

## **Masculinity, Marriage, Childbearing and HIV Risk Among Young Men in Rural Uganda**

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**Abstract**

Both gendered power dynamics within sexual relationships and social expectancies about childbearing and marriage are widely understood to put women at risk of HIV. Social expectations about masculine roles, relationships, and fertility desires also shape HIV risk among young men. Using life-history interview data with 30 HIV-positive and HIV-negative young men aged 15-24, our analysis offers an in-depth perspective on young men's transition through adolescence, fatherhood, and sexual partnerships in Rakai, Uganda. Young men consistently reported aspirations for formal marriages and children, yet in a context where masculinity is often defined by material provision, most were unable to realize their intentions due to financial barriers. Underemployment among young men often resulted in an extended life stage marked by casual and multiple partners and limited condom use. Our findings suggest that men, too, possess relationship and parenthood aspirations that may increase their HIV risk, particularly when combined with resource scarcity.

## INTRODUCTION

The HIV epidemic in sub-Saharan Africa (SSA) is marked by gender and age disparities in HIV acquisition (UNAIDS, 2012). Compared to young men, young women disproportionately become infected with HIV, though women's and men's rates are more comparable later in life (UNAIDS, 2012). Gender and social inequalities are seen as key drivers of young women's greater likelihood of HIV acquisition (UNAIDS, 2012, Gupta et al., 2011). Researchers have tried to disentangle gender-specific HIV risks and how they are influenced by biological, social, and contextual circumstances (Mindry et al., 2011). For example, young women are likely to initiate sexual activity and marry earlier than young men, and they are also more likely to have older partners; these demographic patterns combine with gender-based power differentials to heighten women's HIV risks (Blanc, 2001, Jewkes and Morrell, 2010, Luke, 2003). Research on women's structural vulnerability to HIV identify factors like women's limited access to health services, limited educational and economic opportunities, and the negative consequences of migration, that produce risk for women (Krishnan et al., 2008, Gupta et al., 2008). Likewise, intervention studies point to a range of structural (e.g. enhanced education, training, and economic opportunities for poor women) and social (e.g. gender-sensitization to enhance women's roles and status in the household and community) interventions to reduce women's vulnerability to HIV (Gupta et al., 2008).

Since most women in SSA acquire HIV through heterosexual contact with a regular partner, many women's biggest "risk factor" for HIV is simply being in monogamous relationships with a man (Hirsch, 2009). Heterosexual men's attitudes and behaviors are often seen as the source of HIV and women's vulnerability; heterosexual men are simplistically portrayed as active transmitters of HIV and not active agents of prevention (Hirsch, 2009, Higgins et al., 2010). While "vulnerability" usually translates onto heterosexual women's risk for HIV, attention is needed to explore how social and structural factors also shape the HIV vulnerabilities for heterosexual men (Dworkin, 2005, Higgins et al., 2010). Programs that focus on men in HIV prevention have attempt to modify men's attitudes or beliefs about gender inequality (Dworkin et al., 2012, Jewkes et al., 2010). Few programs or policies attempt to address the broader social systems that might increase women *and* men's susceptibility to HIV.

A growing body of work demonstrates how social expectations about masculine roles can heighten men's susceptibility to HIV. For instance, research in SSA has demonstrated the preponderance of multiple elements of masculinity, such as the emphasis on risk-taking, the demonstration of heterosexuality and male dominance, or the pressure to achieve material success in contemporary African societies (Lindegger and Quayle, 2009, Izugbara, 2004, Izugbara and Nwabuawe MODO, 2007, Jewkes and Morrell, 2010, Jewkes et al., 2011, Nyanzi et al., 2009, Nzioka, 2001). One study exploring the sociocultural constructions of masculinity in Uganda among youth found that social scripts associated with achieving manhood emphasized independence from the parental home, the acquisition of money, and sexual

promiscuity (Nyanzi et al., 2009). Barker and Ricardo highlight that while there are multiple and varying elements of masculinity, key requirements to attaining manhood in many African societies include “achieving some level of financial independence, employment or income, and subsequently starting a family” (Barker and Ricardo, 2005). These expressions of masculinity are not just individual choices, but are expected and enacted as part of cultural narratives – these elements need greater exploration in terms of their connection to HIV.

