Men's involvement in the South African family: Engendering change in the AIDS era

Catherine M. Montgomery, Victoria Hosegood, Joanna Busza, Ian M. Timæus

[a] Centre for Population Studies, London School of Hygiene & Tropical Medicine, London, UK
[b] Africa Centre for Health & Population Studies, University of KwaZulu-Natal, South Africa

Abstract

The literature on the South African family and its response to the HIV/AIDS epidemic is rife with accounts of men that reflect a deficit model of male involvement. Few acknowledge the historical, economic and social complexities of male involvement in family life. As the South African family undergoes demographic, social and economic transformation we argue that there is a need to describe the range of roles played by all household members, including men. This paper examines data collected over two and a half years from a small sample of households affected by HIV/AIDS in rural KwaZulu Natal, South Africa. Non-participant observations were made during outreach visits by research staff to twenty households caring for at least one adult with disease symptoms indicative of TB or AIDS. We find that men are positively involved with their families and households in a wide range of ways. They care for patients and children, financially support immediate and extended family members and are present at home, thereby enabling women to work or support other households. As the qualitative data demonstrates, however, such activities are often not acknowledged. The dominant perception of both female respondents and research assistants continues to be that men are not caring for their families because they are irresponsible and profligate. We consider reasons why this disjuncture exists and how more men might be encouraged to fulfil such roles and activities as their families and households suffer the social and economic impacts of HIV/AIDS.

Abstract Word Count: 244

Keywords: South Africa, Men, HIV/AIDS, Fathers, Family, Gender

Word Count (including abstract and references): 5,769

Introduction

"Men…have the potential, through involved and affectionate care, to make a major contribution to children's relief. It is therefore remarkable that so few programmes aiming to improve children's health and well-being, the functionality of families, or community life target, or even include, men, let alone fathers. As advocates and activists on behalf of children we are locked into our own stereotypes, seeing men as problematical, irresponsible, neglectful, abusive and irremediable. This has to change."

- Richter, Manegold, Pather & Mason, 2004.

Over the last decade, families and households in rural South Africa have faced the social and economic impacts of a severe HIV epidemic in addition to increases in adult mortality. Yet despite the fact that all members of households are affected in some way by the experience of HIV/AIDS, debates about the ability of extended families to cope have largely assumed that women are the only (or primary) caregivers and have focused on their experience and needs. Family structures and the gender roles within them are depicted as homogeneous and static, with little attention paid to the existence of diverse and continually evolving household and care-giving patterns.

In this paper we explicitly explore the roles and activities of men in households affected by HIV/AIDS, and discuss how these are perceived by the wider community. We seek to broaden understanding of how vulnerable groups are responding to the challenge of HIV in their daily lives and to re-frame models for care and support to better reflect the fact that men, like women, are essentially gendered beings. As such, male identity and behaviour are neither universal nor immutable, but rather social constructs generated in a particular context (Carrigan, Connell &

Lee, 1985; Connell, 1994; Cornwall & Lindisfarne, 1994; Morrell & Richter, 2004). Including men more proactively in research on the typology of families and their response to HIV, therefore, has the potential to inform the development of new programmatic approaches that might feasibly engage men's concerns and needs, and more effectively include men as actors in community coping strategies.

Family structure and male identity in South Africa

Families and households in rural South Africa have been shaped by contemporary and historical social, cultural and economic processes. These, in turn, affect men's identity, roles and activities in domestic and public spheres. Specifically, the legacy of apartheid and labour migration have had a major influence on the patterns of family formation and household dynamics, including a sustained decline in marriage rates. Households in former rural Bantustan 'homelands', such as the one in which this study was conducted, are characterised by high adult migration, with 25% of all household members being non-resident in the area. Men have dominated labour migration in the past and nearly half of all men aged 25-29 years are non-resident. However, women are also highly mobile and nearly 40% of women in the same age group are non-resident (Hosegood & Timeaus, 2001). Much has been written about the resulting fluidity of rural households, inter-household transfers of people and financial support, and the "stretching" of families and households between different places (Murray, 1981; Spiegel, 1986, 1987; Spiegel, Watson & Wilkinson, 1996; Van der Waal, 1996).

