’s initial interactions with his parents are primarily responsible for his present discontents (Brittan, 1989).

The problem with men (and presumably with society), according to masculine crisis theory, is that “men [and especially boys] find it difficult to identify with appropriate male role models. If such models (fathers or father-figures, older brothers, sports heroes, for instance) are absent, or partially absent, men suffer from an acute sense of gender confusion. A healthy gender identity requires a proper identification with some kind of father-figure” (Brittan, 1989, p. 25). Men/Boys therefore need the presence of other men to whom they can relate, to become proper men. Some of the factors that jeopardize a boy’s efforts to attain a healthy sense of manhood, wrote Pleck in 1982 (cited in Brittan, 1998) are: “paternal absence”, which could lead to “maternal over-protectiveness”, as well as the “general blurring of male and female roles”.

Patriarchal social relations are then ultimately held responsible for the general crisis in masculinity. Because of the sexual division of labour, men/fathers are forced to “work away from home and neighbourhood, leaving women with the sole responsibility for the rearing of children” (ibid.). This spells danger for male gender identity. Brittan (ibid.) quotes Pleck who believes that what boys/men need for the development of a healthy sense of male gender identity, is “a family context in which boys have equal emotional and cognitive access to both parents”. But this state of affairs are virtually impossible to achieve in a world where men are only marginally concerned with their son’s socialization.

The crisis in male gender identity therefore comes about because society has forced both men and women (and by implication, boys and girls) to deviate from the “master gender stereotypes” of their society. Because men as fathers are mostly absent from the family environment, for instance, the task of disciplining (representing male authority) is left to the woman as mother. And in addition, having women challenging men at all levels generates changes in social processes around gender. The upshot is that men have lost their “gender certainty”. Their efforts to regain such certainty seem to make matters worse. Many men respond by over-compensating for this loss of power and authority. But the more they do this, “the more acute is their feeling of insecurity and anxiety” (Brittan, 1989, p. 25).

THE SOCIAL CONSTRUCTIONIST MODEL AND GENDER IDENTITY

As an alternative to the biographical and developmental view of gender, the social constructionist model argues that “gender has no fixed form”, and that “gender identity is what I claim it to be at this particular moment in time” (Brittan, 1989, p. 36). Gender and gender identity is not a simple fact of nature, but is created/constructed, maintained or challenged in social interactions. In other words, gender identity is an accomplishment. Men have to do “identity work” to attain and maintain their masculine identities.

Social constructionists believe that our society’s heterosexual structuring of gender relationships is not permanent. What gives it the appearance of permanence is the way in which it is taken for granted and reproduced as if it were normal and natural. All of us, including parents and children, together construct our gender identities, even though we are not necessarily conscious of this (Brittan, 1998). The point is that we all, through our daily interactions help to sustain the belief in the ‘naturalness’ of gender.

In reality, there is no single, consistent image of manhood or masculinity, but a range of quite different, even contradictory images or representations/constructions of manhood (Edley & Wetherell, 1996). The latter authors state that manliness is “contested territory”, an “ideological battlefield”. Various social groupings including women and men of different

classes, 'races', ethnic or religious groups struggle (albeit seemingly invisibly) to "control the meaning of masculinity". It is therefore more accurate to say that men take up, or identify with, this or that form of masculinity, rather than seeing oneself as stuck with what nature has decreed.

Men choose (even though they are not aware of it most of the time) to commit themselves – what Brittan (1998) refer to as "gender commitment" – to a particular form or image of masculinity. Alternatively, men can be seen as positioning themselves in relation to a particular form of masculinity. Research suggests that most heterosexual men would not suddenly accept the idea that gender is an accomplishment; that being masculine requires identity work. But, it is only when men or boys are confronted with the unexpected that they have to put a lot of effort into their "gender commitments" (p. 40). It is when their sense of manhood is challenged by others, when they somehow have to defend their own commitment to being masculine, that's when their "discomfort is a sign that [gender] identity work is going on" (Brittan, 1989, p. 41). When experience contradicts a man's sense of his manhood, he is likely to realise that masculinity, like all gender identity, is a tentative and fragile thing.

To say that there are multiple forms or styles of masculinity, and that masculinity is always subject to negotiation, is not the same as saying that it can be discarded at will. Nor is it to claim that each episode of social interaction brings into existence an entirely new masculine identity. Social constructionist theory recognises that even though gender identity is open to change, uncertainty and confusion, there are many powerful social and individual factors that hampers men's efforts to change. However, the model makes it possible to envisage how, for example, we can conceive of subverting and changing present gender inequalities.

PART 2

CHILDREN AND GENDER IDENTITY ACQUISITION

The following section provides a brief summary of relevant literature on children's gender identity formation or acquisition. It concerns the issue of learning how to be male and female in a particular social context. Four major views - Identification theory, Social Learning theory, Cognitive-Developmental theory and Social Constructionist theory - are outlined, as these have been popular in theorising about how children acquire gender identity and stereotypical beliefs about gender.

Identification theory

Chodorow (1989) offers a revision of this theory that places gender acquisition in a social context, and aims to explain why females grow up to be the primary caretakers of children, and why they develop stronger affective ties to children than males do. She suggests that identification is more difficult for boys since they must psychologically separate from their mothers and model themselves after a parent (the father) who is largely absent from home. Whereas girls learn, in the formation of gender identity, "I am what mom is", boys, on the other hand, do not learn "I am what dad is", rather, they learn, "I am what mom is not". Thus, a boy's sense of masculinity starts out with a sense of antifemininity.