Structural factors also increase men’s vulnerability to HIV (Parker et al., 2000). Demonstrating masculine behaviors within structural contexts of social change and economic instability may be associated with certain risk behaviors (Lindegger and Quayle, 2009, Barker and Ricardo, 2005, Silberschmidt, 2001). Disempowerment of men due to unemployment or underemployment in many parts of east Africa has undermined their ability to live up to patriarchal male ideals and identity as the head of the household and breadwinner (Silberschmidt, 2001). Faced with economic constraints, men might seek to establish their identity through aggressive and multi-partnered sexual relationships (Silberschmidt, 2001). Among urban young men and young women in Kenya, individual and household financial insecurity has been associated with inconsistent condom use (Davidoff-Gore et al., 2011). Qualitative exploration with out-of-school youth in Uganda showed that young men felt pressured to provide attractive gifts to be able to initiate and maintain sexual relationships (Bohmer and Kirumira, 2000). As these studies suggest, young men transitioning to adulthood under conditions of economic insecurity may be particularly inclined to demonstrate hetero-normative behaviors and undertake associated risks.

Among young men in SSA facing HIV/AIDS risk, exploration into desires for fatherhood and how these desires influence relationship patterns remain nascent. Research that examines the intersection of parenthood and HIV prevention focuses heavily on HIV-positive women’s fertility desires (Nattabi et al., 2009). The focus on men in family planning literature has examined the role of men’s attitudes and attributes in women’s fertility-related decision making (Dodoo, 1998, Dodoo, 1993, Ezeh, 1993). A few studies have also examined young men’s expectations about and experiences of fatherhood (Roy, 2006, Spjeldnaes et al., 2011, Swartz and Bhana, 2009). Comparatively few studies examine young men’s desires for children and/or how such desires may shape HIV exposure. A study in Cameroon demonstrated that men’s desire for children drove their desire for additional wives and multiple partnerships (Speizer, 1995). Another study in South Africa demonstrated that poor young men desired children and wanted to become fathers as a pathway to achieving ownership and exhibiting responsibility in the absence of real economic options (Hendricks et al., 2010). In Nigeria, men and women on HIV treatments sought childbearing as a pathway to a normal life course and trajectory (Smith and Mbakwem, 2007). These studies suggest that young men’s marital and fertility ideals may be influencing their sexual and reproductive behavior, but studies of young

men remain far less common than studies of young women and their desires for marriage and children, and HIV risk.

Greater attention is needed on the marital and fertility aspirations among young men in SSA, dealing simultaneously with HIV/AIDS and economic vulnerability. Examination of the way masculinity can define risk for men remains critical. This paper aims to provide additional insight on elements of masculinity during life transitions and the impact on HIV risk for men themselves. Specifically, we sought to uncover masculine ideals and young men's individual goals related to relationships, marriage, and childbearing in rural Uganda. We also sought to understand how young men's ability to meet these aspirations, and how the pressure to live up to these masculine ideals intersects with material circumstances to produce contradictions and sometimes unhealthy practices among young men.

## **DATA AND METHODS**

### **Study Site**

With its large youth population, high fertility rates, and mature HIV epidemic, Uganda provides a unique context for this study. Uganda has a population of over 32 million, with a relatively young age structure (median age is 15 years) and fairly low life expectancy at birth (52.7 years). The majority of Ugandans live in rural areas and rely on agriculture and subsistence farming. And while the Ugandan economy has enjoyed a relatively good rate of growth in recent decades, its per-capita GDP growth has not been at pace with its rate of population growth (Ssewanyana and Kasirye, 2012). According to the latest national household survey, poverty remains higher in rural areas than in urban areas of Uganda; rural areas account for "85 percent of the population but 94 percent of national poverty" (Uganda Bureau of Statistics (UBOS), 2010).

The total fertility rate in Uganda remains one of the highest in the world at 6.7 births per woman (Uganda Bureau of Statistics (UBOS) and Macro International Inc., 2007). Women and men report slight differences in their fertility ideals; the mean ideal number of children among women is 4.8 and among men is 5.7 (Uganda Bureau of Statistics (UBOS) and ICF International Inc., 2012). Women's experiences with childbearing start early in Uganda; 24 percent of 15-19 year old girls have already begun their childbearing (Uganda Bureau of Statistics (UBOS) and ICF International Inc., 2012). Comparable data on when men begin fatherhood are not available.

In conjunction with these high fertility rates, HIV prevalence in Uganda was 7.3 percent among adults in 2011 (Ministry of Health (MOH) Uganda et al., 2011). Gender differences persist in HIV prevalence among youth: among 15-24 year-olds, 4.9 percent of young women are infected compared to 2.1 percent of young men. The most recent national sero-behavioral

survey indicates that HIV prevalence has increased among young men aged 15-24 years and young women aged 20-29 years since 2005 (Ministry of Health (MOH) Uganda et al., 2011).

