Becoming cornered

Migration, masculinities and marginalisation in inner-city Johannesburg

Musariri, L.

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'Becoming a good man':
interventions, gender-based violence and HIV

Introduction

In May 2019, when I returned to Johannesburg for follow-up research, I visited Tino at his mobile corner salon. I arrived around three in the afternoon to find several men and only two women with him, including a couple of new faces. Bouncer and Anna, Tino's friend and girlfriend respectively, were among the familiar faces. After greetings and a few jokes, I asked Tino the whereabouts of some of his friends. In his response I was struck by his description of Tapiwa: 'Gogo, if you see Tapiwa now you won't recognise him, he looks like a stick [thin].... Do you know he used to look like Bouncer [fat]?' I had met Tapiwa in 2017 and at that time he was already quite slim; to imagine him ever looking like Bouncer was difficult. Tino's statement was seconded by Gringo, Tino's new friend: 'Isn't it [a common phrase expressing agreement or prompting affirmation]. He is refusing to go to the hospital; he is still in denial. That's the reason I will not drink [alcohol] from the same bottle with him'.

This remark triggered a heated discussion during which most of the men denounced Gringo for his refusal to share a drink with Tapiwa on the basis of his sickness. Tino responded to Gringo and the other men present, '*Amana* [boys], you can't throw your countryman under the bus because of a disease'. Bouncer laughed and said, 'You, Tino, and your kindness: one day you will get in trouble'. Gringo continued: 'You can even see that his lips are red [because of sickness], but he still refuses to get tested. . . . No! I will not take poison because I am shy to say no. You can say whatever you want but I will not drink with him. I don't want to die, I have young kids to look after'. To that Tino responded: 'But Tapiwa also – he has issues. I have been advising him to slow down on his alcohol intake. Imagine, he even comes to me for a smoke, but I refuse. At times you see him struggling to walk but he still insists on drinking'. The discussion went on for a while as the men continued to talk about Tapiwa's sickness and behaviour.

Their conversation provides insights into the varied understandings and attitudes around HIV and AIDS among these men and women. While I sensed there was some type of stigma, as seen in Gringo's remarks, the general consensus was that Tapiwa had to be responsible for his health and should go and get tested. This was verbalised by Anna, Tino's girlfriend: 'We have all told him to go and get treatment but he is refusing'. In reference to Tapiwa's behaviour, Bouncer made a comparison to Jeremiah, who was supposedly on antiretroviral medication: 'Look, Jeremiah takes his tablets and does not have problems. His only problem is he doesn't like bathing, umm, his mouth stinks'. The men laughed. Again, Gringo responded, saying: 'And the way he loves to come and take a sip [of alcohol] from your bottle. . . . Me, I will not touch it again after him'. Again, the other man laughed, pointing out that Gringo was just a difficult man. 'Yes, why

would I drink with someone that I know is taking [HIV] pills?' Gringo remarked. A few days after this incident, when I returned to Tino's Corner, I saw Gringo laughing and sharing some beer with Tapiwa, leaving me confused about how to read his earlier comments. By then Tapiwa had already gone to the hospital and was feeling better. Tino explained: 'We had to drag him; he is alright now'.

I was intrigued by Tino and his friends' insistence that their friend Tapiwa receive medical assistance and interpreted this as a form of care and a shared sense of responsibility for one another. As much as they emphasised and expected individual responsibility from Tapiwa, their efforts illustrated that becoming responsible was also a collective endeavour. This is in contrast with the individualised responsibilisation discourse among public health specialists (Colvin, Robins, and Leavens 2010).

In this chapter I attempt to unpack the complex negotiations that some men go through in becoming responsible in contexts beyond HIV intervention sites, with a focus on men's sense of responsibility for others and for themselves. The complexity is evident in Tino's vacillating stance during the above discussion: at one point he opposed Gringo's stigmatising statements against Tapiwa and later he spoke against Tapiwa's irresponsible behaviour of drinking too much. Similarly, Gringo claimed he would not drink with Tapiwa but then I observed him share a drink with him a few days later. From such observations, I began to think about the ways men negotiate different types of masculinity within the context of their social relationships, especially with other men. In this chapter, I draw on this and similar stories to question the relationship between normative ideas associated with the notion of 'the traditional man' and normative ideas associated with 'the new man' paradigm.

Throughout nine months of fieldwork in 2017, I do not recall anyone talking about HIV or AIDS explicitly. The only time I had heard anyone speak of HIV was when Rafik (see Chapter 7) mentioned that his friend was scared of going to the doctor for fear of being diagnosed with the 'disease', implying HIV. Realising that I did not have any empirical data related to HIV, I made it a research focus during my follow-up visit in May 2019, because so much that has been written about masculinity in South Africa has resulted from HIV-related research. I hoped that the experiences of the men who were the focus of my research would provide new insights on masculinity and HIV. However, before I could ask anyone about their knowledge or experience with HIV and AIDS as migrants in South Africa, Tino began the conversation himself. Although nobody mentioned the words 'HIV' or 'AIDS' during the conversation, I knew what they were referring to, based on the Shona euphemisms commonly used to speak indirectly about HIV, for example, *'Ari pamaparitsi'*, meaning '(s)he is on drugs or HIV pills', or *'Ari pachirongwa'*, meaning '(s)he is on the [HIV treatment] programme'.

Although I had not initially set out to research HIV, in drafting this chapter prior

to my follow-up research I realised it would be an oversight to write about gender-based violence in South Africa without mentioning HIV and AIDS, given the extent to which the two have been entwined in the public health literature and in public discourse in South Africa. In this chapter, I explore this entwinement further, specifically examining how NGOs have utilised this narrative from the public health literature to target men with behavioural change interventions. By 'NGOs' I refer to intermediary organisations positioned between the government, donors and private sector on one side and grassroots community-based organisations (CBOs) on the other (Mueller-Hirth 2019).[20] Drawing on my ethnographic research, I also explore how individual migrant men positioned themselves in relation to such narratives and interventions.

The emergence of gender-based violence as an object of study or intervention is intricately linked to the 'official AIDS story' in South Africa (Hlabangane 2014, 176; see also Jewkes et al. 2015), making it difficult to talk about one without the other. In the last decade, both HIV and gender-based violence have been associated with problematic masculinities within the South African context. Problematic masculinities are premised on the hegemonic masculinities concept, which identifies certain often misogynistic, violent and sexually deviant traits exhibited by men (Morrell, Jewkes, and Lindegger 2012). These are rooted in unequal gender relations and have been associated with high rates of gender-based violence and a greater risk of HIV infection especially in women (Jewkes et al. 2010; Morrell and Jewkes 2011). Studies supporting this association have established that women who have experienced intimate partner violence are at greater risk of acquiring HIV, while men who perpetrate intimate partner violence are more likely to be infected with HIV (Jewkes et al. 2011).

The framing of violence within the NGO world has produced a range of categories of men based on their self-reported practices, for example, gender equitable men, violent men, men who care. These categories assume a finished and clearly defined identity. Morrell and colleagues (2016), in their study, *Fathers Who Care and Those Who Do Not: Men and Childcare in South Africa*, establish a contrast between men 'who are most likely to be involved in childcare and those who are not' (Morrell et al. 2016, 98). While acknowledging the complexities beyond a binarised approach, the scholars posit that such distinctions are necessary for gender equity and health interventions (Morrell et al. 2016, 82). With several studies having clearly defined the markers of each category, using polarised scales, interventions have taken on the task to mould and train men with the aim of 'transforming' them from bad to good, or at least from bad to better.

Such framing, I argue, does not allow for the fluidity, hybridity, multiplicity and open-endedness I observed. For example, while HIV-prevention interventions

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20 Mueller-Hirth (2019, 39) distinguishes different types of organisations under the 'civil society' umbrella. She writes that CBOs are concentrated in areas of service delivery at the local level and they might therefore be seen as more involved in community development, while NGOs might be seen as intermediaries.

defined a 'good patient' (Mfecane 2011) as one who stops certain practices completely, such as drinking alcohol, according to Tino, Tapiwa did not really have to completely stop drinking because that was one way he and the other men passed their time as migrants in the inner city. Alcohol assisted them in dealing with the psychological challenges associated with corner spaces. So as long as Tapiwa reduced his intake of alcohol to accommodate his medication, he was seen as responsible enough by his mates, although not according to development interventions.