Consequently, boys become more emotionally detached and repressed than girls. Girls do not experience this psychological separation and so "feminine personality comes to define itself in relation and connection to other people more than masculine personality does" (Chodorow, 1989, p. 83).

Given that the sexual division of labour, in which only women care for infants, is not present in all societies (or even all family structures within the same society), it could be that Chodorow's view does not accurately reflect the experiences of many parents/mothers and children, if racial, class, and ethnic differences are accounted for.

Social Learning theory

Adherents of this perspective suggest that the notion of reinforcement – a behavior consistently followed by a reward is likely to occur again, whereas a behavior followed by punishment is unlikely to occur again – applies to the way children and people in general learn, including the way in which they learn gender (Renzetti & Curran, 1995). Thus, children acquire their respective gender by being rewarded for showing gender-appropriate behavior and punished for showing gender-inappropriate behavior. A boy who punches another boy and receives praise from others for such behavior, is likely to repeat this behavior in the future. But children also learn through indirect reinforcement. For example, they may learn about the consequences of certain behaviors just by observing the actions and outcomes it has for others (Bronstein, 1988). Seeing another man or boy throwing a punch and being praised for it may induce the boy, who is doing the observing, to repeat the behavior as it seems rewarding.

Social learning theorists also suggest that children also learn by imitating or modelling those around them. Children will most likely imitate those who positively reinforce (reward) their behavior; they also seem to model themselves after adults whom they perceive to be warm, friendly, and powerful (that is, those adults who are/appear to be in control of resources or privileges that the child values). Bussy & Bandura (1984) suggest that children will imitate individuals most like themselves: same-sex parents and older same-sex siblings, but teachers and media personalities also serve as effective models.

Cognitive-Developmental theory

The theory holds that children learn gender (and gender stereotypes) through their mental efforts to organise the social world. In short, young children are active in structuring their understanding of gender roles (Richardson, 1993). All children go through a stage of wanting to conform to stereotypical expectations of what girls and boys are like, irrespective of what their parents or teachers may say or do. Once they become aware that they are a girl or a boy (around the ages 2-3) they actively seek out opportunities to behave in ways, which they see as being 'girl-like' or 'boy-like'.

At this age the child's understanding of what it means to be a boy or girl is very restricted. Richardson (1993) says that doing what girls or boys are expected to do is what being a girl or being a boy actually means.: "You are a girl because you play with dolls. You are a boy because you wear trousers and not a dress". Furthermore, the belief is that as children develop and mature mentally, they become aware that masculinity and femininity are not absolute concepts, but that they are relative and their meanings can vary.

Social Constructionist theory

There appears to be two fundamental assumptions about how individuals acquire gender (Bem, 1993). First, there are hidden assumptions about sex and gender in a culture's discourses and social practices, and these are internalised by the developing child. The second assumption is that once these hidden assumptions are internalised, they predispose the child, and later the adult, to construct an identity that is consistent with these assumptions about sex and gender.

The process of gender formation/acquisition begins with categorising children as male or female on the basis of their biological characteristics, and gradually transforming them into masculine and feminine adults (Hare-Mustin & Maracek, 1990). This process of cultural moulding (Weedon, 1987) entails the specific organisation and shaping of the emotional as well as mental/psychological capacities of children.

The social construction of conventionally gendered women and men (and male and female children) is achieved by situating/positioning individuals around the hidden assumptions of androcentrism (male-centredness) and gender polarisation. Social practices not only program different social experiences for males and females, they also transfer the androcentric and gender-polarising assumptions to the psyches (minds) of the individuals (Bem, 1993). A message about gender is sent, for instance, every time children observe that although their mother can drive a car, their father is the one who drives when their parents or the family go out together (Renzetti & Curran, 1995). Thus, children are to develop an awareness of a

consistent view of the essentially non-contradictory nature of gender identity. In other words, boys will come to learn to what it means to be (and remain) boys and what it means to be different from girls; and that trying to look, or be, like a girl is “unnatural”.

In a male-centred society certain social practices also communicate to both male and female children that males are the privileged sex and that the male perspective is the privileged perspective (Bem, 1993). It also entails differential treatment of the two sexes, as well as restricted access to certain roles, status, and opportunities on the basis of gender. On the other hand, gender-polarising social practices program different social experiences for males and females, and they communicate that the male-female distinction is extraordinarily important, and that it has relevance to virtually every aspect of human experience.

Children and Gender Stereotyping

Gender stereotypes provide a system for classifying people that operates as a standard throughout our lives, influencing our expectations about ourselves and others, including making judgements about others based on their gender-related characteristics and behaviors (Brannon, 1996). Research (Whiting & Edwards, 1988; Williams & Best, 1990) shows that there are more similarities than differences in the gender stereotypes of many cultures. They identified six adjectives that were male associated in all of the six cultures they studied: adventurous, dominant, forceful, independent, masculine, and strong. The three adjectives that were female identified were: sentimental, submissive, and superstitious. Meehan & Janik (1990) propose that once stereotypes are socially formed and shared, people perceive that relationships exist between gender and various behaviors even when no relationships exist, or the relationship is not as strong as their perceptions indicate.

