



Published in final edited form as:

Cult Health Sex. 2016 May ; 18(5): 538–552. doi:10.1080/13691058.2015.1091508.

Fatherhood, marriage, and HIV risk among young men in rural Uganda

Sanyukta Mathur^{a,*}, Jenny Higgins^b, Nityanjali Thummalchetty^a, Mariko Rasmussen^a, Laura Kelley^c, Neema Nakyanjo^d, Fred Nalugoda^d, and John S. Santelli^a

^aHeilbrunn Department of Population and Family Health, Columbia University Mailman School of Public Health, New York ^bDepartment of Gender and Women's Studies, University of Wisconsin-Madison, Madison ^cIndependent Scholar, Dar es Salaam Tanzania1 ^dRakai Health Sciences Program, Entebbe, Uganda

Abstract

Compared to a large body of work on how gender may affect young women's vulnerability to HIV, we know little about how masculine ideals and practices relating to marriage and fertility desires shape young men's HIV risk. Using life-history interview data with 30 HIV-positive and HIV-negative young men ages 15-24 years, this analysis offers an in-depth perspective on young men's transition through adolescence, desire for fatherhood, and experience of sexual partnerships in rural Uganda. Young men consistently reported the desire for fatherhood as a cornerstone of masculinity and transition to adulthood. Ideally young men wanted children within socially sanctioned unions. Yet, most young men were unable to realise their marital intentions. Gendered expectations to be economic providers combined with structural constraints, such as limited access to educational and income-generating opportunities, led some young men to engage in a variety of HIV risk behaviours. Multiple partnerships and limited condom use were at times an attempt by some young men to attain some part of their aspirations related to fatherhood and marriage. Our findings suggest that young men possess relationship and parenthood aspirations that – in an environment of economic scarcity – may influence HIV-related risk.

Keywords

fatherhood; marriage; socio-economic status; HIV risk; heterosexual men

Introduction

The HIV epidemic in sub-Saharan Africa is marked by dramatic gender and age disparities in HIV acquisition (UNAIDS 2012). Researchers have tried to disentangle gender-specific HIV risks and how they are influenced by biological, social, and structural circumstances. Heterosexual men's attitudes and behaviours are often identified as the source of HIV and women's vulnerability (Higgins, Hoffman, and Dworkin 2010; Hirsch 2009), however

*Corresponding author: ; Email: sm2892@columbia.edu

¹Author was affiliated with Columbia University Mailman School of Public Health at the time of the research.

attention is needed to explore how additional social and structural factors may also shape HIV vulnerabilities for men (Dworkin 2005; Higgins, Hoffman, and Dworkin 2010).

Emerging research in sub-Saharan Africa investigates how constructions of masculinity can heighten young men's susceptibility to HIV. Much of the existing literature pulls from Connell's conceptualisation of 'hegemonic masculinity', referring to idealised male practices and structures within a patriarchal system. When hegemonic masculinity is unattainable, especially in the context of poor resources and power constraints, Connell theorises that men enact alternate forms of masculinity (Connell and Messerschmidt 2005). Examples of these alternate forms of masculinity include the demonstration of male authority, emphasis on risk-taking, multiple sexual partners, violence, and achieving economic and material success (Izugbara 2004; Jewkes and Morrell 2010; Jewkes et al. 2011; Lindegger and Quayle 2009; Nyanzi, Nyanzi-Wakholi, and Kalina 2009; Nzioka 2001; Siu, Wight, and Seeley 2014a; Siu, Wight, and Seeley 2014b; Gibbs, Sikweyiya and Jewkes 2014; Groes-Green 2009; Mojola 2014). The literature also highlights the importance of examining the multiplicity of masculine ideals and practices in contemporary African societies, how they reinforce gender inequitable beliefs and behaviours, and their influence on HIV risk, testing, and treatment among heterosexual men. For instance, a study in rural eastern Uganda found that while seeking individual HIV testing fulfilled masculine ideals of familial responsibility, couple HIV testing threatened men's opportunities for multiple sexual partnerships (Siu, Wight, and Seeley 2014b). Another study among young people in Uganda found that sociocultural constructions of masculinity emphasised frequent sexual activity with multiple partners, therefore undermining key messages of HIV prevention campaigns (Nyanzi, Nyanzi-Wakholi, and Kalina 2009). Therefore, a closer examination of masculine ideals and practices within specific social and structural contexts is necessary for mitigating HIV risk among young men.