In line with the main argument of this thesis, I suggest that development interventions conceptualise problems and solutions in ways that have a cornering effect, where only binary options are presented. Despite the cornering effect, however, men find ways to wriggle through, by either accepting the categories imposed on them and using them to advance their own interests, or by rejecting them and the interventions. While NGOs use these categories, such as problematic masculinities, to advance their economic and possibly ideological interests, individual men (and women) take the same categories and construct themselves in contrast to them. In this way, they find a subject position from which they can speak (Nilan 1995; Davies and Harre 1990). In order to understand the context of the case studies I present below, I explain first the historical emergence of interventions that target men, and show how the intertwining of violence and HIV came to be in regards to theorising masculinities in South Africa. This history helps us to understand the current conceptual orientations, which are predominantly built on a binary of problematic masculinities versus positive or alternative masculinities.

I share two case studies of an intervention, which emphasise different aspects of the gender-transformative process as espoused by the development world. Each case is followed by a detailed analysis, outlining certain assumptions associated with the intervention and how they played out in the lives of my interlocutors. Finally, I offer a main discussion that brings all the arguments together.

Towards a gender-transformative approach

Gender has played a critical role in shaping many biomedical and public health interventions (Mfecane 2012). Similarly, such interventions have (re)produced complex categories and social identities (Enria and Lees 2018). Robins (2008) shows how, from the very beginning of NGO activism in South Africa, masculinities were implicated in shaping global health interventions, and were shaped by them. An example of this is the late-1990s debate between AIDS activists and those who cast doubt upon and critiqued biomedical AIDS

interventions, including the then president, Thabo Mbeki. The second president of South Africa after apartheid (1999-2008), Mbeki was widely criticised the world over for his denialist stance on HIV and his opposition to AIDS treatment in the late 1990s. He discredited biomedical HIV and AIDS treatment, arguing that it was a neocolonial and racist intervention that presented black men as diseased, promiscuous, dangerous and uncontrollable (Robins 2008, 107). This 'dissident' argument was strengthened by HIV/AIDS statistics that constructed the scourge as a black disease. These statistics were read 'through [a] colour-coded lens of colonial history of discrimination' (Robins 2008, 104).

The peak of South Africa's AIDS epidemic, in the late 1990s, coincided with the country's transition from apartheid, a political system characterised by racial and economic inequalities and racialised violence. Given this history, Western science and modernisation were distrusted, and this made it difficult for activist organisations with international backing such as the Treatment Action Campaign (TAC),[21] to find an audience with the government. The denialist argument drew from the nationalistic and the historical interpretations of race and identity emanating from apartheid and colonial periods.

TAC AIDS activists, together with the global community of scientists, health professionals, journalists and NGO activists worldwide, anchored their arguments in rights- based discourses backed up by scientific evidence in the form of statistics. The statistics showed HIV infection and prevalence rates, as well as the effect of HIV treatment in improving the health status and outcomes of people living with HIV. TAC was ultimately victorious, with the roll-out of antiretroviral treatment in 2003, and its success could be attributed to its engagement with 'global discourses of science, medicine, liberal right, social rights together with grassroots mobilization' (Robins 2008, 101). Despite TAC's victory, there was a noticeable clash between the 'rights talk' and the biomedical response as advocated by NGOs, and widespread patriarchal misogynistic ideas and practices that hindered the adoption of biomedical interventions (Mfecane 2011).

Just a few years after the Mbeki/TAC debate, Jacob Zuma, then vice president of South Africa, was involved in a rape case against a friend of his family, the queer, HIV-positive AIDS activist Kwezi (Fezekile Ntsukela Kuzwayo), who was half his age. The scandal once again brought about a rift in South Africa, with culturalists and nationalists supporting Zuma, and gender and AIDS activists supporting Kwezi. Zuma supporters mobilised the denialist narrative, citing Zulu culture to justify Zuma's actions, while Kwezi's supporters drew on science, feminist arguments and the human rights code (Hunter 2010b). In exploring findings from several studies that have looked at masculinity in Africa, Ratele (2017, 60) states that the 'dominant form of masculinity in South Africa, as in other

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21 TAC is a patient-led activist organisation that is registered as an NGO.

parts of the world, has as some of its constituent elements assertive heterosexuality, control of economic decisions within (and outside) the home, political authority and cultural ascendancy'. When Zuma's supporters refer to 'culture' as the reason why Zuma's actions should not be considered rape, they were drawing on a dominant form of masculinity that gave Zuma the right to assert his heterosexuality in his own home, where the rape had happened (Maluleke and Moyer 2020).

While these two cases involved high-profile figures, their attitudes and arguments reflect those of many other ordinary citizens. The Mbeki/TAC case exemplifies the debates around scientific evidence, NGOs and nationalist ideologies. The case of Zuma/Kwezi highlights the realities of gendered violence and its link to HIV and AIDS, thus underscoring the importance of gender-transformative interventions that seek to challenge rigid masculinities, with the aim of improving the health and well-being of all people (Maluleke and Moyer 2020). Coupled with the social science framing of masculinity as relational and as set of practices rather than a static identity (Dunaiski 2013; Connell 1995), such interventions present the possibility that gender relations, practices and behaviours can be shaped (Dworkin et al. 2015, S130). In doing so, most interventions select one or a few specific elements of hegemonic masculinity to address, for example, focusing on gender-based violence alone and choosing a group of men for a specific intervention (Jewkes et al. 2015).

The 1994 Cairo International Conference on Population and Development paved the way as the first forum to challenge men to join women as allies in fighting gender inequality and in reducing the spread and impact of HIV and AIDS. The conference brought to the fore the role of men as partners in shifting gender relations. This theme was reiterated at the Fourth World Conference on Women in Beijing in 1995 (Cornwall et al. 2011). Also emphasised at both of the conferences were the risks to which men who subscribe to constraining definitions of masculinity are exposed. Messner (1997) has termed these risks the 'cost of masculinity'. These developments saw an increasing interest in research on masculinities and the emergence of programs that focus on men's engagement, aided by the disqualification of sex role theory[22] in favour of social constructionist and psychoanalytic theories to explain gender differences (Cornwall et al. 2011; Dworkin et al. 2015). Social constructionist theories opened up 'the possibility that gender relations could be intervened upon as patterns of behaviour and/or social practices' (Dworkin et al. 2015, S130), underscoring the need to work with men. The deliberations at the 1994 conference in Cairo, coupled with the realisation that rights-based biomedical interventions alone would not be able to achieve health targets, gave impetus to the emergence of

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[22] The sex-role concept posits that there are a set of shared expectations that people hold about the characteristics suitable for individuals on the basis of their sex (Connell 1995).

gender-transformative approaches. In various settings, such approaches were reported to be effective in 'increasing sexually protective behaviours, reducing HIV risks, preventing violence and changing attitudes towards gender norms to become more effective' (Dworkin et al. 2015, S131).

In South Africa the move to involve men in gender-transformative work was facilitated by academics who were themselves gender and feminist activists (Morrell, Jewkes, and Lindegger 2012). These academics incorporated the hegemonic masculinity concept into a theory of change that could be applied in public health interventions targeting men for behavioural change. One of the unstated assumptions undergirding the interventions was 'that hegemonic masculinity was synonymous with problematic male attitudes and behaviour' and the other assumption was 'via a discursive challenge to values that underpinned men's violence, hegemonic masculinity could itself be challenged and changed' (Morrell, Jewkes, and Lindegger 2012), 13). In the following section, I present case studies and further examine these assumptions. After each case study, I highlight the key points relevant for advancing my arguments as they pertain to defining problems and proposing solutions.

Case Study 1

Solving problems: engaging boys in a gender-transformative community dialogue

In July 2017, at around 10 in the morning, I arrived at Victoria High School, which is situated in inner-city Johannesburg, three streets from Uncle Kofi's Corner. The event was supposed to commence at 9:30 am but the gate was still closed. A large group of young boys loitering around suggested that I was at the right place, as they seemed to be waiting for the gate to be opened too. This was where an NGO, which I will call Fighting Inequality, was to conduct a community dialogue aimed at raising awareness around HIV/AIDS and gender-based violence among school boys aged from 15 to 19 (although I also saw some older men and women). Xavier, a trainer who worked for Fighting Inequality, had enthusiastically invited me, anticipating that large numbers of people would turn up. Observing the many boys there, I was amazed that he had managed to invite so many people. I would later learn that they used the promise of a soccer tournament and food to entice people to come to their events.