Although in the past labour migration offered young men an important opportunity to accumulate bridewealth (*lobola)* in order that they could marry, secure land and form an independent household, today, economic changes have led to large declines in opportunities for the unskilled

and semi-skilled workforce. In 2001, 22% of people aged 15-65 years in the study area reported that they were unemployed and actively seeking work (Case & Ardington, 2004). Many young men are now unable to pay *lobola*, marry and establish separate households, further accelerating the decline in marriage observed in KwaZulu Natal since the 1970s and '80s (Preston-Whyte, 1978, 1993). In the context of high labour migration, extended kin, particularly parental siblings and grandparents, are often involved in caring for children (Van der Waal, 1996). The prevailing perception is that carers or foster parents are predominantly female, often aunts and grandmothers. Only recently have researchers started to explore the role of fathers in providing care and support in the absence of the child's mother, or the role of other men, such as uncles and grandfathers, in contributing to children's well-being (Townsend, 1997; Morrell, Posel & Devey, 2003).

Discourse surrounding the subject of men and families in South Africa has been dominated by studies of domestic violence. Indeed, the prevailing image of the South African male is that of the violator and abuser, and this is mirrored in studies that show a high rate of violence against women (Jewkes, Penn-Kekana, Levin, Ratsaka & Schreiber, 2001; Jewkes, Levin, Mbananga & Bradshaw, 2002; Kim & Motsei, 2002; Wood & Jewkes, 1997). In research published by Dunkle, Jewkes, Brown *et al.* (2004), 55.5% of women attending antenatal clinics in Soweto reported physical/sexual violence from a partner. Around 8% have experienced sexual assault as adults by non-partners.

Men also experience a high rate of violence themselves: injuries account for 25% of male deaths in South Africa, with 51% of these due to homicide. In women the figures are much lower, at 10.2% and 30% respectively (Bradshaw, Schneider, Dorrington, Bourne & Laubscher, 2002).

Furthermore, unemployment rates of 28.2 percent in 2003 (Statistics South Africa, 2004) have placed men in something of a “crisis” in relation to their identity, leading to the expression of disempowerment through violence (Hunter, 2004; Morrell, 1998).

Campbell’s (1992) work examines how the historical construction of African masculinities and the resulting ‘crisis’ has impacted on the ability of men to be positively involved within the household. She discusses how low wages and mass unemployment make it increasingly difficult for men to live up to the socially defined role of father as breadwinner. The resulting frustration is likely to further drive men away from familial responsibilities and engagement (Engle, 1997; Foumbi & Lovich, 1997; Smit, 2002).

HIV/AIDS in South Africa

Simultaneous with its social and economic upheavals, South Africa has experienced one of the world’s most rapidly progressing HIV epidemics, which also influences family and household structures. National antenatal HIV prevalence rates rose from 0.8% in 1990 to 24.5% in 2000 (Karim & Karim, 1999; South Africa Department of Health, 2001). KwaZulu Natal is the province of South Africa with the highest HIV prevalence rate among antenatal clinic attendees. Demographic data from the area where our study was conducted shows the high prevalence of HIV and its impact on mortality. In 1998, an antenatal survey found that 41% [95% confidence interval (CI), 34.7–47.9] of pregnant women were HIV infected (Wilkinson, Connolly & Rotchford, 1999). By 2000, AIDS was the leading cause of death in KwaZulu Natal, accounting for 73% of female and 61% of male deaths at ages 15-44 years (Hosegood, Vanneste & Timæus, 2004). In 2000, 4% of all households experienced the death of an adult (15 years and older) from

AIDS; 5% of children under 15 years were maternal orphans and 12% were paternal orphans (Hosegood & Ford, 2003).