### **Sampling**

The data for this study are culled from in-depth life history interviews conducted with young men and women aged 15-24 years over from June 2010 through June of 2011 to explore HIV-related risk or protective factors within the context of youth lives and relationships (Higgins et al.). Matched data from HIV-positive and HIV-negative respondents were used to explore contextual factors that might explain why some young people acquired HIV and why some did not (Higgins et al.). The respondents were purposefully sampled from an on-going population-based epidemiological surveillance cohort in rural Rakai (Wawer et al., 1998, Wawer et al., 1999). Using the cohort data, Ugandan-based investigators located young adults between the ages of 15-24 who had acquired HIV in the last year (n=30). These 30 HIV incident respondents were in turn matched with 30 HIV-negative counterparts by gender, marital status, age, and village. We were able to recruit over 90 percent of the respondents we approached for this study; the primary reason for not being approached for recruitment included temporary or permanent movement away from the study communities.

In this analysis we focus on the young men's interviews (n= 30), including 13 HIV-positive young men who had recently acquired HIV and their negative matches aged 20-24 years. Given no new HIV infections among 15-19 year olds, we were not able to recruit and match younger male respondents by HIV status. Thus, to capture HIV risk perspectives among teenagers, 4 additional interviews were conducted with HIV-negative adolescents aged 15-19 years. All respondents were sexually active and were further matched by marital status, age, and village of residence. Table 1 presents the sampling frame for respondents included in this analysis.

### **Procedures**

Interviews were structured around four major themes: life goals and transitions, pregnancy and parenthood, HIV risk and avoidance, and sexual relationships and context. Due to interview length and our interest in enhancing rapport with respondents, interviews took place across two different meetings about two to three weeks apart. The first interview asked youth about their life goals and aspirations around schooling, work, marriage, and mobility, and transitions to adulthood. It also included questions related to current parenthood status or pregnancy intentions, state of current pregnancy desire and ambivalence, and actions to avoid pregnancy. The second interview attempted to delve deeper and asked respondents specifically about perceptions of HIV risk at the community level, attitudes about pregnancy and HIV, assessment of personal risk for HIV/AIDS, normative information on youth sexual

relationships, respondent's current primary and other sexual relationships, and experience of sexual coercion or violence.

Respondents and interviewers were gender-matched to facilitate rapport during the interviews. Each interview lasted approximately an hour to an hour and a half, for a total of two to three hours for each respondent. To compensate participants for any expenses related to participation, respondents received 5,000 Ugandan Shillings (~US\$ 2.50) for each part of the interview. Interviews were conducted in Luganda and tape recorded for subsequent transcription. In addition, interviewers wrote summaries of their reflections and observations immediately following each interview in a debriefing form. Interviewers' simultaneous transcription and translation (to English) of the interviews occurred within two or three days of conducting the interview. The final complete transcript for each respondent included the detailed notes from each interview, as well as the summaries prepared by the interviewer after each interview.

### **Analysis**

We used an iterative process for qualitative data analysis that involved reading, coding, interpreting, reducing and displaying the data gathered during the interviews (Miles and Huberman, 1994). The first and second authors developed and refined a codebook for data analysis. The first author and two US graduate students then coded all of the transcripts. After the coding process, we re-reviewed the coded data to analyze the connections and interactions between masculinity and HIV-risk in the data. We developed a series of data display matrices to try to cluster data and define the themes emerging from the data. For each theme, we attempted to generate three or four composite statements comparing themes across all respondents, by HIV status and by marital status. We also held bi-weekly conference calls with the Uganda-based qualitative team where we discussed agreements and disagreements in our data interpretations, and arrived at a consensus. The data were coded and organized using Atlas.ti (Atlas.ti Scientific Software Development).