Current research also posits that masculine ideals in some African societies emphasise attaining economic independence and having biological children (Barker and Ricardo 2005); the inability to do so may result in compromised masculinities (Siu, Wight, and Seeley 2014a). Emerging investigations focus on young men's expectations and experiences of fatherhood within cultural and material circumstances (Roy 2006; Spjeldnaes et al. 2011; Swartz and Bhana 2009; Richter and Morrell 2006; Bhana and Nkani 2014). Among young men living in communities with generalised HIV epidemics, exploration into desires for children remains nascent. Research on the intersection of parenthood and HIV prevention focuses heavily on HIV-positive women's fertility desires (Nattabi et al. 2009), the role of men's attitudes and attributes in women's fertility-related decision making (Dodoo 1998; Dodoo 1993; Ezeh 1993), and engaging men in the roles and responsibilities of being a parent (Dworkin et al. 2013). Research on the fertility desires of men is evolving. For instance, in Nigeria, men and women currently using HIV medications sought childbearing as a pathway to a normal life course and trajectory (Smith and Mbakwem 2007). Another study among HIV-positive men in South Africa highlights the cultural imperative of biologically-connected fatherhood (Taylor et al. 2013). Comparatively few studies connect young men's desires for children to HIV risk.

Also relatively unexplored in the literature is how fertility ideals may influence relationship patterns. In Cameroon, men's desire for children drove their desire for additional wives and multiple partnerships (Speizer 1995). In Gambia, men had fertility desires higher than those of their individual partners and sought to complete their reproductive aspirations through multiple sexual partners (Ratcliffe, Hill, and Walraven 2000). These studies suggest that men's fertility ideals may influence their sexual and reproductive behaviours, but studies on young men remain uncommon compared to studies on young women, and few link young men's desires for marriage and children to HIV-related risk.

Structural factors also increase men's vulnerability to HIV (Parker, Easton, and Klein 2000). Demonstrating masculinity within structural contexts of social change and economic instability may be associated with certain risk behaviours (Barker and Ricardo 2005; Lindegger and Quayle 2009; Silberschmidt 2001). For example, chronic unemployment or underemployment in many parts of east and southern Africa has undermined some men's abilities to live up to patriarchal male ideals and identity as the head of the household and breadwinner (Silberschmidt 2001; Hunter 2007, 2010). Faced with economic constraints, men might seek to establish their masculine identity through aggressive multi-partnered sexual relationships (Silberschmidt 2001; Groes-Green 2009; Gibbs, Sikweyiya, and Jewkes 2014), inconsistent condom use (Davidoff-Gore, Luke, and Wawire 2011), or relationships with older widowed women (Mojola 2014). In some ways, economic instability positions young men to construct different lexicons of masculinity when faced with the inability to achieve more idealised versions of masculinity. However, we are unaware of studies that highlight the influence of economic instability on marital and fertility aspirations and HIV risk among young men in Sub-Saharan Africa.

Examination of the way masculinity can inform risk for men remains critical to the prevention of HIV and AIDS. This paper aims to provide additional insight on two ideals of masculinity – marriage and fatherhood – and their interaction and impacts on HIV risk for young men. We also aimed to understand how individual goals and social pressures related to these masculine ideals and practices intersect with material circumstances to produce contradictions that may increase HIV risk among young men. Recent research with youth in Rakai found higher risk of HIV acquisition among youth who had non-marital sexual partners, had multiple sexual partners, and used condoms inconsistently (Santelli, Edelstein, Wei, et al. 2013; Mathur, Wei, Zhong et al. 2015). We built on this research and sought to examine relationship and life events to hopefully describe some of the circumstances that influenced young men's HIV vulnerability and acquisition.

Data and methods

Study site

With its large youth population, high fertility rates, and mature HIV epidemic, Uganda provides a unique and fitting context for this study. Uganda has a population of over 32 million, with a relatively young age structure; the median age is 15 years. Most Ugandans live in rural areas, which accounts for 94% of the Ugandan national poverty rate (UBOS 2010). The youth unemployment rate is 5.3 percent of the labour force (higher than the

national average of 3.2 percent), but the underemployment rate at 65 percent shows that labour potential is heavily underutilised (UBOS 2003; Ahaibwe and Mbowa 2014).