The boys, clustered in small groups, were conversing, laughing and running around. After almost an hour of waiting, Xavier arrived, walking

briskly in the company of a group of men who volunteered as peer educators. They were carrying brown boxes and bags full of pamphlets, monitoring and evaluation forms, registers for the workshops, and banners with the name of their organisation. I greeted Xavier and took one bag from him. He told me he had been delayed because he could not find anyone from his organisation to help him with the dialogue. At that point he told me that one of his colleagues had recently been fired owing to the end of funding, while another one had moved to a different project that still had funding. Later that day he also told me that he feared that his job too might be cut because funding for the project on which he was working was coming to an end.

Inside the school, we unpacked the boxes and set up the banners before we started the dialogue. Having managed to invite everyone to join him under the big trees where a little stage was mounted, Xavier took the microphone and introduced himself and the agenda of the day. To many people's bafflement, he said that the main objective of the event was to learn about IPV (Intimate Partner Violence) and HIV. The boys I had been chatting with by the gate thought they had come to play soccer; they had been told it was a two-day soccer tournament. 'Young people should come together to prevent IPV, GBV [gender-based violence] [because] one day you will get married. We need to find space to talk about these', Xavier continued. The young boys who were standing next to me seemed confused by what Xavier was saying. He continued to talk more about the work of their organisation before representatives from the partner organisations (other NGOs) who had contributed to this day introduced themselves.

Then Xavier took the microphone again and talked about microbicides, a vaginal gel and ring that a woman inserts before sexual intercourse to prevent the contraction of HIV. 'HIV is killing people; we need to be responsible for the health of our partners. To build this world you and I need to work together', he told the crowd. This seemed out of place to many boys, who started dispersing towards the football pitch, walking past Xavier. Except for one or two people, no-one seemed to be paying attention to what he was saying. He asked the audience why only one person was asking questions: 'How come you are not talking? Is everyone else not interested?' he asked. The audience burst into a resounding 'Yes', followed by some giggling. Next to me were three young boys who were expressing their annoyance, shouting in Zulu, 'Agh, man! What is this now?' I asked the boys what their problem was and one responded, 'A three-minute speech is understandable but not going for 15 minutes talking about HIV. We are here to play soccer'. Another boy added: 'We didn't even know that there's this speech. Our

coach told us we are here to play soccer, and we were supposed to start at 9 am and now it is past 11 already'. There was a growing sense of impatience.

A few people had sat under trees in order to escape the blazing sun. However, as Xavier continued with his speech, they also began to disperse, going to other stands that were erected on the football pitch by different NGOs showcasing their projects. More than 12 organisations were there to present their projects to the boys. Projects focused on sports and wellness, HIV/AIDS response and prevention, drug and alcohol abuse, and gender-based violence among other issues. One organisation offered some water and a chance to exercise, attracting people who had walked away from Xavier's speech. One of the football coaches who coordinated the event with Xavier took the mic and addressed the sparse audience in Zulu, emphasising the need to listen and take note of the important information they were receiving. Xavier concluded by saying, 'If you don't value the knowledge we are giving you, then it will be difficult to stay healthy. You need knowledge too. It's good to exercise but you also need the knowledge. You may think it's about money but knowledge is the most important'. Xavier concluded by inviting listeners to visit a specific university research institute because the microbicidal ring was still not yet available in public clinics. This left me confused because at that time I did not understand how the work of Fighting Inequality was related to the vaginal ring project. When I sought clarification on this later, Xavier informed me that the community dialogue he had organised that day was part of a bigger research project, funded mainly by PEPFAR[23] and USAID, and was implemented by a research institute based in Johannesburg in collaboration with Fighting Inequality. Fighting Inequality's role was to recruit participants for the pilot intervention. Other external partners included US-based international NGO and university. The bigger project, which was dubbed an 'integrated model', targeted women with the aim to increase their agency to consistently and safely use microbicides, reduce their risk of intimate partner violence and build healthy relationships.

I walked with Xavier towards the main grounds. Xavier felt defeated because the 'community dialogue' did not turn out as he expected. The two or three people who had responded were the usual peer educators already enrolled by Fighting Inequality. He was disappointed that the young people were not interested in receiving information but only cared about soccer and the food that would come later. He asked me if I

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23 The President's Emergency Plan for AIDS Relief (PEPFAR) was launched in 2003 by George Bush, the then president of the United States as a governmental initiative to address the global HIV/AIDS epidemic.

took photos of him before the people had dispersed. Apologetically, I told him the idea only crossed my mind after most had departed and there were only a few people left, but having worked in a similar context myself in the past, I had assumed taking photos of the small crowd would not have been a 'good' picture. I then promised I would take photos during important moments throughout the day. (I did so and later shared them with him via WhatsApp; he forwarded the photos to the communications officer of his organisation. In no time the photos were on their Facebook page, to Xavier's elation.) He also asked me to help him with the attendance register, to make sure 'everyone who entered the gate signed the attendance register.... We are expecting 250 participants. I checked at the gate and we already have 227, that's not bad. Many will come during food time. Last time I failed to control them when the time for food came. It is good you are here'. We laughed.

Although he was happy with the photos, Xavier was concerned by the attitudes of 'these young people' who appeared to have little interest in such important information. I picked up his concern when we had stopped at the Love Earth NGO stall. There were two facilitators, a man and a woman, who were facilitating a snakes and ladder game. The facilitators would ask a question about HIV and AIDS and, if the player got it right, they would throw the dice and move forward. 'What is anal sex?' the facilitator asked one of the boys, who responded that he did not know. The friend laughed saying, *'Eish wena* [Gee, you!], are you a virgin?' The facilitator directed a follow-up question to the laughing friend, asking if he knew that anal sex was risky; he responded that, yes, he knew that, but he 'always do it anyway'. When we left this stall, Xavier said to me, 'You see why we need to continue teaching these kids?'

I assume his concern came from his knowledge of the magnitude of the epidemic. According to UNAIDS, South Africa had (and still has) the biggest and most high-profile HIV epidemic in the world, with an estimated 7.7 million people living with HIV in 2018. During the same period, the country accounted for one-third of all new HIV infections in southern Africa. And yet, only 59% of young people in South Africa had comprehensive knowledge of ways to prevent HIV (AVERT n.d.).[24] Such statistics, together with those on gender-based violence (presented in the introduction and Chapter 6), are certainly enough to warrant intervention. Xavier's response to the boys' risky behaviour was both an expression of concern and a justification for his job.

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24 AVERT. HIV and AIDS in South Africa. Available at https://www.avert.org/professionals/hiv-around- world/sub-saharan-africa south-africa Accessed 14 February 2019.

I spent the whole day with Xavier and learned that he was worried about the NGO's funding running out. A family man in his late 40s, he had four children. He came from Mozambique and did not have papers that would allow him to formally work in South Africa, but like many of my study participants he had applied for and received asylum seeker status. He had managed to get employment with Fighting Inequality because he was identified as part of the targeted population and thus evidence of the NGO's 'proximity to community' (Mueller-Hirth 2019, 47). He started as a volunteer peer educator and spent four years volunteering during the day while he worked night shifts as a security guard in Johannesburg. Eventually he got the long-awaited paid job as a workshop trainer and quit his night job. He was quite happy with his performance and was hoping that, should they not get funding, the NGO management would assign him to another project.

Xavier's speech opening the 'dialogue' reflects the problematising of sexuality and masculinities through the twinning of IPV and HIV. His claims, which are not unfounded, are backed up by scientific studies that show that gender-based violence and gender inequity in relationships increase the risk of HIV in women (Jewkes et al. 2010). Three points I seek to raise, based on this case study, are: 1) the existence of social problems as evidenced by statistics and the need for intervention as evidenced by the boy's limited knowledge; 2) the clearly defined solution presented by Xavier (and activists of other organisations); and 3) the boys' complex position as beneficiaries (soccer kits) and targeted participants and their refusal to participate in the community dialogue.