The Study Area

This study was conducted in northern KwaZulu Natal, South Africa. The area includes land under the Zulu tribal authority, formerly known as a homeland under the Apartheid era Group Areas Act, and two townships under municipal authority, one formerly for Black residents, one for White. Infrastructure development and population density across the area are heterogeneous, ranging from fully serviced town houses to isolated rural homesteads without water, electricity or sanitation. Part of the area is included in a demographic surveillance system that routinely records information about births, deaths, migrations as well as health and economic data (Hosegood, Vanneste & Timæus, 2004). The population in the surveillance area is highly mobile. Twenty-nine percent of all household members are non-resident but return periodically and maintain social relationships with households (Hosegood, McGrath, Herbst & Timæus, 2004). Although it is a rural area, few households are engaged in subsistence agriculture, with most dependent on waged income and state grants. As mentioned previously, rates of both unemployment (22% of people aged 15-65 in 2001) and HIV (41% of pregnant women in 1998) in the area are high (Case & Ardington, 2004; Wilkinson, Connolly & Rotchford, 1999).

Methods

This paper presents analysis of fieldnotes collected between 2002 and 2004 as part of a study examining the experiences of households coping with HIV/AIDS. The study collected ethnographic data through non-participant observation during outreach visits by research staff to twenty households caring for at least one adult with disease symptoms indicative of TB or AIDS. Households were identified by volunteers in a local home based care programme; by nurses from

the demographic surveillance system who interview household members following a death to establish its cause; and by opportunistic contacts by the research assistants in the course of their fieldwork.

The three research assistants paid frequent visits to study households and took part in household activities including funerals and visits to hospitals and welfare services. In addition, they accompanied home based care volunteers in the area on their household visits and attended programme meetings and training sessions. The research assistants were all women and spoke fluent Zulu and English. Two had post-graduate level education, and all were trained in ethnographic methods. After visits, field notes were written up in English and managed and coded using the N6 (QSR NUD*IST) software for qualitative data analysis.

The field notes were analysed to identify all mention of men's activities, issues raised by men themselves, and the perceptions of other household members about men's roles and activities in the household and wider community. These were grouped into themes and sub-themes as they emerged using both a grounded theory approach, and according to a framework developed to explore both content and discourse associated with specific domestic care and household management tasks such as childcare, wage labour, housework, food preparation, and palliative care. We explicitly included the fieldworkers' perceptions, opinions, and behaviour in the analysis. All data were anonymised and pseudonyms are used throughout this paper.

Findings

Analysis of the fieldnotes reveals a significant difference between how men's activities are *talked about* and what some men were observed to be *doing* for their own or other households. Female respondents and field assistants participated in a strongly gendered discourse reflecting an apparently shared set of beliefs: men should be economic providers for their children and the household, yet most men fail because they are irresponsible and promiscuous. The prevailing social norms did not anticipate men engaging in activities such as caring for children, domestic chores or emotional support and thus, although men were clearly observed performing these roles, both men and women tended to either neglect reporting these observations or to dismiss them as aberrant. The field assistants, although explicitly charged with recording care and support mechanisms within households, generally described male involvement in passing, i.e. as one of many interactions between family members, and did not categorize the tasks as 'involvement', 'support', or 'care' as they would if a woman performed similar activities.

In the ensuing sections, the following dichotomies describe areas of tension between the socially sanctioned male role and the roles that men were in fact performing: presence/absence, 'breadwinner'/'homemaker' and mothering/fathering.

Men's Presence/Absence

In several study households, men appeared to have sole charge of children, or to be the member of the household most commonly in the home, but neither respondents nor fieldworkers acknowledged this. For example, in the case of Mr and Mrs Luthuli, who live with several of their children and the children of one of their sons, who is sick with AIDS, it is Mrs Luthuli who provides the family's income through domestic work. On several occasions when the field staff

came to interview the family, Mrs Luthuli was out working, but her husband was in with the children and grandchildren. Typical accounts of these visits in the field notes read as follows:

> We expressed a desire to meet with Themba's mother but Mr Luthuli could not give us a definite day when she would be in. All he could tell us was that she knocks off late every day. Indicating that we would be back, we left the Luthuli residence. (Mandisa)