The total fertility rate in Uganda remains one of the highest in the world at 6.7 births per woman (UBOS/ICF 2012). In conjunction with these high fertility rates, HIV prevalence in Uganda is 7.3 percent among adults in 2011, and 2.1 percent among 15-24 year old men—an increase since 2005 (MOH Uganda et al. 2011). The median age at first marriage among 25-54 year old men in this region of Uganda is 22.3 years, and nationally there are no pronounced differences in age at marriage by income group. The proportion of young men age 20-24 years who are married or cohabiting declined from 40.0 percent in 2006 to 31.9 percent in 2011; moreover only 16.1 percent of these unions were marriages in 2012 compared to 30.5 percent in 2006 (UBOS/ICF 2012).

Sample

We used data from in-depth life history interviews with 30 HIV positive and HIV negative young men ages 15-24 years old collected as part of the Rakai Youth Project (RYP) (Higgins, Mathur, Eckel, et al. 2014). The RYP used mixed-methods to explore risk factors for HIV acquisition among youth (Santelli, Edelstein, Wei, et al. 2013). The qualitative sampling was nested within the Rakai Community Cohort Study (RCCS) (Wawer et al. 1998). Using the RCCS data, Ugandan-based investigators identified young men who had acquired HIV (biomedically confirmed) over the course of a year between June 2010 – June 2011 and their HIV-negative counterparts, who were pair-matched by gender, marital status, age, and village of residence (Higgins, Mathur, Nakyanjo, et al. 2014). 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. Respondents' average age was 22 years. The sample included married (10), never married (16), and previously married men (4). On average, respondents reported two partners in the last year. The characteristics of young men in the qualitative sample were similar to young men aged 20-24 in the larger cohort study.

Procedures

Ugandan investigators conducted two interviews with each respondent approximately two to three weeks apart to break up the interview length and to enhance rapport with respondents. The first interview asked about 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, current pregnancy desire and ambivalence, and pregnancy prevention. The second interview covered perceptions related to fertility among people living with HIV, assessment of personal risk for HIV/AIDS, and respondent's current primary and other sexual relationships.

Each interview lasted approximately 1-1.5 hours per respondent. Respondents received 5,000 Ugandan Shillings (~US\$ 2.50) for each part of the interview. Interviews were conducted in Luganda, the local language, and tape recorded for subsequent transcription. Interviewers simultaneously transcribed and translated (to English) the interviews within two or three days of conducting the interview. The final complete transcript for each

respondent included detailed notes from each interview, as well as 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 reexamined the coded data to analyse the interactions between masculinity and HIV-risk in the data. We developed a series of data display matrices to cluster data and define the emerging themes from the data. For each theme, we generated 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 compared our respective data interpretations, and arrived at a consensus where there were disagreements. Pseudonyms are used in the results presentation to protect respondent identities.

Ethical Consideration

This study was reviewed and approved by the Science and Ethics Committee and the National Council for Science and Technology in Uganda, and IRBs at the Columbia University Medical Center and at John's Hopkins University both in the USA.

Results

Three major themes emerged from the interviews (see Table 1 for a summary). First, respondents mentioned fatherhood and formal marriage 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 fulfil their desires for fatherhood. Third, young men who faced obstacles in trying to achieve these masculine ideals often engaged in alternative strategies, such as unprotected sex or having multiple partners, to fulfil their desires for marriage and children; these strategies in turn increased young men's vulnerability to HIV. Though we expected to find differences between young HIV-positive and HIV-negative men, we found instead that all young men consistently expressed their desire for marriage and children, the economic challenges they faced, and alternative strategies for achieving their masculine ideals.

Young men desired fatherhood and marriage

When asked about the key steps for young men's transition to adulthood, our respondents unequivocally reported that becoming a father was instrumental in establishing their masculine role and identity within the family and community. Young men alluded to being able to garner trust and respect from the community only after having had children. The quote below from Fred, a young, HIV-negative, childless unmarried man illustrates the cultural importance of parenthood among young men and its connection to their stature in the community:

...here in Buganda, to command respect and dignity, he [a man] needs to have a child... After [this], 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. (Fred, 22-year old, unmarried man, HIV-)

All young men reported a lifelong desire for children, and almost all wanted to have four or more children in their lifetime. To fulfil 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.