### **Qualitative Respondent Description**

Respondents' average age was 22 years. All of the young men reported receiving at least some schooling: over 60 percent of the young men had some primary schooling, while the rest had some secondary schooling or were currently in school. The majority of the young men described participating actively in various jobs such as peasant farmer, brick maker, petty trader, or motorcycle driver. The sample included more married and never married men (10 and 16) than previously married men (4) because few men of this age have experienced separation or widowhood. Male respondents on average reported having two partners in the last year. All the married respondents had children or had partners who were currently pregnant, compared to only a handful of unmarried or previously married respondents. Almost

all of the respondents reported current use of some type of contraception with at least one current partner. Common methods included condoms, withdrawal, and female partner's use of injectables. Finally, since our sampling strategy relied primarily on identifying an HIV-positive respondent and then matching with their HIV-negative counterpart, the characteristics of young men included in this analysis were similar to young men aged 20-24 in the larger cohort. For instance, the median age of HIV+ youth respondents in the cohort was 22 years, most young men (~60%) in the cohort had completed some primary schooling, upon leaving school most young men were involved in agricultural work, and the prevalence of separation or widowhood was low among young men in the larger cohort.

## RESULTS

Three major themes emerged to illustrate how norms around masculinity, young men's aspirations, and structural constraints shaped HIV vulnerability for poor young men. Respondents expressed these themes consistently across both HIV status and marital status. First, respondents mentioned childbearing and formal marriages as milestones in the transition to adulthood for young men and a crucial part of the masculine ideal in rural Uganda. Second, truncated educational options and limited economic opportunities made it difficult for young men to acquire formal marriages and fulfill their childbearing desires. Third, limited economic opportunities meant that young men were rarely able to achieve their job expectations and meet their financial goals and tried to fulfill their aspirations under less than ideal circumstances. As a consequence, young men employed a variety of strategies, such as engaging in unprotected sex or having multiple partners, to fulfill their desires for children and relationships; these strategies in-turn increased young men's vulnerability to HIV.

### Young Men Desired Marriage and Childbearing

When asked about young men's transition to adulthood and the key steps in becoming a man, unequivocally, our respondents mentioned how becoming a father and establishing a stable home were instrumental in establishing their role and identity within the family and community. They described how a young man is only considered useful to the community once he himself has experienced these major life events. Acquiring a partner seemed to be necessary but largely invisible in their discussions of the transition to adulthood; children appeared more symbolically important than a partner. Young men alluded to being able to garner trust and respect from the community only after having children. The quote below from a young, HIV-negative, childless unmarried man is highly illustrative of the cultural importance of parenthood among young men and how it is connected to their stature in the community.

...here in Buganda, to command respect and dignity, he [a man] needs to have a child... After such incidences [when he has a family or gets children] a person is considered an adult. After all this, an individual's contribution or input will



always be sought on different matters going on within his area. But this might not be the case with someone who has no family and children. People always underrate you and they do not expect you to make any useful contributions or input to the community. If you have a family you may even sit/attend village meetings and make contributions. Nobody will listen to someone who has no family or children. There is no way you can contribute if you have no family and children. (22 year old, unmarried man, HIV-)

All young men reported a lifelong desire for children, and almost all wanted four or more children in their lifetime. To fulfill their aspirations for families, young men spoke of the need to “prepare” themselves. Readiness most often included financial preparations, such as finding a place to live and obtaining gainful employment.

Childbearing within socially-sanctioned marital unions was of prime importance to young men. A 23 year old HIV-positive married man reported that as a younger man he “had plans that once I marry a wife I need to get four children.” Another 23 year old HIV-positive unmarried young man noted that, “once I get a wife we shall be able to produce children.” Young men aspired to have children within marital unions —not only for cultural reasons but for legal ones. Under Uganda’s age of consent laws, men caught having sexual intercourse with girls under the age of 18 years can be charged with defilement and may be imprisoned and financially penalized by the girl’s family (Parikh, 2012). Almost all of the young men noted a fear of imprisonment due to an accidental pregnancy with a young woman under the age of 18 years.

When probed specifically about the types of sexual relationships that young men had aspired for or wanted, overwhelmingly respondents first described the type of marriage versus the type of sexual partner. Young men discussed their aspirations for formal, traditional or “church” marriages. For young men, official marriages were associated with a kind of respectable partner and the strengthening of their kinship network. Official marriages implied stable long-term unions with partners whom they could trust and with whom they could have children. These marriages were antithetical to the more informal, less respectable type of marriage and/or spouse. One HIV-positive married young man while discussing his desire for a wife noted, “I did not want to practice promiscuity. I wanted to have one partner to stay with.”