Since children are not born with gender stereotypes, they learn how to be males and females in a particular society, with its particular attributions and expectations that are organised according to a dualistic gender system (Kaschak, 1992).

PART 3

MEN, MASCULINE IDENTITIES, SEXUALITY AND MEN'S SEXUAL BEHAVIOR

This section begins with a discussion on gender and sexuality in general. It highlights the need for a gender perspective on human sexuality, and asserts that masculinity serves as the main building block of most men's sexuality.

Most people in modern Western culture are not used to thinking about gender except in terms of it as a binary (male-female or masculine- feminine) social category: most commonsense discussions of human sexuality focus on male and female sexuality as two mutually exclusive and oppositional aspects of experience. Be that as it may, most of the sex surveys that have been conducted, mainly in Western countries since the 1940's up to the 1980's, revealed that human sexual behavior is far more varied than most people would think. The results of Kinsey's surveys conducted in the United States as early as the 1940's – the survey on male sexuality appeared in 1948, and that on female sexuality in 1953 – showed, for instance, the prevalence of same-gender sexual activity, of masturbation during childhood and during marriage, and of premarital and extramarital sex diverged quite radically from the prevailing social norms (Brannon, 1996). Human sexuality, as it is lived and experienced, seems far too complex to be neatly captured in ordinary or scientific language.

GENDER AND SEXUALITY

Human sexuality and gender is inextricably linked. Gender, wrote Fracher and Kimmel (1987), is the most significant element, the foundation, on which we build our sexuality. Rubin (1984) suggested we think of sexuality as a system that cannot be understood as gender neutral. We associate definite socially/culturally formed and given meanings to male and female sexuality. The meanings are not arbitrary, but are so constructed to ultimately serve patriarchal socio-political and socio-economic interests, that brings about and keeps alive mainly White, heterosexual, middle- and upper-class, male privilege (Kitzinger & Wilkonson, 1993, cited in Tolman, Striepe, & Harmon, 2003).

As a social construction, sexuality is partly both a learned set of behaviors, as well as mental interpretations of those behaviors (Fracher & Kimmel, 1987). How individual or groups of people interpret their sexuality and sexual behaviors vary from culture to culture. It may also change over the course of any one person's life within any culture (ibid).

Masculinity – the cultural definition of manhood – serves as the main building block of most men's sexuality. It is through their understanding of masculinity that men perceive and think about their sexuality, and it is through their sexuality that men confirm their sense of themselves as masculine (Fracher & Kimmel, 1987).

Sexuality is not simply determined by biology. Anatomical features do not automatically determine either/only masculine heterosexuality or feminine heterosexuality. To suggest that sexual orientation, for instance, can be located in biological difference fits into a view that places sexual behavior beyond personal choice (Brannon, 1996). Biological sex in itself is given social meaning (Muehlenhard et al., 2003), with genital features imbued with symbolic content (Brittan, 1989). Hence, sexuality is as much, if not more, the outcome of a socialization process that is culturally specific (Gagnon & Simon, 1973 cited in Fracher & Kimmel, 1987).

The fact that we are sexual beings is determined by a biological necessity toward reproduction. But “*how* we are sexual – where, when, with whom, how often, and why, has to do with cultural learning”, and with meanings that we encounter in a cultural setting (Fracher & Kimmel, 1987, p. 457). It is unproductive to treat biology and culture as separate aspects of human existence, when they both contribute to each other (Brittan, 1989).

HETEROSEXUALITY

Most people in Western societies take heterosexuality for granted (Brittan, 1989), as an automatic, inevitable, and unavoidable, biologically determined “fact”. Research also shows that most people develop a heterosexual rather than a same-gender erotic or sexual orientation (Brannon, 1996). Even so, heterosexuality is so infused in Western culture that

people tend to assume that everyone is attracted exclusively to members of the other sex unless something is wrong with them (Kilmartin, 1994).

When heterosexuality is culturally assumed to be normal and natural, alternative forms of sexuality are then held as some kind of deviation (Kilmartin, 1994). Yet, it is a social reality that there are many masculinities and femininities, many sexualities – “people, are not simple heterosexual or homosexual” (Horrocks, 1995, p. 21).

Horrocks (1995) maintains that heterosexuality itself can be understood and dissected politically, not as a ‘natural’ choice, or a biologically driven disposition. As a political institution, he continues, heterosexuality as an identity forms part of a patriarchal culture “that uses heterosexuality to punish other identities (and also to punish heterosexuals!)” (p. 2). Heterosexuality is thus used to exert a specific kind of socio-political power. Fracher and Kimmel (1987) noted in this respect, for example, that all boys in patriarchal culture are subject to an anticipatory socialization toward heterosexuality, regardless of their eventual sexual preference; there is simply no anticipatory socialization toward homosexuality.

Yet, heterosexual people today find it more possible to investigate how much of their own gender and sexuality is limited by cultural stereotypes. They may ‘play with’, or act out, sexual identities that may be contradictory to their usual social persona. Such investigating or experimenting may also bring about personal suffering for many people (Horrocks, 1995). This does not detract from the fact, however, that sexuality, as a social product, is always potentially open to undergo deconstructing and reconstructing.