When probed specifically about the types of sexual relationships that young men had aspired to or wanted, respondents overwhelmingly first described the type of marriage versus the type of sexual partner. Young men discussed their aspirations for official marriages (either formal, traditional, and/or church) that were considered respectable in the community. Francis, an 18-year old, HIV-negative unmarried young man noted, "I aspire to get a wife and we produce five children... I hope for a traditional marriage." In another example, Charles, a 22-year old HIV-negative respondent already in a long-term partnership emphasised the importance of a church wedding by stating, "I wanted to get a wife through an official church marriage. It is still my aspiration." For young men, official marriages implied stable long-term unions with partners whom they could trust and with whom they could have children as demonstrated by Simon, another respondent:

Women in unofficial marriages are always running away from their husbands...She does not take you to be a serious husband. But one in an official marriage has made vows to stay with you for life. (18-year old, unmarried man, HIV-)

Formal marriages were antithetical to the more informal forms of cohabitation, seen as less respectable types of marriage, which were common in Rakai. George, a 22-year old HIV-positive married young man, while discussing his aspirations for a wife when he was younger, noted, "I did not want to practise promiscuity. I wanted to have one partner to stay with."

We found that for young men in rural Uganda, having children and official marriages were a major part of the construction of hegemonic masculinity and should ideally happen in conjunction. Childbearing within socially sanctioned marital unions was of prime importance to young men. Joseph, 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." Moses, 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 seemed to ascribe closely to community norms around acceptable masculine 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 – relationships with abstinence until marriage, faithfulness to sexual partner, and reduction or avoidance of multiple partnerships (Lagone et al. 2014; Green et al. 2006). Respondents desired the types of idealised stable relationships in which they assumed they did not have to worry about HIV transmission.

Economic Insecurity: Challenge to fulfilling marriage and fertility ideals

While all young men wanted formal marriages and fatherhood under idealised circumstances of marriage and financial stability, most were unsuccessful in their attempts to attain this aspiration. Truncated schooling and limited economic opportunities thwarted young men's efforts to establish themselves as economically stable providers. At the same time, young men felt a great urgency to establish themselves, earn money, and provide for their current or future children.

Many of the young men had aspired toward attending secondary school or university; however, 60 percent of the respondents had dropped out at the end of primary school. All 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. 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/or 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 full-time occupations they had aspired for such as teachers, health care workers, or engineers. Instead, the majority were participating in a variety of seasonal, temporary, or unpaid work, such as peasant farmer, brick maker, petty trader, carpenter, or motorcycle driver. Respondents noted repeated attempts to find work, including extensive patterns of local and in-country mobility. Moses, a 23-year old unmarried HIV-positive respondent had dropped out of high school because he could no longer pay the school fees. He reported that he had tried to find a job and travelled back and forth to Kampala for factory work four times, but had not succeeded in finding permanent work. Another young man, Emmanuel, described his educational experience and work life thus:

I really wanted to be a teacher. I was not able to realize this goal. I did not have enough financial ability to help me pursue this goal. ...My parents died long ago. I had to come back from school every evening and look for money, at times I had to miss school because I had no pens. I had to look for an activity [income-earning job] to earn money to buy pens. [After I dropped out] I did not stay long here in the village. I went to the city. I stayed in Kampala working for about a month and then I came back the village. Then I went back to Kampala the second time but after seeing that things were not working out well I came back to the village. I was selling fried groundnuts [type of peanut] in Kampala, but I saw that things were not working out well; I decided to come back to the village. I started working as a casual laborer on other people's farms. I work for money. People give me plots of

land to cultivate at a cost. I also burn charcoal. (Emmanuel, 24-year old, unmarried, HIV+)

As this respondent's case demonstrates, young men's attempts to find work were not always successful and, for the vast majority, resulted in continued economic instability.

Economic insecurity played out in two ways in (1) limiting the types of relationships that young men could establish and (2) influencing decisions around desired family size. All of the young married men in our sample were in cohabiting unions with their sexual partners having had no 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 the 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. Constrained economic resources limited marriage prospects for young men, as exhibited by the quotations below.

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

Respondents also noted how their limited socio-economic status influenced their fertility ideals. Young men often 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 Robert, 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 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. (Willy, 22-year old, previously married man, HIV+)

Thus, while young men desired formal, stable unions and childbearing within those unions, by and large they were unable to meet those idealised life goals. Their ideals for official marriages and family size were restricted by structural constraints - in particular the lack of a steady income or employment.

Risky alternative strategies to marriage and for acquiring children

Links between economic insecurity and HIV risk in the context of marital and fertility ideals manifested in three major ways: (1) relationship dissolution due to economic insecurity, (2) limited marital opportunities led to increased short-term casual partnerships, and (3) persistent desire for children sometimes resulted in risky sexual behaviours.