Within the rubric of marriage, young men spoke of their preferences for “hardworking,” “educated,” and “disciplined” wives. As such, young men wanted partners with dual qualities: (1) being able to support young men in their economic endeavors and in maintaining the financial stability of the household and (2) being respectable so that they could engage in a trusting relationship and maintain an honorable reputation in the community. As one young HIV-positive unmarried man noted, “I am interested in a person with discipline. That is first. Secondly I want someone who is hard working like me. If you are not hard working I send you

away.” Reflecting on the economic challenges in rural Uganda, young men sought women’s productive role in relationships, not just their reproductive capabilities. For young men, having a respectable, acceptable, and disciplined wife reflected further on young men’s position and identity in the community – or at least the identity they desired to achieve.

Our findings indicate that for young men in rural Uganda, having children and official marriages should ideally happen in conjunction. Young men seemed to ascribe closely to community norms around masculine-acceptable life courses. Young men wanted children to earn status within their households and community, and they wanted official marriages with respectable partners who could also enhance their social reputation. Young men in our study reported wanting the types of relationships promoted by the HIV/AIDS campaigns that dominate the Ugandan landscape—messages of abstinence until marriage, faithfulness to sexual partner, and reduction or avoidance of multiple partnerships. Respondents aspired for the types of idealized stable relationships that might allow them to ascribe to some of the HIV/AIDS prevention behaviors. However, as the sections below indicate, many young men did not have the resources necessary to afford these more respectable marriages and families, which in turn shaped the kinds of partnerships and sexual networks in which they did partake.

### **Challenges to Fulfilling Marriage and Fertility Ideals**

While all young men aspired to formal marriages and childbearing, most were unsuccessful in their attempts to attain the types of relationships they wanted. Truncated educational aspirations and limited economic opportunities thwarted young men’s efforts to establish themselves. Many of the young men had aspired to attend secondary school or university; however, the majority of respondents had dropped out at the end of primary school. Most of the respondents recounted having to end their schooling early due to limited household funds for education (including costs of fees, uniforms, books, etc.). Death of a parent and primary income earner, loss of financial support from an extended family member, or having too many siblings in need of schooling often contributed to the limited educational opportunities for youth. As a result of limited schooling, few young men were engaged in the kinds of work or jobs that they had aspired for (such as teachers, health care workers, or engineers). At the same time young men felt a great urgency to establish themselves, earn money, and provide for their current or future children. To this end, young men spoke of repeated attempts to find work, including extensive patterns of local and in-country mobility. Young men’s hustles to find work were not always successful, and for the vast majority of them resulted in economic instability.

All of the young married men in our sample were in casual consensual unions with their sexual partners that did not entail any official celebration or exchange with their partner’s family. In essence, these relationships were considered less permanent or official by the respondents. Young men directly linked their financial insecurity to their inability to meet their

goals for official marriages. The types of marriages that young men wanted required financial resources: money was needed for the ceremony, to exchange with the bride's family, and to support their partner and family. Limited economic resources limited marriage prospects for young men, as exhibited by the quotes below.

I wanted to get an official church marriage but my [financial] ability could not allow me to achieve this goal. (22 year old, previously married man, HIV-)

I thought I would marry when I am 20 years...I used to think that by that time I would have made enough preparations and developments...I thought I would have gone through the education structures, but already I had failed with education so I wanted to get a job and marry later. (22 year old, married man, HIV-)

In some cases, young men's inability to secure adequate financial resources resulted in partnership dissolution, as expressed by this HIV-positive previously married young man: "I really wanted to marry and get a wife, so at one time I got a wife but I did not stay long with her. This was because I had not made enough preparations to take her up as a wife."

Not only had financial insecurity limited their marriage prospects, but respondents also noted how their limited socio-economic status influenced their fertility ideals. Often, young men stated that only four children were ideal because this was the number of children that they could afford to take care of. Fiscal concerns about caring for children included being able to meet their physical needs and to send them to school, as illustrated by this quote from a young unmarried man.

Interviewer: While you were young, what were your goals relating to children?

Respondent: Though we are in Buganda where people are being encouraged to produce several children, personally I want to have the right number of children that I could be able to support...I would like to produce four children. I am sure I will be able to support each of these four by providing them food, clothing and even paying for their education and other things in line with daily needs. (22 year old, unmarried man, HIV-)

In many cases, respondents felt that current socio-economic conditions only afforded them a few children, unlike in previous generations. Respondents who had faced hardships growing up were more likely to state that they wanted smaller families themselves, families that they could afford, as illustrated by the quote below.