MEN, MASCULINITY AND (HETERO)SEXUALITY

Most men who adhere to heterosexual norms about manhood use their sexuality to express their masculinity: sexuality becomes “a proving ground for adequate gender identity” (Fracher & Kimmel, 1987), and is central to their gender identity as men (Kilmartin, 1994).

Prescriptions for men on how to experience themselves sexually form part of the larger cultural context of masculine values (Kilmartin, 1994). The contemporary male sexual script dictates that adequate sexual functioning is seen as proof of masculinity (Fracher & Kimmel, 1987). As a result, men come to dread sexual problems as these will damage their sense of masculinity, making them less of a 'real man' (Fracher & Kimmel, 1987). Because of the social connection between sexual performance and masculinity, men's sexual problems can lead to anxiety, self-doubt and even depression in men (Kilmartin). Thus, to say that sexuality in general, and male sexuality is particular, is socially and individually constructed, does not make it's experience as a lived reality less real (Brittan, 1989).

Brannon's (1976) four normative themes of traditional masculinity, including "antifemininity", and "status and achievement", provides a useful framework for understanding the demands placed on masculine sexuality (Kilmartin, 1994). Referring to contemporary American men, Fracher and Kimmel (1987) noted that normative masculinity requires of masculine men to avoid and repudiate all behaviors associated with femininity. Men are to avoid at all costs "feminine" behaviors, interests, and personality traits, if they want to be regarded as 'real men'. This building block of masculine sexuality requires of men to never stop patrolling their boundaries and observing their performances to ensure that they are sufficiently male (Fracher & Kimmel, 1987).

The normative heterosexual masculine expectation for success and power lead men to view the sexual arena as a site for showing sexual competence, conquest and performance (Kilmartin, 1994). For many men, sexual performance entails living up to the fantasy of producing erections at will and repeated orgasms on one's partner, as well as having sexual stamina (Kilmartin, 1994). It also induces in men a goal-oriented attitude toward sex. The focus then is on feeling good from having "conquered"/"scored" someone, instead of focusing on enjoying the sexual experience (Kilmartin, 1994).

Kilmartin (1994) noted that the image that emerges from the traditional masculine view is of the man as a sexual machine with his penis (sometimes described as his "manhood") as the

main component of that machine. Sex then involves a set of technical skills rather than as a human connection. And, of course, not having a huge penis means that you are less of a man.

'Real' masculine men are also supposed to suppress any sign of emotion and vulnerability. This gender-role demand requires of men to approach sexuality as if it were a job to do (Kilmartin, 1994), rather than an emotional and intimate encounter. Male sexualization teaches young men to detach their emotions from sexual expression. Later, such detachment allows men to have numerous sexual partners without cluttering up the scene with unpleasant emotional connection (Fracher & Kimmel, 1987).

Men also learn about and practice their sexuality in a culture where the sexual double standard informs and shapes the expression of men's (and women's) sexual experiences. It dictates that women who engage in frequent sex with many partners are labelled as "sluts" or "promiscuous", whereas men who engage in the same behaviors are "studs" and heroes (Kilmartin, 1994). Men's sexuality and sexual expression are given relatively free reign, while women's sexuality is restrained (Muehlenhard et al., 2003). Men who come to accept the double standard may find it difficult to love women if they are sexual with her, and they cannot be sexual with someone if they love her (Kilmartin, 1994). Of course, male and female sexual behavior that is inconsistent with this double standard – men who do not have sex with many partners or women who may have many sexual partners, for instance – will appear deviant (Muehlenhard et al., 2003).

MASCULINITY AND HOMOSEXUALITY

Homosexuality refers to a person's experience of erotic attraction to, and choice to engage in, sexual activities with members of their own gender (Brannon, 1996). It carries a powerful taboo in most Western societies, especially if the two people involved happen to be male. Studies by Morin and Garfinkle (1978, cited in Brannon, 1996) showed that male homosexuality is subject to much greater intolerance than female homosexuality. Despite the taboo, however, homosexual behavior is not unusual, as historical evidence indicate that a

significant proportion of the world's population is homosexual or bisexual - sexual attraction to individuals of the same as well as the other gender (Brannon, 1996) (Kilmartin, 1994). Even though homosexuality exists in a minority in the population, that does not make it pathological, as many gay and lesbian people enjoy healthy, satisfying lives (Kilmartin, 1994).

But homosexuality and heterosexuality are not neat categories with clearly identifiable boundaries (Kilmartin, 1994). Men who are erotically attracted to other men are not necessarily feminine in appearance or behavior, and women who find other women sexually attractive are not necessarily more masculine than other women (Brannon, 1996) How do we actually define homosexual or bisexual? Do we define these terms with regard to a person's current sex practices, sexual history, fantasy content, or the identification of the self as being homosexual or bisexual? (Kilmartin, 1994). Is a person lesbian or gay if she or he has engaged in sexual activity with a person of the same gender at any one time during the person's life? Research shows, according to Brannon (1996), that a large number of both men and women have some sexual experience with a member of their own gender. In addition, most people who have some sexual experience with members of their own gender do not choose such relationships as their primary form of sexuality throughout their lives Brannon (1996).