> Mrs. Luthuli was at work but we did find her husband, the head of the household, and he was with Themba's daughter, Siyanda, who is on TB drugs. (Mbali)

The failure of the field staff to initiate dialogue with Mr Luthuli about his daily involvement with the children and grandchildren is conspicuous, since the notes clearly indicate that he is the only adult present. A similar situation occurs in the Dingane household, where the woman of the house is frequently out, whilst her mildly disabled husband is at home with the children and grandchildren. The notes refer to visits as follows:

> Unfortunately, Mrs Dingane and Ntozake [her adult daughter] were not in, and only Mr Dingane and the children were around. (Mandisa)

> Mr Dingane was home as usual and he was the one who told us that his wife was not home…Because Mrs Dingane was not around, we could not get the full details pertaining to Ntozake's condition. We left soon after this. (Mandisa)

Whilst male presence was rarely noted, discussion around paternal absence occurred regularly. Conversations between the field staff and the women they spoke to revealed a recurrent set of images relating to absent, promiscuous and irresponsible men. In the Dingane household, the daughter had become pregnant by one of her school teachers:

> While the Dingane's were told that the father's name was Jabulani, they never got to meet him. Jabulani did not bother to make contact with the parents and he failed to pay for the damage he caused by impregnating their daughter. (Mandisa)

No further discussion of this man took place, except to establish whether he was alive or dead, for the purpose of claiming a child support grant. In another household, the father is similarly portrayed:

> Nonquebela never made an appearance at the Lambede homestead. He also never bothered to support his children. And since he was so estranged from the family, no one bothered to get in touch with him. (Mandisa)

The existence of such "absent men", who were talked of time and again across households, is not doubted and certainly plays an influential role in women's lives. What is significant, however, is that whilst there is a linguistic and conceptual locus for the discussion of 'deficient' men, no such language appears to exist to talk about men who are positively involved with their families.

‘Breadwinning’/ ‘Homemaking’

Economic contribution was clearly recognized as the primary form of male involvement in the household. Women said their households were dependent on finances procured from male members’ earnings or welfare grants (such as disability allowance and pension money). Many references were also made in the notes to female members of the household going out to work. Indeed, this meant that they often were not in when the research assistants called to do interviews. For women, paid employment appears to have been accepted as a social norm. Whereas traditionally, the gendered division of labour positioned women as ‘homemakers’ and men as ‘breadwinners’, women appear to be able to cross this line in a way that has been incorporated into the dominant discourse on family life. Men, on the other hand, may also have crossed the gender divide, but their involvement in what has traditionally been seen as women’s work continues to be perceived as deviant.

Mr Buthelezi is a widower and father of four. Following the death of his wife from AIDS, he sent his 6 month old daughter to the maternal grandmother and his youngest son to his brother to be looked after. During the field visits, he was unemployed and living alone with his two eldest sons. He never let the research assistants into his house, and appeared ill at ease even whilst speaking to them on the doorstep. The conversation frequently turned to his search for a job and his feelings of inadequacy in this respect:

> As we chatted, Mr Buthelezi shared that he is currently unemployed. He previously worked at […] last year before he was retrenched along with several others. He observed

> that it has not been an easy ride assuming sole responsibility for his children, particularly as he is not working. He further added that despite his efforts at finding work he has not been able to find a job… He said, 'when one is sitting all alone, they do nothing but think. And it is the thinking and worrying that brings in sickness.' Here he was commenting on how being unemployed has affected him. (Mandisa)

During the conversations it became increasingly apparent that Mr Buthelezi was socially isolated. He attributed this to the fact that "people would not want to get along with a man who does not have a wife or a girlfriend, because people become suspicious of you". When the research assistants broached the subject of cooking and caring, this was done "jokingly" and "in jest", reinforcing the social misapprehension about men doing 'women's work'. Mr Buthelezi's response was that he took it in turns with his sons to cook, but this was likewise couched in laughter and embarrassment. No such stigma was attached to women being absent from the home and the family to earn an income, with many a conversation turning around how female members of study households were responsible for providing, for instance:

> She told me that we could visit her at work any time if we need to talk to her because during weekdays we won't find her at home; she is home only on Sundays. (Mbali, of Mrs Luthuli)

> She told us that she would try and save money so that she can take [her adult son] to the doctor but it is not going to happen soon because she is the only breadwinner in this household she needs to make a budget in advance. (Mbali, of Mrs Mdokwana)

In spite of traditional social norms, men are having to negotiate new dynamics of providing and caring. This is illustrated by the case of Sipho, who gave up regular employment to take on more domestic responsibilities:

> There is also a boy who is in his late twenties, Sipho, who is a cousin of the family on the father's side and he has been staying with the family for a long time. He is a taxi driver and because of his uncle's illness Mama Bambatha asked him to quit his job so that he could assist her when caring for Kgama. (Mbali)

That Sipho did so is perhaps a first indication that in the context of high morbidity and mortality, being a financial provider may less readily be used as an excuse by men not to provide care.

Mothering/Fathering

Cultural ideas about the gendered division of labour further permeate the realm of parenting. From our data, there is no sign that women's employment is seen to detract from their mothering. However, because fathering is so closely aligned with providing, when men get involved with other aspects of fatherhood, they are regarded as men who mother, rather than men who father. This can have damaging consequences for such men's identities and their ability to undertake tasks that do not conform to the norm.

Yet men clearly play a significant role in parenting, including of children not biologically their own. In the context of South Africa's HIV epidemic, designation of "parent" and "child" is increasingly a social process rather than a biological fact. Parental rights and responsibilities now

rest with multiple individuals, particularly in care arrangements for many orphans. Step-fathers, uncles, brothers, grandfathers and male cousins contribute in various ways to the rearing of children, and are sometimes sole guardians. Yet this fact is little recognised and men who are not the biological father, yet assume a fathering role, appear to be overlooked. An example is the case of Kanelo Lambede, an elderly man who was the sole guardian of a ten year old year old boy, his niece's son. Not only was Kanelo responsible for this child, he also cared for his step-son from his late wife. Although not the biological father of either, Kanelo assumed parenting activities, and was left by the rest of the family and community to cope on his own. This can be seen, for example, when both 'sons' died:

> Kanelo's major worry at this time was how he was going to raise enough funds to send for his stepson's body. He expressed a great deal of helplessness regarding the two deaths that had occurred in the family and wondered how he was going to manage them financially. (Mandisa)

Whilst Kanelo was the only person responsible for a ten-year old orphan, the community (including his extensive extended family) did not perceive him as a lone parent in need of assistance.

Social fatherhood extended in numerous cases beyond a sense of financial obligation to encompass domestic care and genuine emotional involvement. A case in point is Xola, a young widower and working father, whose wife, Nande, was said to have died from pneumonia. After her death, he continued not only to bring up their son single-handed, but to support his late wife's

daughter from a previous relationship through visiting, minding and providing for the young girl's personal needs:

> Nande's husband would buy clothes for her [his late wife's child by another man] when she comes back to visit because he regards her as his child. (Mbali)

Community Response

In order to gain an understanding of the broader context in which the above interactions occurred, we analysed transcripts of interviews with NGO staff who managed the home based care volunteer programme. Staff recognised a need for men to be more involved in care-giving, but at the same time echoed the dominant social disavowal of male participation in the domestic sphere:

> Interviewer: Are there any male volunteers?
>
> Representative of HBC group: There are very few male volunteers, because culturally it is women who care for the sick. (Mbali)

> What struck me upon arriving at the meeting, was the presence of two young men, aged 24-28, who indicated to have volunteered to be care givers. I had expected the group to be exclusively female since the provision of care is assumed to be the preserve of women. (Mandisa, on attending a HBC training session)

Reflecting this dynamic, home based care volunteers were seen to offer instruction in care for the sick only to women and not to men. It is telling that the day chosen by one of the home based care groups to advertise their services was Women's Day. Furthermore, the perception that women are 'better' carers for children than men means that in some situations female relatives, neighbours and volunteers step in to cook, wash and nurse the child. Women who were concerned about the child and consequently became involved with the family, did not assist the male carer in child care tasks but rather relieved him of them.