I had already seen it that there are people who suffer simply because they have so many children. I tried to relate this with the problems we were encountering

in our family and I decided that I should not get so many children. (22 year old, previously married man, HIV+)

Further, while young men aspired for fertility with marital partners, some young men reported accidental and pre-marital pregnancies. Several of the married young men (4 out of 10) had been pushed into marriage because of an early and unplanned pregnancy with their sexual partner. Another unmarried young man reported how had gotten his school-age girlfriend pregnant and had faced harsh rebuke from his own family, the girl's family, and the threat of imprisonment. Young men also noted that many of these initial sexual encounters occurred without a discussion of pregnancy risk, contraceptive use, or HIV risk and avoidance.

Thus, while young men desired formal, stable unions and childbearing within those unions, by and large they are unable to meet those idealized life goals. Their ideals for official marriages and ideal family size are restricted by structural constraints, in particular the lack of a steady income or employment. Young men who reported that they were married tended to be in more casual cohabiting unions that lacked the support of the family or recognition of the community. As the next section suggests, failing to meet these more respectable relationship and family goals meant that young men instead engaged in less ideal types of sexual partnerships.

### **Strategies to Achieve Masculine Ideals – Challenges and Contradictions**

Repeated attempts to gain financial security was challenging for young men. In some cases they noted losing hope to achieve these goals and settling for the type of relationships they could get. One unmarried young man told us how his financial scarcity limited his options in the types of relationships he could have. The following young man was unable to attract a marital partner and could only engage in short term casual partnerships where he did not know the partner's HIV status and was unable to convince the partner to test.

Respondent: I wanted to get an official marriage but because I lacked money I failed to get the official marriage I wanted. I have only been able to get a partner just for a night and she goes back. [...] When I meet with a woman we make our arrangements and I bring her into my room.

Interviewer: For how long do you keep such relationships?

Respondent: They usually last for a month.

Interviewer: After a month you separate?

Respondent: We have to separate. You know I have been taking HIV tests all along but whenever I ask my girlfriends to test as well they do not want to. (23 year old, unmarried man, HIV+)

Another young man who had never been married and was currently HIV-negative said, “I want her [future wife] to produce children for me...I have not yet got anyone to marry. I have those casual partners. I wanted to have children with them.” As with the prior respondent, this young man exhibits how young men engaged in multiple, casual sexual partnerships as they wait to find and afford marriage partners. Further, when doing so young men may be engaging in unprotected sexual activity to achieve their goals of fatherhood.

Examination of life histories of young men who had recently acquired HIV, further demonstrated how young men’s struggle with attaining goals around marriage and fatherhood pushed them into partnerships they considered risky. We present one such case below:

A 23 year old unmarried HIV-positive young man, had just found out his HIV status, but did not know from whom he had acquired HIV. He had dropped out of high school because he could no longer pay the school fees and tried to find a job. He traveled back and forth to Kampala for factory work four times, but had not succeeded in finding permanent work. He tested positive for HIV when last he returned from Kampala. He had decided to stay in the rural area to access HIV treatment. When he was younger he had desired a monogamous relationship with a partner he could trust: “I always wanted to get someone to stay with at home and not multiple partners.” Avoiding HIV had been important to him because his mother had died of AIDS. However, he had not achieved the goal of a marital partner because he didn’t have permanent employment. In the past, he had tried to find a marital partner and engaged in unprotected sex with her, “when you have sex without any protection we believe that they love us.” When the relationship resulted in a pregnancy, he tried to take care of his partner and the child but he didn’t have enough money, so they eventually parted ways. At that time he worried that the girl’s parents would imprison him for his inability to financially support their daughter and his child. Since then he had been engaging in more casual partnerships. He reported inconsistent condom use because he said his partners refused them. Instead he relied on withdrawal for pregnancy prevention and HIV-risk reduction.

This case presents the challenges unmarried young men often faced: they focused on making money, lost hope when it took too long, had sex with multiple partners, had children with these partners to fulfill fertility ideals and to legitimize their relationships, and subsequently exposed themselves to risk by engaging in unprotected sexual behaviors.

Exploration of the narratives of young men in consensual unions who had recently acquired HIV, highlighted their engagement in multiple sexual partnerships, often related to their search for additional marital partners or children. Though young men aspired for formal and official marriages with partners whom they could trust, they also reported multiple and concurrent sexual partnerships. Extra-marital partnerships took many forms from casual

encounters at family celebrations, but most were longer term sexual arrangements. Reasons for engaging in extramarital partnerships ranged from fulfilling sexual needs while their wife was away, unavailable, or pregnant to seeking potential additional wives. The major discernable difference among HIV-positive and HIV-negative young men's extra-marital partnership patterns was that HIV-positive young men reported more sexual partnerships, and less knowledge of their wife's or their extra-marital partners' sexual networks or HIV status than HIV-negative young men (Higgins et al.). We present such a case below.