First, when respondents were able to get married, often their relationships did not last because the young men were unable to adequately provide for their marital partners. Young men's inability to secure adequate financial resources resulted in partnership dissolution. For instance, Stanley, a 22-year old HIV-positive previously married young man noted: "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." Christopher, another 23-year old HIV-positive respondent reported that 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." However, he had not achieved the goal of a marital partner because he did not have permanent employment. He explained that he had tried to find a marital partner and engaged in unprotected sex with her in order to have children and this relationship had resulted in a pregnancy. However, he noted that due to insufficient financial stability on his part, he and his partner parted ways.

Second, some young men noted settling for the type of informal relationships they could achieve given their economic constraints. The same young man also noted that since his relationship dissolution, he had been engaging in more casual partnerships. Another 23-year old unmarried young man, Ben, told us that his financial scarcity limited his ability to attract a marital partner and he engaged in casual partnerships instead.

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. (23-year old, unmarried man, HIV+)

Third, challenges in relationship formation did not diminish young men's desire for children, therefore resulting in risky sexual behaviours. For example, Robert a 22-year old HIV-negative young man who was not yet married spoke of preparing to have a wife someday by saving money and buying household items. Despite the fact that he claimed to be financially unprepared for a marital partner, he did not express hesitation about the possibility of becoming a parent at any time. He was not concerned about pregnancy avoidance in his current sexual relationships. This same young man who did not have any children yet and did not use condoms with his partners 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.” John, a 23-year old unmarried HIV-negative respondent reported having multiple sexual partners, one of whom he aspired to marry and have a child with. He stated, “I have a sexual partner whom I am sure I will marry. I cannot use a condom with her because I need a baby with her.” At the same time he felt at risk for acquiring HIV because he and this partner were not in a monogamous marital relationship. He recognised that he was opening himself to HIV risk in this relationship:

I do not have a wife with me, I may go out to have sex for a baby and instead get infections which may not be easily treated...she is someone who is not at my home she can have sex with other men and bring the infection but you cannot avoid it as long as you have intentions of marrying her. You get determined and decide to have sex without a condom and even when it means you accept to die, this happens when you have that fear at the back of your mind. (23-year old, unmarried man, HIV-)

These quotations exhibit how young men’s economic struggles with attaining goals around marriage and fatherhood often pushed them into high-risk sexual partnerships. In aspiring towards dominant notions of masculinities, young men focused on making money, lost hope when it took too long, had sex with multiple partners while searching for a long-term partner, had children with these partners to fulfil fertility ideals in the absence of a long-term partner, and subsequently exposed themselves to HIV-related risk by engaging in unprotected sex.

Discussion

Gender norms and structural inequalities are seen as key drivers of young women’s greater likelihood of HIV acquisition (Gupta, Ogden, and Warner 2011; UNAIDS 2012); we highlight how the confluence of idealised male practices and structural inequalities may also play a key role in young men’s vulnerability to HIV (Dworkin 2005; Higgins, Hoffman, and Dworkin 2010). As previously noted, there are a variety of factors that influence men’s HIV risk, including those fuelled by inequitable gender beliefs and behaviours. Our study focuses on how the particular disjuncture between young men’s idealised gender roles and their realities, in-part shaped by economic instability, influences HIV vulnerabilities for heterosexual young men.

In this community, hegemonic masculinity included formal marriages and fatherhood within socially sanctioned unions were important expressions of young men’s masculine identity and adulthood. Economic instability undermined these institutional expressions of masculinity for young men, i.e., as stable breadwinners capable of finding a marital partner and having and supporting children (Hunter 2007; Silberschmidt 2001). As hegemonic forms of masculinity were largely unattainable, young men sought alternative strategies to achieve their masculine ideals (Connell and Messerschmidt 2005). Limited educational and occupational opportunities undermined young men’s abilities to achieve ideal marriages, therefore situating some young men in relationships and behaviours that enhanced their risk of HIV. Additionally, participants’ strong desire for fatherhood at times fuelled unprotected sexual activity with their partners.

Confirming prior research in sub-Saharan Africa, we found that fatherhood was a primary avenue to adulthood for young men in rural Uganda (Barker and Ricardo 2005; Taylor et al. 2013). Fatherhood ascribed adult responsibilities and respectability to a young man, thereby solidifying his status in the community. Respondents in our sample mentioned the desire for children before they mentioned the desire for a partner. Other research has also found that fatherhood and family seem central to young men's masculine ideals in rural Uganda (Siu, Seeley, and Wight 2013). Ideally young men wanted to have children within socially sanctioned marital unions. If unable to achieve their marital goals, however, some young men were willing to engage in unprotected sex with casual partners to achieve their fertility goals. In aspiring towards the dominant notions of hegemonic masculinities, young men sought to enact masculinity through alternative pathways (Connell and Messerschmidt 2005).