Discussion

This study finds that men are involved in a diverse range of activities within immediate and extended families coping with the numerous impacts of HIV/AIDS.

We observed men being proactively involved in the lives of their parents and siblings, their own children and those of a partner or sibling, and in their extended family. We found many men providing financial and emotional support to children who were not their biological children. Some men had assumed a social fatherhood relationship with a child, often as uncles, grandfathers and older brothers. Men responded to changing circumstances around illness, bereavement, and the care needs of adults and children by performing roles that extended far beyond economic support. Yet prevailing norms regarding gender roles and responsibilities within households mitigate against community acknowledgment of such positive involvement, focusing attention instead on men's frequent inability to meet the traditional obligation of economic provision through wage labour.

The dominant discourse on men, identified in comments by study respondents, fieldworkers, and home-based care staff alike, remained negative and emphasised examples of men as absent, irresponsible and untrustworthy, even in the face of daily evidence contradicting such stereotypes. This disjuncture poses considerable risk of setting up a "self-fulfilling prophesy" whereby those men motivated to take up non-traditional roles such as cooking, washing, and caring for children will be discouraged by the fear of public ridicule, or the lack of support offered by neighbours and relatives who might be more forthcoming to female carers. Indeed, it did appear that some men who assumed responsibility for children following the death of a daughter, sister or partner, had weak or disrupted social networks and were usually single adult households. At the same time, home based care volunteers and other community service providers were less likely to direct their skills and attention to such men. Even the research fieldworkers frequently failed to engage with male respondents on subjects that were perceived to be outside their sphere of activity, choosing to engage with women about issues such as sickness, child care and support. The pervasive influence of these social sanctions against male "homemaking" and "mothering" extend to all levels in the delivery of social welfare, reflected in the fact that in 2002, only three men applied for the Child Support Grant in the study area, compared to 3,317 women (Case & Hosegood, 2003).

This lack of proactive provision for men trying to support their families not only renders them vulnerable, but creates an environment hostile to widespread change in gender dynamics. Men who are willing to step outside their proscribed roles are likely to meet with derision; first for being inadequate fathers by not providing financially and second, for serving as substitute mothers. A vicious cycle is thus established wherein men are assumed to be disengaged from family and children, and examples to the contrary are thus ignored or unvalued, further

contributing to the numerous disincentives men face in confronting familial responsibilities. Certainly we found many examples in this study of men who fit the stereotype and confirmed widespread scorn regarding men's propensity for abandonment, promiscuity, and avoidance of any domestic participation. Fieldworkers documented cases of men who had no contact with their children, men who did not seek to contribute financially or otherwise, or who simply struggled to cope with working away and providing for their families. A large proportion of female respondents had experienced situations of neglect and abandonment that reinforced their negative view of male behaviour. We suggest, however, that this phenomenon of male disengagement may represent an unsurprising product not only of collapsing labour markets and political upheavals but also of a consistently reproduced gender construct offering little "social space" for competing forms of masculinity to emerge (for further discussion of the historical construction of Zulu masculinity, see Hunter, 2004).

While it is important, therefore, to highlight the overlooked existence of men's positive involvement in household management and care in the era of AIDS, what will prove crucial in future is identification of approaches that might help men redefine their masculinity to encompass a wider social role, and to gain acceptance for it. Our work found that although rural South African women who perform 'men's work' are already accepted, this transition does not appear to have yet occurred for men who take on 'women's work'. Among the first steps in this process is collection of better information about men's current involvement using indicators based on daily household realities, perceived responsibilities and performed duties. Data collection needs to be itself divorced from prevailing assumptions regarding the appropriate division of sexual labour, something this study did not entirely achieve. Our failure to adequately interrogate men's activities, thoughts and challenges in as much detail as those of women participants highlights the

need for research that is specifically designed to engage with men. A number of aspects in the design of this study may have limited its openness to participation by men within the study households, including the fact that all research assistants were female, as were the home based care volunteers we worked with, and interview guidelines were "gender neutral" in wording, without prompting for information specific to men.