I acknowledge the pervasiveness of gendered violence in South Africa, as is widely publicised in the media and supported by police reports and specific studies on different forms of violence. Similarly, the statistics on HIV presented above are evidence of the epidemic. Development practitioners have framed the high levels of violence as an indicator of problematic masculinities and gender inequality more broadly, and one of the solutions is to target specific groups of men to change their behaviour in an effort to achieve gender equality. Greenhalgh (2003) and Crewe (2013) posit that development practitioners package their work as the ultimate solution to a problem. They come in the form of policies and projects with clearly defined beneficiaries and outcomes, leaving no room for other possibilities. With gender equality as the identified solution, development practitioners have fallen into the trap of allowing the solution to define the problem (Hillier and Abrahams 2013). For example, the combining of IPV and HIV point us to the feminist framing of IPV within the concept of gender (in)equality. This presents women as the main victims of violence,

particularly by their intimate partners. At the same time, the politics around HIV and AIDS have presented men as disease carriers (Robins 2008). Therefore, bringing IPV and HIV together can be read as a claim that *women* as victims of violence are at risk of contracting HIV from *men* who are disease carriers, a finding that proliferates within scientific circles (Jewkes et al. 2010).

Community dialogues of this sort were one of the many interventions that Fighting Inequality implemented with the aim of raising awareness around HIV, AIDS and various forms of gender-based violence. Targeting mostly men, the NGO aimed at training men to become responsible for their own health and those of their partners, particularly in relation to HIV and AIDS. The dialogues were just one component within the behavioural-change intervention and Fighting Inequality was one of the many organisations that had come together to implement this project. The intervention aimed at building the capacity of women – through relationship skills – to implement their decisions regarding using the dapivirine ring. IPV awareness and counselling were implemented given the contingency that violent interactions might erupt at the suggestion of using the ring. Hence the intervention was already designed with men's violence in mind. Hlabangane (2014), in her article *From Object to Subject: Deconstructing Anthropology and HIV/AIDS in South Africa*, decries the overemphasis on anthropologists' 'culture thesis', whereby black culture is characterised by problematic sexuality and inherent violence (Hlabangane 2014, 176–9). This, she argues, has obscured the impact of political and economic structures and bio-power embedded in historical processes of colonialism and apartheid. Calling this a racist tendency, she calls for more analysis of power and knowledge in South African scholarship on sexuality. Her critique echoes the controversial AIDS dissident debate mentioned above, and echoes critiques of other scholars such as Patton (1990) in *Inventing 'African' AIDS* (Robins 2008) and of some gender activists in South Africa (Peacock, Khumalo, and Mcnab 2004).

In these critiques, the emphasis on race and neocolonial attitudes in shaping the AIDS story, and the representation of African men, is common. I propose to look beyond the race discourse and examine how problematic masculinities and knowledge production about them can be understood as arising from the need – of both individuals and NGOs – to survive a tough political and economic environment. Becoming cornered may spawn certain practices in relation to knowledge production and use, just as, at Uncle Kofi's Corner, men would leverage whatever opportunity presented itself in order to survive. Xavier wanted photos to prove his hard work to his employers, just as the photos would

prove the impact of the NGO to the outside world. I also liken this behaviour to Khulu and other men at Uncle Kofi's Corner who had insisted I get a good shot of Khulu that I could use to find him a Dutch woman. Similarly, Fighting Inequality had to package itself and sell its argument that men were an integral part of the intervention by foregrounding women's vulnerability vis-à-vis men's powerful position. This is a well-worn trope that NGOs across Africa have been using to access external funds in a process that Burchardt, Patterson and Rasmussen (2013) have described as 'extraversion', in which African states and civil society stress their social problems in order to prove their desperation and deservingness of donor money.

I relate this to Crewe's (2014) experiences in working on HIV interventions in the development world. Commenting on the politics of raising funds from donors, she posits that in order to secure funding, NGOs have to stir people's emotions and adds 'that is why fundraising campaigns by international charities nearly always contain situations of hopelessness alongside an imagined future that will bring miracles or at least improvements in people's lives' (Crewe 2013, 94). Biruk and Prince (2008) make a similar argument in relation to community-based public health research projects in Malawi: before interventions can be implemented, the targeted community should be portrayed as in crisis.

The role of scientific evidence, more particularly statistical evidence, in presenting such hopeless situations cannot be overemphasised. According to Greenhalgh (2003, 172) in relation to the One Child Policy, 'China's crisis was created out of numbers, the most compelling of which came arranged in tables and graphs'. She further argues that problematisations form a critical component of governmental policies and programs. Numbers are selected and shaped to tell a particular story. I extend the same argument to statistics on gender-based violence in South Africa, which play a two-fold role as scientific truth, showing the nature, patterns and urgency of the problem as well as the rationale for intervening, including 'taming' of said problematic masculinities.

For instance, in 2016, Sonke Gender Justice Network co-implemented a randomised controlled trial with the University of the Witwatersrand in Diepsloot, a high-density informal settlement in South Africa. The baseline findings from the study, which were widely publicised, showed that more than half of the men in Diepsloot had raped or beaten their women in the preceding year. On its website, Sonke presented the findings with the title *'Urgent Change is Needed in Diepsloot'*. Another article promulgating the findings was published on

Bhekisisa, an online platform for health journalism, entitled *'Diepsloot: A Place of Hell for Women'.*[25] These findings have given impetus and solidified the justification for interventions such as One Man Can in shaping men's behaviour and ideas. The tone of both publications conveyed the alarm that readers, including donors, were supposed to feel.[26]

Fighting Inequality, like some other organisations, positioned itself in relation to this discourse by using the knowledge to reinforce a specific storyline and so highlight its relevance. Xavier, for example, highlighted women's limited agency in relation to the use of HIV-prevention technologies and emphasised the need to get political buy-in from men. This point was clearly stated in the organisation's pamphlet, which read: 'Microbicides were designed to give women an HIV prevention tool they could use without a male partner's involvement. However, research suggests that the approval or support of male partners is often desired, or even required, to enable women to use microbicides'.

This statement prompted me to ask about gender equality, and Xavier clarified that this was where Fighting Inequality came in: to ensure healthy communication between partners in relation to the use of microbicides. While I could not ascertain how age appropriate this intervention was for the young boys, I concluded that the organisation's involvement in the integrated model was as much driven by their need to solve existing social issues (HIV and violence) as it was driven by the need for the financial resources that came with the project. I shall explore this further in the discussion section.

Lastly, I want to draw attention to the boys' refusal to participate in the dialogue. Their reaction to Xavier's talk was unsurprising, particularly because they were not expecting a long speech on HIV and violence. On one hand, their reaction confirmed some of the claims made by development practitioners that men in South Africa were refusing to talk about gender issues. For example, a study by Morrell and colleagues (2016, 99) described men who refused to talk about certain issues as having 'emotional blockages' and likely to be gender inequitable in their attitudes and presumably their practices.

The boys' refusal to participate could feed into a popular assumption in community-based (research) interventions, which, according to Biruk and Prince (2008, 237), constructs the community as: 'a place in need, a

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25 http://www.genderjustice.org.za/news-item/diepsloot-place-hell-women/

26 Parts of this section were presented at the Eighth European Conference on African Studies in Edinburgh, in June 2019. I received valuable feedback from the panel Aspiring men: disrupting the narrative of African masculinity in crisis, which was convened by Carolyn Egesa and Amisa Bakuri, chaired by Eileen Moyer, and had Jean Comaroff as discussant. Information about the panel is available on the ECAS website: https://nomadit.co.uk/conference/ecas2019/p/7812.

place lacking both material and intellectual resources, a place that is deteriorating or chaotic and waiting for external intervention to bring wholeness, health or order. The community is also portrayed as a locus of risk, disease, ignorance and hazards'.

Xavier's comment, 'See what I told you,' in reference to the boy who did not know about anal sex, can qualify this assumption. The community dialogue I described above was proposed as one way of getting men to talk and also making them into knowledgeable and responsible individuals. At the same time, based on their reaction, these young men could also have found the supposed dialogue abstract and irrelevant. As I indicated in the opening story, while my study participants were aware of the pervasiveness of HIV, only very rarely did I hear anyone explicitly talk about it, and especially not in relation to their identities as men.