Patriarchal social relations trap men's sexuality in a double-bind. For patriarchy to work it has to simultaneously bring men together yet prevent the expression of overt mutual sexuality between them (Horrocks, 1995). Homophobia (the fear of same-sex attraction) is both the substance and the enforcer of patriarchy and sexism (Pharr, 1988 cited in Kilmartin, 1994). Because men have learned to sexualise feelings of attachment, this causes difficulty when men begin to feel close to each other. Thus homophobia functions to trap men (and boys) into rigid gender roles and limit their friendships with other men (Kilmartin, 1994).

When men are expected to be exclusively heterosexual, then vague feelings of same-sex attraction tends to threaten a man's sense of masculinity and, ultimately, self-esteem. Consequently, men adopt a defensive style in which they psychologically place these

unwelcome, yet real, feelings outside themselves, making it easier to hate the feelings. But this defensive style prevents men from learning about themselves and encourages them to react to the pressure of masculine insecurity by overconforming to the male gender role (Pleck, 1981a). This hyperconformity is dehumanising and has negative implications for physical and psychological health, as well as relationships with other people (Kilmartin, 1994). The gay man, for instance, who has learned to hate homosexuality (as a result of heterosexual socialization pressures) in his childhood may find himself dealing with feelings of self-hatred in adulthood. Even though at one level he knows that these feelings are irrational, one another they seem quite real and not easy to ignore (Kilmartin, 1994).

MALE SEXUAL ISSUES AND SEXUAL HEALTH

Male Circumcision

Male circumcision (the cutting and removal of the penile foreskin of the male infant) is the most common surgery performed in the United States (Goldman, 1992 cited in Kilmartin, 1994). Only 20 percent of boys in the United States did not get circumcised in 1989, wrote Hussey (1989 cited in Kilmartin, 1994). Although circumcision has ritual meaning for some cultural and religious groups, the rise to the 80% rate was motivated by beliefs about the value of the process for hygiene, disease avoidance, and other concerns (Kilmartin, 1994).

Some authors believe, however, that the potential for psychological and physical harm following the circumcision far outweighs its benefits Kilmartin (1994) made reference to the following untruths about male circumcision. One is that a circumcised penis is cleaner and infections can be easily avoided. The truth is that an uncircumcised penis is easier to care for, and infections can be avoided by simple and common hygienic procedures. It is also an untruth that circumcision prevents penile cancer. There are more death from circumcision than from penile cancer.

Sexuality and Reproductive health

Men who strive to live up to the masculine ideal of promiscuity are taking risks that are potentially hazardous to their (and other people's) health. "Studs" do not spend their time

taking precautions to avoid disease or pregnancy, talking to partners about sexual histories and birth control, or turning down sex because it is risky to be promiscuous (Kilmartin, 1994). Tolman et al., (2003) noted that heterosexual boys' masculinity ideology predicts their use of condoms and other aspects of their sexual decision-making. The research suggests that the more boys accept conventional masculinity, the more likely they are to take sexual risks (Pleck et al., 1993b cited in Tolman et al).

The latter authors commented that although there is a consensus that gender is a key aspect of sexuality, how gender influences sexual health is understudied. In a male dominated society, noted Staples (1986), issues in sexual reproduction are subordinated to the male's desire to affirm his virility and/or masculinity. Studies show that males who strongly believe that their masculinity status is associated with their virility do not communicate very well with their wives on the subject of family planning (Staples, 1986). The result is that women as wives are less effective in limiting their families to the number of children they desire. Staples also noted that the male virility cult is strongest in underdeveloped countries and among low-income ethnic groups in industrialized societies, including much of the black population in the United States.

Most approaches to sexual health are narrowly focused on avoiding unwanted pregnancy and disease (Tolman et al., 2003). The 1995 statement of the National Commission on Adolescent Sexual Health (United States) defines sexual health as including the abilities to (a) develop and maintain meaningful interpersonal relationships; (b) appreciate one's own body; (c) to interact with both genders in respectful and appropriate ways; and (d) to express affection, love, and intimacy in ways that are consistent with one's own values. Achieving sexual health, the authors noted, requires the bringing together of psychological, physical, societal, cultural, educational, economic, and spiritual factors. Thus a model of sexual health needs to recognize the broader contexts of relationship and community as part of sexual health.

Satcher (2001 cited in Tolman et al., 2003) had the following to say about sexual health: it is not limited to the absence of disease or dysfunction, nor is its importance confined to just the

reproductive years. It includes the ability to understand and weigh the risks, responsibilities, outcomes and impacts of sexual actions and to practice abstinence when appropriate. Sexual health, Satcher continues, also denotes freedom from sexual abuse and discrimination, and the ability of individuals to integrate their sexuality into their lives, derive pleasure from it, and to reproduce if they so choose Tolman et al., 2003).

CHILDREN AND SEXUALITY

Results from Alfred Kinsey's surveys conducted in the early forties and fifties in the United States indicated that children experienced sexual excitement and activity. He suggested that sexuality begins before puberty (Brecher, 1969 cited in Brannon, 1996). In addition, Kinsey and his colleagues noted that characterizing children's sexuality is difficult. Sexual activity during childhood consists mainly of masturbation (manipulating the genitals to produce sexual pleasure) and exploratory play. Children tend to direct their exploratory sexual play toward same- or other-gender children (Brannon, 1996). It is therefore not easy to judge whether children's sexuality is clearly heterosexual or not.