Other researchers have already identified men as a largely untapped resource for families affected by HIV/AIDS (Engle & Breaux, 1998; Foumbi & Lovich, 1997; Morrell, Posel & Devey, 2003; Richter *et al.*, 2004). We echo this sentiment, and anticipate continued transformations in masculinity, family formation, and inter-generational relationships as the HIV epidemic progresses, alongside other social, demographic, and economic processes in South Africa. Many households already have or will experience the adverse consequences of HIV/AIDS and it is against this backdrop that we might expect to see new patterns of male involvement emerging to meet the changing needs of households. Greater recognition and better understanding of both the potential for, and barriers to, men's positive engagement with children and families should lead to the development of strategies to facilitate this process and thus contribute to an improved community response to HIV/AIDS.

Acknowledgements

The authors are grateful to the households, volunteers, and government staff who shared their experiences and time with us.

We also acknowledge the committed work and insights of Sindile Moitse and Sayinile Zungu in contributing to this study. Eleanor Preston-Whyte was a driving force behind this research and her intellectual input into the study and mentorship have been invaluable. This work was supported by The Welcome Trust, UK through grants to the Africa Centre for Health and Population Studies (#50534) and Timæus/Hosegood (#61145).

References

Bradshaw, D., Schneider, M., Dorrington, R., Bourne, D.E., Laubscher, R. (2002). South African cause-of-death profile in transition - 1996 and future trends. *South African Medical Journal*, 92(8), 618-623.

Campbell, C. (1992). Learning to kill? Masculinity, the family and violence in Natal. *Journal of Southern African Studies*, 18(3), 614-628.

Carrigan, T., Connell, R.W., & Lee, J. (1985). Toward a New Sociology of Masculinity. *Theory and Society*, 14(5), 551-604.

Case, A., & Ardington, C. (2004). Socioeconomic factors. In Population Studies Group (Eds.), Africa Centre Demographic Information System Monograph, Ch. 8. Mtubatuba: Africa Centre for Health and Population Studies.

Case, A., & Hosegood, V. (2003). Child Support Grant Study Findings. *Children First*, 51/52, 45-49.

Connell, R.W. (1994). *Masculinities*. Cambridge: Polity.

Cornwall, A., & Lindisfarne, N. (1994). *Dislocating Masculinities: Comparative Ethnographies*. London: Routledge.

Dunkle, K.L., Jewkes, R.K., Brown, H.C., Yoshihama, M., Gray, G.E., McIntyre, J.A. et al. (2004). Prevalence and Patterns of Gender-based Violence and Revictimization among Women Attending Antenatal Clinics in Soweto, South Africa. *American Journal of Epidemiology*, 160 (3), 230-239.

Engle, P.L. (1997). The role of men in families: achieving gender equity and supporting children. *Gender and Development*, 5(2), 31-40.

Engle, P.L., & Breaux, C. (1998). Fathers' involvement with children: perspectives from developing countries: Society for Research in Child Development.

Foumbi, J., & Lovich, R. (1997). *The Role of Men in The Lives of Children.* New York: UNICEF.

Hosegood, V., McGrath, N., Herbst, K., & Timæus, I. M. (2004). The impact of adult mortality on household dissolution and migration in rural South Africa. *AIDS, 18*(11), 1585-1590.

Hosegood, V., Vanneste, A.-M., & Timaeus, I. (2004). Levels and causes of adult mortality in rural South Africa: the impact of AIDS. *AIDS Care*, 18, 663-671.

Hosegood, V. & Ford, K. (2003). The impact of HIV/AIDS on children's living arrangements and migration in rural South Africa. Paper presented at the conference 'African Migration and Urbanization in Comparative Perspective'. Johannesburg, South Africa. June 4-7, 2003.

Hosegood, V., & Timaeus, I. (2001). "Household Composition and Dynamics inKwaZulu Natal, South Africa: Mirroring Social Reality in Longitudinal Data Collection," Paper presented at the African Census Analysis Project Virtual Conference on *African Households: an Exploration of Census Data*, 21-24 November 2001.