Similarly, while some of my study participants condemned violence against women, they never understood it as a twin to HIV. As I shall explore in Chapter 6, several men explicitly expressed that violence against women should not be framed in terms of a gender-equality agenda. At the same time, in as much as they did not subscribe to this frame, they still found the interventions beneficial in some way, for example, getting soccer kits and having a platform to play soccer with each other. This point echoes Fisher's (1997, 443) observation that, to some extent, NGOs as agents of development have been viewed as flawed in certain ways but that they are basically 'positive and inevitable'.

After establishing how NGOs define and frame the problem associated with masculinities in South Africa, I then identified changing behaviour as one of the solutions proposed by NGOs I researched. In the following section I highlight the complexity associated with the assumption that men can change from the pole of hegemonic masculinity to another. I show how the process of transformation is complicated by broader political, social and economic contexts, especially for cornered migrants. I highlight key aspects of the process of transformation, such as becoming a role model, the role of knowledge in this process and how individuals use their positions to their advantage.

Case Study 2

Becoming the new man: unpacking the process of transformation

It was a Tuesday afternoon when I met John at Nandos Restaurant in Eastgate Mall. I found him easy to talk to. He was a Congolese asylum

seeker in his late 40s and although he claimed not to speak English very well since he was a French speaker, he was remarkably articulate. I asked him why he sounded like an American. He laughed, explaining that he went to an international American school for his primary and secondary education back in the DRC. John was volunteering part-time with Men and Boys as a peer educator, while also volunteering at a church that was housing him. His role was to reach out to other men, particularly migrants, to attend workshops held by the NGO. These workshops used a rights-based approach, with participants from different places gathering to be taught about gender equality, human rights, migrants' rights and HIV/AIDS prevention and treatment. Men and Boys is one of the NGOs that has emerged in South Africa to work with men in challenging gender inequality and reducing the risk and impact of HIV and AIDS. The NGO falls within the same line of work as the Sonke Gender Justice Network, the MenEngage Network and Brothers for Life.

Although he was not formally employed, John considered his role as a peer educator to be a job. He did not receive any salary except for a small amount of money known as 'transport money',[27] which was intended to help him travel back and forth to events. John had been with this NGO for two years and was quite conversant with its mission, goals and general language, as I picked up in the first part of our conversation. To my amusement, he recited to me the content of one of the manuals that Men and Boys used in their workshops. I had used a similar manual when I was working in the NGO sector and thus was familiar with the way he characterised the problem and the organisation's approach. I could not help but feel that he was giving me rehearsed responses. I guess that is why Timmy, who also worked for Men and Boys, had eagerly introduced him to me a month earlier when we met in Hillbrow at a community rally on Human Rights Commemoration Day on 10 December 2017. Following this initial meeting, I called him three times but we had not been able to meet because of his other commitments. His role as assistant pastor at a local church where he was housed kept him quite busy.

After a one-hour unstructured interview (during that same meeting) punctuated with bouts of laughter, compliments and repetitions, he eventually asked me, 'Are we done with the interview?' with his finger pointing to my black notebook where I was jotting down my notes. Nodding as I checked the clock and feeling a bit bad that I had kept him for so long, I closed my book and thanked him for his time. I offered to

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27 This was a small amount of money that varied by organisation and project. Men and Boys offered R50 (2.5 euros).

drop him off at his house since he had mentioned that it was along the main road. He indicated that he still had time to talk a little bit more, and then said: 'I am now speaking as an African man [not a peer educator]. To be honest, I think that women here have too much rights. Back home women are well behaved and do not challenge men. Here because of this 50/50 thing women end up abusing men because they know the law supports them'.

By articulating that he was now speaking as an African, he implied that I should not put it on record. He feared that he could lose his position as a peer educator, if I were to report back to Men and Boys his 'personal' views about the work he was doing. I assured him that I was an independent researcher and restated that the interview would be kept confidential and his identity anonymous, and he agreed that I could use his words.

After ending the 'official' interview, as denoted by closing my notebook, we continued chatting for another 30 to 40 minutes. I asked what he meant by 'women here are different' and he said that domestic violence was not as much an issue in the DRC as in South Africa, because there was no law to criminalise it and generally women were 'well behaved.' Having done some research on gender-based violence in DRC before, I was quite aware of the high levels of violence against women reported in the country, including rape as a weapon of war (Bourke 2014), but I did not challenge him. He went on to say that in South Africa, women, including migrant women, took advantage of the law and provoked or even abused men, knowing they had no recourse. I was not surprised by John's remarks; I had heard similar comments from other migrant men prior to this meeting. However, what was interesting to me was that John's role was as an 'ambassador' of gender equality.

Feeling at ease, he continued to offer his personal views about his work as well as his experiences as a migrant man in South Africa. John implied that he had come from a well-off background, painting a picture of a good life before misfortune struck him, but he was not keen on clarifying the details. He took out his phone and showed me some photos of his brothers, one of whom he said was a well-known politician in DRC. Having learnt that I was studying in the Netherlands, he also shared with me his plans to join his brother in Belgium. Again, he showed me the WhatsApp chats he had had with this brother and his wife. When I asked John about his marital status and his family, he said little, only that he had a wife and children in Cape Town. When I tried to solicit more information about his family he seemed disinterested, although he told me that he visited them every now and again. John also told me that he

was struggling to get papers to allow him to work. He expressed his frustrations and informed me that he was considering going back home or moving to Belgium as soon as he got money.

I use the case of John to explore the complexities around the purported solution to violence (and HIV). In the previous case study, I noted that Xavier emphasised the need for knowledge, as when he said, 'If you don't value the knowledge we are giving you, then it will be difficult to stay healthy. You need knowledge too. It's good to exercise but you also need the knowledge. You may think it's about money but knowledge is the most important'. This statement echoes the assumption of behavioural change interventions since their inception: acquiring knowledge will lead to a change in behaviour. In the knowledge-attitudes-practice (KAP) model, the underlying assumption is that people's behaviour can be changed when they receive information about the risks associated with certain practices (Campbell 1997, 274). This assumption has been refuted by research conducted in many contexts including South Africa (Campbell 1997; Hunter 2010; Mfecane 2011) and Uganda (Wyrod 2015). In his study in South Africa, Mfecane (2011, 129) writes that even the most 'disciplined' of patients, who are HIV positive and armed with all the information they need regarding how to 'live positively',[28] still find it hard to put into practice the knowledge they have. Similarly, Hunter's (2010) study in South Africa shows how men still engaged in risky sexual behaviour despite having knowledge of their risk of infection. The men explained that they found such activities as adding more fun to their precarious lives, which are marked by hardships and an even greater risk of dying in the mines. The same sentiment is reflected in Tino's statement, in the story that opens this chapter, that while alcohol was not recommended for someone on HIV treatment, it might still be necessary to help them deal with other challenges they faced. Likewise, the boy I mentioned above explicitly admitted that he knew about the risks of anal sex, but he still did it. As these examples show, knowledge does not always translate to practice (Musariri and Odimegwu 2016). Still, while becoming knowledgeable may not achieve the intended outcomes as stipulated in the interventions, having such knowledge presents a possible escape for cornered individuals in tough political and economic environments, if they can position themselves as experts or problem solvers, such as in the case of NGOs. Below I delve into John's role as a peer educator.

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28 Living positively means accepting one's HIV status and taking personal responsibility for one's physical and mental health.