A 24 year old HIV-positive man was currently married. The respondent noted that "it is important for me to have only one sexual partner" in order to avoid infections, at the same time he reported 2 extra-marital partners in the last year. He had discussed HIV protection with his wife and they both had been tested, but had not received their HIV test results. He had never used condoms with his wife because he trusts her, though he does not know if she has other partners. He also reports that his wife wishes to become pregnant again, but he wants to prevent or delay a subsequent pregnancy because they don't have enough money for another child at the moment. He met his second partner (P2) at a wedding and started a sexual relationship with her so that he could experience different sexual pleasures. In this relationship he was concerned about HIV prevention. He reports that they tested together and found that they were HIV-negative. He only used condoms with this partner after she began to fear pregnancy. The respondent suspected that P2 had six other partners in the last year, one of whom he suspected of being HIV+ and ended the relationship with her. The respondent began relationship with a third partner (P3) after separating from P2. The respondent had discussed marriage with P3 and he wanted to marry her as a 2<sup>nd</sup> wife if his finances allowed (the respondent was Catholic). Because of possibility of marriage, and her desire to produce children for him, the respondent did not use condoms in a sign of trust. Respondent did not know if P3 had other partners. The respondent had not been worried about HIV risk with P3 because she was so young.

Finally, as both these case studies highlight, condom use in our study was inconsistent, particularly among HIV-positive among young men. Condom use as mentioned by young unmarried men could be tricky if it meant that they might lose their sexual partner. The married young man engaging in extra-marital partnerships seemed to think of condoms as a pregnancy, instead of HIV, prevention strategy; and since he was not motivated to avoid pregnancies, he did not use them with his primary marital partner or potential marital partners.

While in general, young men considered condom use acceptable with casual partners, they also reported that condom use often waned with duration of the partnership and when

they trusted their partner. Once trust was established, condom use was not considered as necessary by either partner. However, the concept of trust was tricky as well. At times, trust was established by respondents testing for HIV with their partners or disclosing HIV-status to each other, but usually involved a more subjective assessment of the prospective partners' behaviors as observed in the community. Thus, young men involved in multiple partnerships potentially engaged in unprotected sex with their partners – often to fulfill their goals of finding long-term partners with whom they could have children. Young men's ideals for formal marriages and children often put them in situations which enhanced their risk of HIV acquisition.

## DISCUSSION

In this paper we sought to uncover how relationship goals and parenthood aspirations were associated with young men's sexual partnerships and potential HIV risk—particularly in light of masculine ideals and economic constraints. Young men in rural Uganda reported two primary avenues for achieving adulthood – becoming a father and establishing a home and family. Limited educational and occupational opportunities undermined young men's abilities to achieve these goals, sometimes back-ending them into relationships and behaviors that enhanced their risk of HIV. Participants in this study reported that their desires around ideal marital relationships were often unfulfilled due to resource scarcity. In turn, these young men engaged in a variety of short-term and casual sexual partnerships or in longer-term partnerships with women whom they did not fully trust. Furthermore, participants' strong desire for fatherhood, a cornerstone of their adult male identity in the community, often fueled unprotected sexual activity with their partners (and extramarital childbearing). Our findings confirm those of Barker and Ricardo (2005), who argued that, for young men, financial independence and starting a family are key aspects of their transition to adulthood. Given that half of our respondents had recently acquired HIV, and thus could describe some of the relationship and life events that potentially influenced their transmission, we were also able to explore how the pressures to achieve these masculine ideals increases young men's vulnerability to HIV.

Even though traditional/formal marriages are on the decline in Uganda, marriage remains an important and respected institution in Uganda (Mukiza-Gapere and Ntozi, 1995). Research on youth sexual behaviors in SSA has largely ignored marital aspirations and how they related to risk behaviors (Clark et al., 2009). Young men in our sample seem to aspire to formal marriages, which they equate with stability, fidelity, respectability, and childbearing. Previous research in Rakai has shown that young men are more likely to have multiple and concurrent partnerships compared to young women (Santelli et al., 2013). Our data confirm multiple concurrent partnerships among young men, but highlight that young men's partnership

patterns co-exist with desires for wives and official marriages. In some cases men may be deploying these strategies because they are constrained by their socio-economic abilities in achieving their marital ideals. In other cases, men may be engaging in multiple sexual partners to find additional marital partners to have more children. It is also possible that men engaged in extra-marital partnerships ascribe to masculine ideas around multiple sexual partnerships (Nyanzi et al., 2009).