Some societies allow children (or even expect them) to experiment with sex, whereas others place restrictions on childhood sexuality (Ford & beach, 1951, cited in Brannon, 1996). Societies that restrict childhood sexuality tends to not only limit information about sex to children, but tends to put more restrictions on the sexuality of girls and women than on boys and men (Brannon, 1996). Brannon (1996) refers to research that showed that gender differences in adolescent sexuality continues to reflect the double standard of sexual behavior for boys and girls. Adolescent boys, indicated Muehlenhard et al. (2003), tend to show and enforce the sexual double standard, such as when school-boys proudly portray themselves as sexually active while disparaging sexually active girls.

During late childhood and preadolescence, children seek out the company of same-gender peers and avoid associating with other-gender peers. This gender segregation limits the opportunities for heterosexual activity, but does not show a lack of interest in the other gender (Brannon, 1996). Nevertheless, there is an assumption that children, as adolescents, will

develop heterosexual interests. Research found that most people who have same-gender sexual experiences do so as a part of adolescent experimentation and not as the beginning of a gay lifestyle.

Given that the socially acceptable and enforced arrangement for sexual behavior is premised on heterosexual ideology, male adolescents who feel attracted to members of their own gender is bound to experience problems. They often struggle, according to Brannon (1996), with feeling that something is wrong with them, and develop self-esteem problems. In investigating bullying associated with homophobia in schools, Eder et al. (cited in Phoenix et al., 2003) observed how boys 'police' their own and others' behavior in order to defend themselves against humiliation and being considered not sufficiently masculine.

Since gender operates to shape the various dimensions of sexuality - including that of children and adolescents- investigators need to understand the cultural and personal meanings of a girls'/boys' race and ethnicity, socio-economic status, and sexual orientation in understanding their sexuality (Tolman et al., 2003). Do black South African men, for instance, experience their collective and individual sexuality as notably different from that of white men? Can we approach the sexual education of younger males and females without taking their racial and/or class identities into account? Black men's sexuality in the United States, for instance, is supposedly different to that of white American men. The latter constructed and acted upon stereotyped images of black men as "primitive black beasts" (Staples, 1986); black men's sexuality, and therefore black men, are dangerous, on the prowl, in need of social surveillance. So, black men's (like black women's) sexuality is also racialized.

Masters et al. (1992) believed that sexual explorations during preschool or elementary school are rarely harmful, but that social intervention, such as parental punishment, can be. Leaving a permanent impression that something is wrong with such activity is a likely consequence (Brannon, 1996). It is also during preadolescence that the double standards for sexual behavior starts, with boys in general allowed more freedom in their sexuality than girls.

Traditional sexual socialization at times transmit contradictory messages about male sexuality to young men, says Fracher and Kimmel (1987). Male sexual socialization teaches young men, they continue, to associate sexual pleasure with feelings of guilt and shame. This message becomes reinforced by the school, family, religion, and media images of sexuality. Furthermore, many young men learn to identify with a phallogentric definition of male sexuality. Intercourse becomes the major goal to be achieved in adolescent sexual encounters (Fracher & Kimmel, 1987). Consequently, many sexually active young men is troubled by anxiety performance.

Studies reported by Daly (1992) done in the United States found that boys generally have a lower age at first intercourse than girls. Brannon (1996) noted age of first intercourse also varies with ethnic background: black adolescents in the United States had first intercourse at a younger age (16.8 years for girls and 14.3 years for boys) than any of the other ethnic groups.

SEXUALITY AND ADOLESCENT SEXUAL HEALTH

What can we learn about preadolescent sexuality in the context of sexual health among adolescents? We noted earlier that gender must matter in conceptualising sexuality. If not, many questions about power, privilege, and access – issues pertinent to understanding many aspects of sexual health – will be ignored to everyone's eventual detriment. Sexual identity is more than just sexual orientation. With reference to adolescent sexuality, Tolman et al. (2003) observed that how we think about and unpack gender and sexual health influences research, education, and services for adolescents.

A model of sexuality for girls and boys needs to articulate healthy versions of sexuality explicitly in the context of a patriarchal society. A model of adolescent sexual health for boys should complement that of girls, while capturing early adolescent boys' stories, reflections, or narratives about their peer and romantic ('puppy love') relationships and descriptions of their experiences with sexuality (Tolman et al., 2003).

These authors continue by saying that work on boys' sexual health need to include aspects of heterosexuality as an institution that control boys and men, often at the expense of girls and women. Patriarchal socio-political and socio-cultural discourses about male adolescent sexuality locate boys as being driven by sexual desire and as sexual predators with no interest in emotions or relationships.

Some Implications for Intervention work with preadolescent Boys

Demographic profile of Target Group

Recent Census (2001) data showed that of the estimated 44, 8 million people (21,3 million male and 23, 3 million female) currently living in South Africa, 9,9 million are between the ages five to fourteen. Based on population distribution figures across the country's nine provinces (Census, 2001), the vast majority of preadolescent boys would seem to reside in Kwazulu-Natal, of which the majority are Black Africans (504 586 ages 9-5). The least number of Black African boys are in the Northern Cape province (14 628). Whereas the majority of White South African boys are concentrated in Gauteng (57 778 between ages 9-5), the least number are in the Northern Cape (3 370 between ages 9-5). Most Coloured preadolescent boys are to be found in the Western Cape (125 201 between ages 5-9), with the least number in the Limpopo (589 between ages 5-9). The majority of boys from Indian/Asian origin are in Kwazulu-Natal (31 969 between ages 5-9).