Becoming the role model

John, an unemployed migrant man, was perceived to come from a risky community of 'mobile populations' in the South Africa National Strategic Plan for HIV, TB and STIs 2017–2022 (SANAC 2017). As a peer educator, he was to become a role model for his peers, particularly migrants. His role was to lead an exemplary life and encourage others to follow a similarly responsible lifestyle. The first step to becoming a role model was to own up to one's weaknesses and make a conscious effort to become that new man, as described in the Brothers for Life manifesto, written in 2009:

> There is a new man in South Africa
> A man who takes responsibility for his actions
> A man who chooses a single partner over
> multiple chances with HIV
> A man whose self-worth is not determined by the
> number of women he can have
> A man who makes no excuses for unprotected sex
> even after drinking
> A man who supports his partner and protects his children
> A man who respects his woman and never lifts a hand to her
> A man who knows the choices we make today will
> determine whether we see tomorrow.
> I am the man
> And you are my brother. (as quoted in Collinge et al. 2013)

This manifesto defines the 'good man', who is not only responsible but also caring enough to stop the spread of HIV and violence against women. The same traits, also emphasised in the One Man Can Campaign led by Sonke, are espoused in the broader gender equality framework. In their article *Carework and Caring: A Path to Gender Equitable Practices Among Men in South Africa?* Morrell and Jewkes (2011) examine the relationship between caring practices and values expressed by men in relation to gender equity. Some of the participants in their study identified certain behaviours as markers of men who care, for example being less violent and more faithful to their partners, taking care of family and community, engaging in volunteer work, taking up paid care work, and expressing emotions. However, the study established that there was no linear pathway to caring and concluded that caring or care work was not associated with commitment to the goals of gender equality.

Moyer and Kageha's (2014) study in Kenya, Wyrod's (2016) in Uganda, and several studies in South Africa (Mfecane 2012; Colvin et al. 2010; Robins 2008) have detailed how HIV interventions adopted the method of forming support groups, whereby HIV patients shared their stories as a way of fostering solidarity. Disclosing one's status is said to promote a positive self-image, helping individuals to resist stigmatisation and discrimination (Hardon 2012, 78).

The same approach has been employed in the 'famous men engagement' interventions that address gender-based violence, for example, the widely publicised Brothers for Life (B4L) campaign and the One Man Can campaign. B4L is a national mass media campaign that garnered support from popular figures, like footballers and actors, acting as role models. Some have publicly confessed that they used to be violent towards their partners or used to cheat on them, before they were 'transformed'. Known for the tagline, 'Yenza kahle' (do the right thing), the campaign employs a 'non-judgmental approach to model positive behaviours such as testing for HIV, using condoms without fail, or choosing a single partner over multiple sexual relationships' (Collinge et al. 2013, 5).

The use of public figures came after the realisation of lack of role models in shaping positive masculinities (Hunter 2010). In a country marred by HIV, crime and violence, public figures like Nelson Mandela and their widely celebrated masculinities (Suttner 2014) became role models. Public health interventions and activists leveraged their representations in their efforts to raise awareness and shape public perceptions on what it means to be a man. For example, Mandela's disclosure that his son Makgatho had AIDS, in 2005, was applauded by AIDS activists as a measure against discrimination and stigma around HIV and AIDS. Similarly, his involvement in household chores and caring for children become a marker of a good man sending a message to all men: if Mandela could be a man and undertake such tasks, they too could be good men (Suttner 2014).

The role of knowledge in becoming a role model

The role model approach explained above is used to raise awareness around certain desirable practices, and is premised on having community members be trained to gain knowledge on HIV and human rights. This approach is informed by the assumption that the targeted communities are not only vulnerable but ignorant (Biruk and Prince 2008). Based on our interview, John knew about the various forms of

gender-based violence and how they are entrenched in power relations. His work was supposedly to get men to come to a position where they would relinquish that power and/or used it in positive ways following the acquisition of this knowledge.

John was up to date with the new technologies in HIV treatment and prevention: male and female condoms, post-exposure prophylaxis (PEP) and pre-exposure prophylaxis (PrEP), which were gaining popularity at that time. As a peer educator, he believed it was up to men to protect the health of women by encouraging them to take PrEP. John's knowledge of human rights and refugee rights codes was impressive, as was his understanding of Section 9 of the South African Constitution, the so-called equality clause, and the Refugee Act of 1998. During the first part of our conversation, which I recorded in my black notebook, John displayed prowess in what some have termed 'NGO language'. No doubt, he was evidence that Men and Boys was doing a great job in education and that donors' money was being put to good use.

Knowledge acquisition is supposed to aid people's transformation into responsible citizens, provided they use the knowledge. According to Mfecane (2011, 130), good patients or responsibilised citizens are 'subjects who are empowered and knowledgeable about HIV/AIDS and rights, and who take responsibility for their health through adopting "disciplined" lifestyles, which include "healthy" behaviour such as not drinking alcohol or not using traditional medicines'. The same process has been used with migrants who are considered to be at higher risk of the interlinked epidemics of HIV and gender-based violence. Although the term 'responsibilised citizens' has been looked at in relation to HIV/AIDS prevention, I find it relevant in because several interventions into gender-based violence link it to HIV and employ the same frameworks and conceptions. Based on peer-educator training and knowledge, John could be considered a responsibilised citizen, but his knowledge also uniquely positioned him as an expert of some sort. He came highly recommended by Timmy who worked for Men and Boys as a workshop trainer. Timmy already had a clear idea of what my study was about and assured me that he knew 'just the right people' who would give me what I was looking for. Given his enthusiasm, Timmy likely knew that John would not disappoint. He did not.

In her book *Cooking Data: Culture and Politics in an African Research World*, Biruk (2018) provides an ethnographic portrait of how quantitative data are produced within HIV/AIDS survey research conducted in Malawi. Of interest in this study is her observation that demographic research has produced new forms of expertise such as

local knowledge experts. These are assistants who have commodified their knowledge of local culture and use such knowledge to offer relevant expertise to research projects. Peer educators occupied a similar position where they could speak the NGO language while at the same time being close to community members as peers.

As peer educators they were supposed to go to their communities, which were constructed as 'a local place, often out of sync with global or dominant trends and marginal to the centre' (Biruk and Prince 2008, 238). Going into the community to carry out 'Information, Education Communication' (IEC) talks, they were presented as doing good for the community. This entailed going into public places, talking to people about certain topics – human rights, HIV – and sharing reading materials such as pamphlets. In their study on care work, as cited above, Morrell and Jewkes (2016) recruited men like John, men who were unemployed or marginally employed and who worked or volunteered within NGOs, labelling them 'men who care'.

Becoming peer educators or serving the community hence provided some men with a platform to become 'good' men. This is especially so when involvement is on a voluntary basis, as it is easily read as someone really caring about the cause when there is no money involved. Similarly, most NGOs have also been perceived as organisations that 'help others for reasons other than profit and politics' because they care (Fisher 1997, 442). In the following section I show how John's position as a peer educator also presented opportunities for his possible upward mobility.

Becoming positioned to access resources

In my research I noted that many people thought becoming a peer educator would get one closer to securing a job in the NGO world. This was particularly important for migrants like John who did not have the necessary papers to gain formal employment. And indeed, NGOs, with their aim of proving that they are reaching out to 'key populations', gain credibility by employing refugees, asylum seekers and marginalised migrants like John.

Most NGOs play an intermediary role between the communities they are said to represent, donors, and the government and corporate world (Mueller-Hirth 2019). To do this, NGOs rely on grassroots community-based organisations (CBOs) or peer educators to run the on-the-ground work in the targeted communities. Having members of the communities that they work with on board as staff or partners, present the NGOs as engaged, inclusive and legitimate, increases NGOs' chances of getting

donor support (Mueller-Hirth 2019). Therefore, as much as John saw an opportunity to access resources through his position, so too did the NGO that would use him to position itself for resources in the donor world.

Despite disagreeing with scientific and policy representations of migrant men like himself as violent or at higher risk of HIV (such as contained in the National Strategy of HIV and AIDS), John was able to claim resources that could open employment doors for him. And John was not the only one who saw opportunities associated with being targeted by the NGOs. Timmy also introduced me to three women who stayed in a shelter and who, like John, were volunteering as peer educators, stating that they were victims of gender-based violence.

But when I interviewed the three of them during one of the events organised by Men and Boys, I learnt from two of them that they were in the shelter but because their partners had died and they had nowhere else to go. One woman from Zimbabwe was involved in a car accident when she was eight months pregnant and her South African boyfriend had died on the spot. Because she did not have anyone willing to take her in as a heavily pregnant woman, she ended up at a shelter. She explained that the little bit of money she got as a peer educator helped her, 'They [the shelter] really try to give us nice food, milk, nappies for the babies, but you always need money to buy airtime [mobile phone data], and also I am trying to sort out my papers and my baby's too, so I need money'. The other woman had a similar tragedy: her husband had died when she was five months pregnant and because she could not go back to Zimbabwe, she ended up in the shelter. Both women spoke fondly of their partners and professed that they had never experienced gender-based violence. But Timmy had told me they were victims of violence and that Men and Boys recruited them to be peer educators, using the same line of 'empowering those most affected by GBV'. I could not ascertain if that was what the women had told Timmy so that they could get the opportunity to become peer educators or if Timmy had just assumed that they were at a shelter because they had been victims of violence. Either way, their stories still show how one can assume a certain subjectivity in order to access the resources that come with it.