Hunter, M. (2004). Masculinities, multiple-sexual-partners, and AIDS: the making and unmaking of *Isoka* in KwaZulu-Natal. *Transformation*, 54, 123-153.

Jewkes, R., Penn-Kekana, L., Levin, J., Ratsaka, M., & Schreiber, M. (2001). Prevalence of emotional, physical and sexual abuse of women in three South African provinces. *South African Medical Journal*, 91(5), 421-428.

Jewkes, R., Levin, J., Mbananga, N., & Bradshaw, D. (2002). Rape of girls in South Africa. *Lancet*, 359, 319-320.

Karim, Q.A., & Karim, S.S.A., (1999). Epidemiology of HIV infection in South Africa. *AIDS*, 13(4), 4-7.

Kim, J., & Motsei, M. (2002). "Women enjoy punishment": Attitudes and experiences of gender-based violence among PHC nurses in rural South Africa. *Social Science & Medicine*, 54(8), 1243-1254.

Morrell, R. (1998). Of boys and men: Masculinity and gender in Southern African studies. *Journal of Southern African Studies*, 24(4), 605-630.

Morrell, R., Posel, D., & Devey, R. (2003). Counting Fathers in South Africa: Issues of definition, methodology and policy. *Social Dynamics*, 29(2), 73-94.

Morrell, R., & Richter, L. (2004). The Fatherhood Project: Implications for gender and sexuality. Special Issue on African Feminisms IV: Sexuality in Africa. *Agenda*, 62, 36-44.

Murray, C. (1981). *Families Divided: The impact of labour migration in Lesotho*. Cambridge: Cambridge University Press.

Preston-Whyte, E. (1978). Families Without Marriage: A Zulu Case Study. In W.J. Argyle & Preston-Whyte, E.M. (Eds.), *Social system and tradition in Southern Africa* (pp.55-85). Cape Town: Oxford University Press.

Preston-Whyte, E. (1993). Women who are not married: Fertility, 'illegitimacy', and the nature of households and domestic groups among single African women in Durban. *South African Journal of Sociology*, 24, 63-71.

Richter, L., Manegold, J., Pather, R., & Mason, A. (2004). The Fatherhood Project. *Children First*, 54, 16-20.

Smit, R. (2002). The Changing Role of the Husband/Father in the Dual-Earner Family in South Africa. *Journal of Comparative Family Studies*, 33(3), 401-415.

South Africa Department of Health (2001). National HIV Sero-prevalence Survey of Women Attending Public Antenatal Clinics in South Africa 2000. Pretoria: South Africa Department of Health.

Spiegel, A. (1986). The fluidity of household composition in Matatiele, Transkei: A methodological problem. *African Studies Review*, 45(1), 17-35.

Spiegel, A. (1987). Dispersing dependents: A response to the exigenices of labour migration in rural Transkei. In J. Eades (Ed.), *Migrants, workers and the social order* (pp.113-129). London: Tavistock Publications.

Spiegel, A., Watson, V., & Wilkinson, P. (1996). Domestic diversity and fluidity among some African households in Greater Cape Town. *Social Dynamics*, 22(1), 7-30.

Statistics South Africa (2004). Labour Force Survey, September 2003. Pretoria: Statistics South Africa.

Townsend, N. (1997). Men, Migration, and Households in Botswana: An Exploration of Connections over Time and Space. *Journal of Southern African Studies*, 23(3), 405-420.

Van der Waal, C. (1996). Rural children and residential instability in the Northern Province of South Africa. *Social Dynamics*, 22(1), 31-54.

Wilkinson, D., Connolly, C., & Rotchford, K. (1999). Continued explosive rise in HIV prevalence among pregnant women in rural South Africa. *AIDS*, 13, 740.

Wood, K., & Jewkes, R. (1997). Violence, rape, and sexual coercion: everyday love in a South African township. *Gender and Development*, 5(2), 41-46.