Marriage and family formation continue to be closely associated with financial security in many African societies. Formal marital partnerships in rural Uganda involve explicit economic exchange between families. Inability to pay bride-price for instance can alter men's transition into formal marriages. Limited opportunities for employment means that young men struggle to earn an income and establish their homes. Research in Botswana for instance, shows that young men aspirations for establishing their own households – wives, children, and home -- are often delayed till age 40 because of financial pressures (Townsend, 1997). Similarly, young men in Rakai discussed multiple and continued attempts to secure a steady source of income. Many young men reported having to end their schooling early due to loss of a parent or limited resources in their household. Even in seeking partners they wanted partners who could contribute to the household in meaningful/productive ways. Previous literature has highlighted that HIV prevalence tends to be higher among wealthier segments of the population compared to the poorest (Shelton et al., 2005, Mishra et al., 2007). We highlight the economic struggles of poor young men in Rakai and how such financial constraints severely impeded their partnership possibilities. Young men described how they lost hope in their goals for achieving financial security to attain a wife and children, and instead had sex with multiple casual partners--and in turn had children with these partners to legitimize their relationships.

At the same time, respondents mentioned the desire for children before they mention the desire for a partner. Adding insight to the literature on fertility desires, our analysis shows that fatherhood and family are central to young men's transitions to adulthood in rural Uganda. To establish themselves in the community, having children and becoming a father seemed more important to young men in our sample than acquiring a wife. Still, young men desired children within socially sanctioned unions. However, given their limited financial ability and continued struggles to establish a home, young men often had children before they were ready. While young men aspired to prepare themselves for their children, most reported that they often struggled to do so or failed to provide for the children that they did have. In some cases, the financial pressures faced by young men made them reduce their ideal family size.

Furthermore, young men's explicit desire for children suggests why young men maybe engaging in unprotected sexual activity with certain partners. Limited opportunities for family formation through economic routes also meant that young men sought to establish themselves through fatherhood. They sought children with partners to secure or formalize their



relationships. Most studies of men's sexual risk behaviors examine consistent use of condoms with each partner. However, young men seemed to be practicing inconsistent condom use with their partners, depending on the fertility aspirations with a given partner.

### **STUDY LIMITATIONS AND AREAS FOR FUTURE RESEARCH**

This study drew data from 30 in-depth interviews with young men from the rural district of Rakai, Uganda. Subsequent research may want to explore desire for marriage and children with young men in more urban settings. The small sample size also limits the generalizability of these findings to other parts of the country or elsewhere in Eastern Africa. However, our findings contribute to a growing body of literature that explores the influence of key developmental transitions in patterns of sexual and reproductive health for youth in Africa. In future research, explorations into motivations for partnerships, type of partner selection, and linking prospective fertility desire to condom use within partnership contexts might shed more light on the type of partnerships that young men form and their motivations for engaging in unprotected sexual activity. Finally, women are key to the constructions and enactments of masculinity, an area worthy of future research with youth sexual relationship contexts.

### **CONCLUSION**

In this paper, we highlight that it is insufficient to “problematize [the] negative features of masculinity...we must also explore the private vulnerabilities of boys and men” (Lindegger and Quayle, 2009). These private vulnerabilities include expectations about proper social roles that put young men at risk. Structural constraints create gaps between young men's aspirations and realities, and how these circumstances conflate to produce risk situations. We demonstrate that young men also have specific aspirations for parenthood and partnership that are part of the local norms of masculinity in rural Uganda. Further, structural constraints – specifically limited access to educational and income-generating opportunities – limit young men's ability to meet their aspirations. Young men thus engage in a variety of risky activities – such as, multiple partnerships, limited condom use – in an attempt to attain some part of their idealized life course. Understanding these gendered vulnerabilities of young men can help us frame and understand men's risk of HIV in more nuanced ways.

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Table 1. Sampling Frame for Male Interview Respondents, Rakai, Uganda

HIV Status		HIV+			HIV-	
Marital status	Married	Never married	Prev. married	Married	Never married	Prev. married
15-19 years	0	0	0	0	4	0
20-24 years	5	6	2	5	6	2
<b>Sub-Totals</b>		<b>13</b>			<b>17</b>	
<b>Total</b>				<b>30</b>		