An October household survey of 1999 showed that approximately 87.5% of 6-11 year old boys (88.2% for girls between 6-11 years) enrolled in primary school. Calculation suggest a slightly overall dropout rate for girls than boys. Dropout rate figures (1997-2001) indicated a 28% dropout rate for girls, and 31% rate for boys between ages 6-11 years.

Four major reasons for engaging young men on issues of gender violence prevention and sexual health initiatives:

1. Young men have sexual and reproductive health needs of their own, including the need for information, the need for dealing with doubts and concerns and the need for services for untreated and undiagnosed STI's, among others. In terms of gender-based violence, young men may themselves have been witnesses or victims of such violence and often require spaces where they can talk about these issues; 2. Encouraging young men to take a greater role in reproductive health and care for their partners and children and interacting with their partners with respect rather than violence is necessary for achieving greater gender equity; 3. From a developmental perspective, styles of interaction in intimate relationships are "rehearsed" during adolescence. Viewing women as sexual objects, using violence against women, delegating sexual and reproductive health concerns to women, using coercion to obtain sex and viewing sex as a performance generally begins in adolescence (and even before) and may continue into adulthood; 4. young men are often more willing and have more time to participate in group educational activities than do adult men. (Promundo, 2002, p5).

Research studies indicate that the media also have a powerful impact on how people in general, including young children, experience and perceive sexuality. The media have an impact in at least three ways: (a) by keeping sexual behavior on public and personal agendas, (b) by reinforcing a relatively consistent set of sexual and relationship norms, and (c) by rarely including sexually responsible models (Brown, 2002).

Keller and Brown (2002) noted that Mass media may be especially useful for teaching young people about reproductive health because it can be used to articulate messages in young people's terms. Several international studies show that exposure to family planning messages, for instance, through television, radio and print media are strongly associated with contraceptive use. Safe sex media campaigns have also been linked with increased condom

use among young people, as well as with reductions in the numbers of teenagers reporting sexual activity.

In all health communication programs, including sexual health, the involvement of members of the target audience as educators and program developers are regarded as a key to their success. Clearly, more focused research is needed about, and with, preadolescent boys regarding a host of issues focussing on gender, masculinity and sexuality.

What is happening in South Africa (who is working in the area of, and what are they doing) in terms of gender, sex and sexuality, including educational work around, and preadolescent (8-12-year-old) boys.

Reproductive health in South Africa

Who is involved?

Engenderhealth's MAP's (Men As Partner's) program in South Africa tries to bring about constructive male-involvement strategies to address HIV/AIDS and violence against women. The MAP program in South Africa involves the implementation of educational workshops that are designed to challenge the attitudes and behaviors held by men that can compromise reproductive health. Previous (1997) research found that addressing gender issues and violence against women can compromise reproductive health of both men and women in South Africa (EngenderHealth, 2002). What emerged as significant was that in order to help men prevent HIV transmission, dialogues about gender relations, partner communication, relationships, power, and violence were essential. The researchers contend that simply making available to men information about reproductive health in isolation from the social context in which men and women interact would prove to be ineffective (EngenderHealth, 2000). A key question thus revolves around how do we approach issues of HIV transmission and prevention, dialogues about gender relations, partner communication, relationships, power and violence with preadolescent boys?

Workshops in India (Vidya, 2001) with adolescent boys on sexuality uses games, exercises and focus group discussions and sharing of personal experiences by the boys to educate them about the pressures of male gender and sexual roles. Many boys come to learn that what they are going through in terms of gender and sexuality is shared by other boys: most, if not all, men and boys thus feel vulnerable with weaknesses, insecurities and emotions. From this experience, they learn to develop a supportive (instead of “macho” competitive) environment where they feel more and more safe to talk about their feelings and vulnerabilities.

Getnet’s work around men and sexuality

In South Africa Getnet’s (Gender Education and Training Network)’s men and masculinities program constitutes an effort to “contribute towards integrating men in the struggle for gender equality” (Getnet, 2001). In their recent Guidebook for Trainers, Getnet indicated their belief that partnerships between men and women offer an opportunity to speed up equal power relations between women and men. Through their workshops with men the organisation aims to facilitate “the participation of men in institutional transformation” and to help men to become more visibly involved in efforts to eradicate violence against women.

Most men, including young men, in South Africa seem to be homophobic, fearing same-sex relationships. Getnet’s workshops on masculinity aims to help men go beyond their fears sparked by the challenges of what it means to be a new man. Some of the goals in aiding men include (1) communication with partners as a vital step in beginning to involve men in changing gender roles. Workshop exercises involve helping men to explore and recognise how their habitual “avoidance strategies is a first step towards developing genuine communication with women and other men” (Getnet, 2001).

What role do women play in instilling/socializing their sons in the absence of men?