Negotiations and inconsistencies: the journey of becoming

John's switching between his identity as a peer educator and that of an 'African man', whatever that means, reflects his ability to slip in and out

of different roles depending on context. In the second part of our conversation, I learnt about John's struggles with his refugee papers and how the Refugee Act was not working for him. Coming from a war-torn country, John ticked all the boxes of a 'proper' refugee and he hoped that the processing of his papers would not take long. Many of his compatriots advised him to be patient. After spending a few hours discussing his role as peer educator, explaining to me the ideals of human rights and constitutional provisions for marginalised migrants and refugees like himself, John switched to talking as an African man, and opined that the rights rhetoric did not address the critical issues that he was facing.

His role as a migrant peer educator was to raise awareness of migrants' and refugee rights in South Africa, despite the fact that these rights were not working for him. In later conversations, he would reveal to me that while the Men and Boys intervention was 'great', it was not very practical in the real lives of migrant men and women. He felt the projects would be good for 'school-going boys and not men. At least if you teach boys while they are still young, it would be easy for them to grow up with the teachings'. As far as he was concerned, the responsibilised man's identity as promoted by the NGOs was not practical because societal, political and economic factors undermined the lives of migrant men and women. He specifically mentioned the xenophobic attacks against migrants by South African nationals; migrants were expected not to retaliate, yet the NGOs were not really 'helping them'. By volunteering with Men and Boys, he had hoped that one day he would be hired as an employee. While he did not say so explicitly, it seemed his engagement with the NGO was a strategy to get his foot into the labour market, particularly because he did not have the necessary papers to get a job elsewhere.

John's reactions and statements around the role of NGOs was not uncommon. Colvin and colleagues (2010) looked at how HIV-positive men who were part of Khululeka Support Group in Cape Town struggled to reconcile their political values on gender equality with 'traditional' ideas about gender and roles in the home. John can thus be seen as the embodiment of the ongoing tension between cultural discourse of masculinities and the human rights discourse of gender equality. Mfecane (2011), commenting on the notion of therapeutic citizenship, calls for researchers to pay attention both to the personal narratives of a client attesting to his or her changed subjectivity and to the social context in which he or she lives as an HIV-positive person. Enria and Lees (2018) and Ratele (2014) have made the same argument, stating that interventions that overemphasise biomedical identities may mask

broader political, economic and social factors that affect people's everyday lives. Below, I further explore the statement by John that NGOs were not really helping migrants and situate his sentiments within the broader political and economic context of NGOs in South Africa.

When John said the NGOs were not helping migrants, I was a bit surprised; I had worked in the NGO sector and knew a few NGOs that specifically focused on delivering services to migrants and refugees. I had come in contact with NGOs that provided shelter to homeless migrants, provided language translation to migrants who could not speak English, and gave free legal advice and services to migrants. While I was aware of the availability of such services, I also understood what John meant. In my line work of work as a researcher within the NGO sector, I found myself having to explain the relevance of the NGOs with which I worked. For example, Men and Boys focused more on strategic goals towards gender equality rather than on practical needs. Organisations focused on long-term goals such as shaping policy, laws and social norms. Important as this work is, it becomes irrelevant when more pressing needs and even survival are at issue (Moser 1989).

John was not the only one who expressed dissatisfaction with the work of NGOs. Even South Africans who were targeted by some interventions found a disconnect between the efforts of NGOs and their own lived realities. A case in point was another workshop I attended, conducted by Men and Boys, which sought to address violence in a certain community. This workshop aimed to bring together South Africans and African migrants, following the xenophobic attacks reported in the same area a few months prior to the workshop. During the attacks, shops were looted and foreigners were attacked, allegedly by South African nationals.

The aggressive and violent acts against immigrants were widely covered by newspapers, national television and social media. Politicians issued press releases condemning the violence and called for peace. Men and Boys and several other NGOs joined with government departments to develop an intervention plan, and this workshop was one of the interventions. Although it targeted mainly men as the purported perpetrators and victims of the violence, more than three-quarters of the workshop participants were women with children (22 women and 5 men). Morris, the facilitator, worked for Men and Boys. He was from Rwanda and had been an asylum seeker for more than 10 years, and was still waiting to be accorded refugee status.

During the workshop, Morris had a heated debate with MaZodwa, a South African woman in her late 50s who had expressed a disdain of

foreigners. In a passion-filled rant she claimed that she had lost her job at the South African Broadcasting Cooperation to a Zimbabwean; because of this, she wanted foreigners to go back to their countries, saying: 'They [Zimbabweans] are just parasites who cannot fix their own country but come to take over from our [South African] inheritance'. Although her remarks left many people uncomfortable, including me, in a way she summarised the whole discussion surrounding xenophobia in South Africa, except for the fact that the workshop was dominated by women, and the xenophobia narrative focuses on men.

Hurriedly, but diplomatically, Morris refuted MaZodwa's claims, outlining the content of the Human Rights Code and the Constitution of South Africa. He went on to give the UNHCR definition of 'refugee', and concluded by referring to the constitution and reminding MaZodwa that violence was a criminal offence: 'The constitution postulates that everybody should receive equal treatment irrespective of their race, gender nationality', he said, as he took out a small book entitled *The Constitution of South Africa*'. I could tell from the expression on her face that MaZodwa was not satisfied. After the workshop, as we ate rice, chicken and coleslaw salad, I commended Morris for a successful dialogue. Although he was disappointed by MaZodwa's unruly behaviour, he informed me that he had recently scouted her and that he planned to recruit her as a peer educator.

The conversation between Morris and MaZodwa struck me. I understood Morris as representing the NGO and MaZodwa representing South African people who were marginalised and targeted by such interventions. MaZodwa's concerns were economic in essence. Her xenophobia, with which Morris did not fully engage, was based on her experience of someone taking her job. Morris' response centred on the human rights code, which had not worked for him to gain legal documentation, despite him being in South Africa for more than 10 years. In his response to MaZodwa he mentioned how as a migrant without the requisite papers, he had struggled to access certain resources such as car financing, but with hard work and endurance he eventually made it and bought a car with cash. His story shows that as a cornered migrant he was excluded from certain privileges because he did not have the needed papers, but his job granted him an opportunity for upward mobility, acting like a crevice he could use to climb over the wall. The conclusion I came to, after observing the deliberations of this workshop, was that NGOs to some extent were failing to provide solutions to the communities they claimed to represent. However, they created opportunities for cornered men (and women) to participate in the formal economy and provided them with a line of flight to escape cornering.

Discussion

The case studies I have shared in this chapter show, among other things, how the behavioural change interventions targeting men and boys appeared to be abstract and irrelevant to the lived experiences of the targeted population. Reddy (2015, 30), in his book *South Africa: Settler Colonialism and the Failure of Liberal Democracy*, writes that 'we cannot speak of civil society in its European sense', arguing that South African civil society, comprised of organised groups, is in a complicated position since it is predominantly middle-class, highly racialised, and alienated from the poor majority. This middle-class civil society draws on the democratic language of rights while the poor majority draws on the colonial legacy of violence. This is further complicated by nationalist political elites who pursue 'self-speaking special interest' at the expense of serving their communities (Reddy 2015, 30). This leaves disgruntled citizens with no option but to socially mobilise and demand their rights, for example, through violent attacks against foreigners and against the government. Since this has often worked, for the NGOs to condemn this action now is to side with the government against community interests. Nyamnjoh (2007, 75) shares the same sentiment: 'a narrow focus on legal and political citizenship has resulted in citizens without meaningful economic representation, who in turn have tended to scapegoat ethnic minorities and foreigners, the *'Makwerekwere'*. Similarly, migrants have rights on paper only that do not translate into anything tangible. These assertions summarise the deliberations of the workshop outlined above, with MaZodwa and the other participants representing the disgruntled poor who have been failed by their governments, and Morris assuming an intermediary role representing civil society. This was verbalised by one woman who commented that 'Mugabe and Zuma are having coffee while we are busy fighting'.