The issue of what role many Black women play in socialising their sons into “manhood” in the absence of their fathers and/or other male authority figures appears under-researched in South Africa. It has been noted, however, that women become the custodians of “culture” in their respective communities. And in practicing as custodians, they ensure that not only boys, but also girls, reproduce the power relations existing among the adult population in that community.

It is also the case that the absence of men is sometimes more theoretical than real. In certain instances women have to run major decisions past the “absent” male to get approval. In this way the male, though “practically” absent exerts socializing pressure and compliance. Thus existing gender relations are reproduced, whether the socialising is done by women or men.

Gender, sexuality and circumcision in South Africa

In many parts of Southern African society circumcision is practised as a process or ceremony to “transform” boys into men. Circumcision is linked to sexuality because the object of its practice focuses on the male sexual organs. It proves to be a complex and heated issue in South Africa, even though relatively under-researched. It links sexuality to customs, belief and culture, and hence, links up with issues of identity. Recently, for example, the South African government’s health services was forced to intervene in cases where the practice of circumcision proved to be a health hazard, including causing death in some cases.

Gender, religion and sexuality in South Africa

A recent (2002) press release by the U.S Interfaith Coalition indicated that South African Churches remain a powerful but as yet untapped resource in the fight against AIDS. There are efforts afoot by many South Africa clergy to implement and sustain reproductive health programs in their parishes. It appears from the available data that Black and Coloured populations, particularly those in the townships surrounding urban areas, are disproportionately affected.

Gender, race and sexuality in South Africa

A 1998 study (Peltzer et al., 1998) to determine South African adolescents' (mean age 19.3 years) attitudes toward rape among White and Black students suggested that the average black student has significantly more conservative attitudes toward rape than the average white student. How relevant is this finding in terms of preadolescent boys across the various population groups?

Barney Mthombothi (Cape Times, 2003) noted that among many cultures, both locally and internationally, sex remains a taboo subject. The result is that AIDS becomes a silent and deadly disease. Morell noted that much AIDS research identifies African men as "a problem" or "the cause" of the pandemic. He reckoned that messages that constantly identify African men will not help to gain their cooperation in efforts to reduce transmission.

Summary and Recommendations

Directions for the future

Focus on doing more immediate to long-term local research on issue. The organisers of a recent conference in South Africa on "Sex and Secrecy" noted that there is a limited amount of work done in the field of sexuality research in an African context.

Dr Fiona Leach noted that the abuse of girls at school by teachers and older boys is commonplace in schools throughout sub-Saharan Africa. She noted that men's and boys' irresponsible sexual behavior endanger the lives of girls. The highest rate of new HIV infection in Africa is now among females in the fifteen to nineteen age group. In addition, research shows that many girls in the twelve to fifteen age group drop out of school due to pregnancy. What does this information say about South African young men's sexuality and sexual behaviors?

The Women's Health project (WHP), an NGO based in Johannesburg launched a sexual rights campaign in 1999 to develop South Africa's first sexual rights charter. Activists recognize that simple messages addressing only the surface issues related to sexuality is not

enough to meet the country's needs. By unpacking the causes of sexual inequality and justice, the campaign tries to reinforce the right of each (young and adult) individual to choose when, with whom, and how to have sexual relations and to support women and men in recognizing and asserting their sexual needs, satisfactions, and sexual safety.

It seems we need to consider how campaigns about the individual's sexual rights impact on work with preadolescent children, especially boys. What, for instance, are South African boys' understanding and conceptions of sexual inequality and sexual safety? For many South African men and women, as well as girls and boys, sexuality is a taboo subject that is presented or constructed as a source of violence, disease and fear, and not as a source of strengthening relationships.

There appears to be a general and global need for education towards gender equality, and the specific need for HIV and safe sex education directed towards heterosexual men and boys. Young men have the capacity to change sexual practices, and can take a more active role in reproductive health generally. More localised research and policy is called for, with an emphasis on including young men and boys as co-constructors of knowledge about gender and sexuality.

Research also suggest that the "choreography" of sexual encounters (Connell, 2003) needs to be looked at, especially among adolescent boys and girls, as safer sex practices can be incorporated into sexual arousal and pleasure. The need for men to care for HIV-infected women should not be ignored, including the caring capacity of both girls and boys.

Workshops and related activities on sexuality for boys and girls elsewhere (for instance in Argentina, Brazil, India) tend include some common elements. Even though work in this area appears to be in its infancy in South Africa, the following can be noted with respect to similar work done in other countries.

(1) In general there is a lack of spaces and opportunities where adults and adolescents can together reflect about sexuality in an informed way. (2) Many girls and boys express

uncertainty about the meaning of sex, sexuality and sexual relationships. A common pattern that appears is that boys (like most heterosexual men) tend to link the sexual act with pleasure, while the girls connect it with love and relationship. We need information on how prevalent this perception is among preadolescent boys: Do they perceive this phenomenon in the relationships between older girls and boys and men and women? What does it imply for their developing sense of their own sexuality? (3) Both girls' and boys' knowledge about HIV/AIDS and STDs appear rather general.

Connell (2003) suggested that integrated programs involving men and women/boys and girls addressing gender inequality and sexuality are necessary. Robert Morell related that we need to know more about courtship practices in South Africa. These constitute a “socially endorsed mechanism of monitoring sexuality” and may be an unpopular topic in relation to young men

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