These findings echo observations from other studies. For example, McIntosh Sundstrom (2005) argues that women's rights NGOs in Russia failed to garner support because they framed their visions and work using universal (Western) norms that were 'foreign' to 'local' communities. While adopting the gender-equality concept allowed NGOs in Russia to gain support from the donor world outside of the country, it was shunned in Russia. On the other hand, domestic violence gained support because in Russia violence, especially bodily harm, was already condemned. She concludes, 'shared norms between donors and domestic society are a necessary component for foreign donors to obtain successful results from their financial investments' (McIntosh Sundstrom 2005, 420). While I picked up similar sentiments among my study participants – that they disagreed with some of the ideas propagated by NGOs, particularly in relation to masculinities – they went with the flow to varying degrees for as long as they could benefit. I understand their behaviours as warranted by the corner

spaces in which migrant men find themselves. However, I do not separate my study participants' actions from those of the NGOs they represent, which also find themselves in corner spaces.

As Merry (2011, S83) asserts, corporations engage in the same processes of identity formation and reputation construction as 'social beings'. For example, just as men at Uncle Kofi's Corner leveraged the problematic masculinities narrative to construct themselves as better men, so too did NGOs use the same narrative to present the government as not doing a better job in governing. In this way the NGOs presented themselves as better positioned to address the problems associated with such masculinities. Taking this stance became even more imperative in the context of dwindling funds in the NGO sector and increased competition for scarce resources, including jobs (Mueller-Hirth 2019). Extraversion, as described earlier, is one way of securing resources. And at an individual level, men like John use the knowledge they acquire to position themselves to access resources and for upward mobility.

Nguyen and colleagues (2007) use the concept of therapeutic citizens to explain how HIV patients rely on their illness to claim their rights and access resources (see also Robin 2008, 139; Mfecane 2011). However, these rights always come with expectations that can be cornering, such as assuming a new identity as a responsible and health-conscious individual. Robins (2005) calls these new assumed identities those of 'responsible citizens'. Mfecane (2011) describes similar attributes to what he terms 'good patients' or 'expert patients' (see also Hardon 2012, 92). Through their project of raising peer educators such as John, Men and Boys and similar organisations adopted the same approach of moulding good men, as in the One Man Can campaign or Brothers for Life. This is the new man that the NGO world is seeking to promote in South Africa and beyond.

On the other hand, to conclude that NGOs are (over)emphasising social problems and that individuals become 'responsibilised' citizens just to gain access to resources, without considering the current changes in politics and funding modalities, would not do justice to the experiences of my study participants. The end of apartheid has been associated with various crises, as already mentioned, including crises of masculinities and migration, but Mueller-Hirth (2019) also draws attention to the crisis in funding for NGOs in South Africa. Much of the funding from Western donors to NGOs in South Africa had supported anti-apartheid activism, which became redundant, and the funding that usually came to NGOs was now channelled to the democratically elected government through bilateral agreements (Mueller-Hirth 2019, 41). The recent reclassification of South Africa as a middle-income economy by the World Bank further exacerbated the problem of funding streams running dry, leaving several NGOs and associated individuals scraping for limited resources.

Forced to diversify in order to survive the crisis, some NGOs have had to employ creative survival strategies that resemble *kukiya kiya*, as captured by Mueller-Hirth (2019, 42) who argues that NGOs in South Africa needed to be 'versatile enough to adapt to the changing rules'. A similar observation is made by Lorist (2020, 87) in relation to Dutch organisations that had to 'keep reinventing themselves through evidence-based innovations' in the face of dwindling funds. Some of the strategies include forming partnerships and pooling resources so as to achieve value for money,[29] in ways similar to how men at Uncle Kofi's Corner came together to share limited resources such as food. Another strategy is to reposition themselves as service delivery organisations and to win contracts to conduct work for governments. This in some instances put them in the corner when their power to hold the government accountable, particularly in representing 'their communities', was undermined. This is probably why someone like) John would say NGOs were not helping them. Another strategy entails NGOs gaining facility with 'donor language' or the 'audit culture' of evidence, and making and using this knowledge to leverage resources, in ways not dissimilar to John's strategy.

One of the buzzwords within the donor world and international NGOs is 'evidence', also in the phrase 'evidence-based'. Following the increased call by donors to implement evidence-based or data-driven interventions within the NGO world, the need to be seen as scientific has led to increased partnerships between activist NGOs and research institutes (Gerrets 2012), for example the partnership-cum-integrated model of Fighting Inequality and two university-based research institutes. The more scientific the NGO appears to be, the higher the chance of accessing resources in the donor world, and the stronger its influence. As the men at Uncle Kofi's Corner used narratives of problematic masculinities or crisis to construct themselves as better than 'others', NGOs used the same narrative backed up by 'evidence' to constitute their relevance in development work.

Conclusion

Colvin and colleagues (2010) convincingly argue that political processes that aim at producing responsibilised citizens using global and state discourses do not usually achieve the desired result. Instead these efforts usually get reworked at the local level, resulting in practices or ideas that at times appear 'as overt resistances and refusals or simply as unintended consequences' (Colvin et al. 2010, 1180 see also Gerrets 2012). In this chapter I have explored how discourse

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29 Value for money is about finding the right balance between economy, efficiency and effectiveness, and cannot be assessed through only one of these dimensions in isolation (Jackson 2012)

emanating from public health interventions shaped the subjectivities of migrants and NGOs, just as the men discussed in Chapter 4 took up common discourses and redefined them using local codes to match their lived experiences.

While I acknowledge the imposition of the interventions, I am hesitant to present my participants as victims who lack agentive power. To analyse their varied responses to the interventions I employ Biehl and Locke's (2017, x) anthropology of becoming by highlighting the 'plastic power of people', which enables them to 'live alongside, through and despite the profoundly constraining effects of social, structural and material forces which are themselves plastic'. I identified some of the forms of 'flights' or 'escapes' when my participants slipped in and out of certain identities because of the possible opportunities they could get. While the boys in the first case study engaged in resistance by walking away from the community dialogue, they still attended workshops by Fighting Inequality because they got soccer kits, opportunities to play soccer, and free food. John, on the other hand, like the three female peer educators, positioned himself for possible employment opportunities within the NGO sector. All of these efforts can be read as *kukiya kiya* efforts in a tough economy, resembling those of the NGOs with which they engaged.

NGOs, like the men that they seek to shape or control, are also shaped by larger processes such as the broader capitalist global economy and their interactions with the populations that they target. NGOs and interventions are as malleable as individuals. Their existence is threatened just as the lives of individuals are threatened. Like individuals, they have to diversify, form partnerships, engage in positive image-making practices, and apply leverage by presenting themselves as problem solvers. As 'frontier beings' the NGOs may construct themselves in multiple ways to qualify as problem solvers. And through these efforts they constructed cornering spaces for men they targeted, creating limited options that frame men's experiences and behaviours using binary or distinct categories such as gender- equitable men and gender-inequitable men. Men participating in such interventions are then forced to choose the category that best describes their ideas (see Lorist 2020).

However, to assume that these interventions are being imposed on people would miss the point of the malleability of both individuals and NGOs, or rather, their interventions. As propounded by Jean and John Comaroff in *Theory from the South*, countries in the global south imitate and remake the European [global health] templates for their own ends (Comaroff and Comaroff 2012, 9; see also Biehl and Petryna 2013). NGOs may end up adopting certain concepts or fostering certain partnerships out of a need to survive, just like men who are trying to make ends meet in the *kukiya kiya* economy.

I conclude by invoking Biehl and Locke's (2017) concept of 'unfinishedness' as I question the assumption that through 'grooming', one can move from being a 'traditional man' to becoming a 'new man,' as implied in the behavioural change interventions. The process of transformation is a complex one, characterised by processual negotiations that are never finished. This chapter has thus explored the complex, unintended and often messy consequences that come with development interventions and how cornered individuals and NGOs position themselves in relation to such interventions.