The median age at marriage for men in Uganda age 25-49 years is 22.3 years. Moreover, between 2006 and 2011 the proportion of married 15-49 year old men has decreased from 50 to 41 percent (UBOS/ICF 2012). Despite the decline in marital rates, marriage remains an important and respected institution in Uganda (Mukiza-Gapere and Ntozi 1995; Parikh 2009). Research on youth sexual behaviours in sub Saharan Africa has largely ignored marital aspirations and the relation to risk behaviours (Clark, Poulin, and Kohler 2009). Marriage and family formation continue to closely interact with financial security in many African societies. Formal marital partnerships in rural Uganda involve explicit economic exchanges between families. Inability to pay bride-price, for instance, may alter men's transition into formal marriages. Limited opportunities for employment means that young men struggle to earn an income and establish their homes. For instance, research in Botswana shows that young men's aspirations for establishing their own households – wives, children, and home -- are often delayed till age 40 because of financial pressures (Townsend 1997). Ugandan data confirm higher rates of unemployment and underemployment among young men compared to older men (UBOS 2003, 2010). Similarly, young men in this study discussed multiple and continued attempts to establish themselves financially to achieve formal marital partnerships. Many young men reported having to end their schooling early due to loss of a parent or limited resources in their household, and continued struggles into adulthood to find viable employment. Nationally, men aged 15-49 years have only completed a median 5.8 years of schooling; furthermore, the rates of school enrolment and achievement are lower among men in rural areas and those from poor households (UBOS/ICF 2012). Our findings highlight the economic struggles of poor young men in Rakai and how such financial constraints impede their marital partnership possibilities and fertility desires (Barker and Ricardo 2005; Lindegger and Quayle 2009).

At the same time, ideals of masculinities that reinforce gender-inequitable behaviours further fuel men's desires for multiple partnerships (Nyanzi, Nyanzi-Wakholi, and Kalina 2009). Previous research in Rakai has shown that young men are more likely to have multiple and concurrent partnerships compared to young women (Santelli, Edelstein, Mathur et al. 2013). Furthermore, young men's risk of HIV is higher when they have non-marital partners (Mathur et al. 2015). In part, young men might be keen to demonstrate sexual prowess by having multiple partners. Our data confirmed multiple concurrent partnerships among young men, but highlighted the confluence of young men's partnership patterns with desires for

official marriages. In some cases young men may be deploying these strategies because they are constrained by their socio-economic abilities to achieve their marital and fertility ideals. Young men in our sample seemed to echo the HIV prevention rhetoric of monogamous and faithful marriages; they aspired to formal marriages, which they equated with stability, fidelity, respectability, and childbearing. Moreover, young men in our study overwhelmingly aspired to a dominant notion of hegemonic masculinity that defined manhood in terms of marriage and children.

We found that young men's explicit desire for children suggests why they may be engaging in unprotected sexual activity with certain partners. Limited opportunities for establishing themselves or securing marriages due to economic routes also meant that some young men sought to establish themselves through fatherhood. They sought children with partners to secure or formalise their relationships. Most studies of men's sexual risk behaviours examine consistent use of condoms with each partner. Previous research in this community demonstrated that young men's sexual encounters often occurred without detailed discussions of pregnancy risk, contraceptive use, and HIV risk with their sexual partners (Higgins, Mathur, Nakyanjo, et al. 2014). Similar to emerging research emphasising men's desire for children within the context of HIV, our findings expand this literature by identifying that young men may be engaging in unprotected sex with multiple sexual partners to fulfil their desire for children (Speizer 1995; Myer, Morroni, and El-Sadr 2005; Smith and Mbakwem 2007; Cooper et al. 2007).

Study limitations and areas for future research

This study drew data from in-depth interviews with young men from the rural district of Rakai, Uganda. Similar research is needed with young men in urban settings and in communities that are experiencing resurgence in HIV rates. We were unable to discern major differences in the early life experiences of HIV-positive and HIV-negative young men, possibly due to sample size issues. However, our findings contribute to a growing body of literature that explores contemporary aspirations and experiences of marriage and parenthood among youth in Africa (Bhana and Nkani 2014; Swartz and Bhana 2009; Clark, Poulin, and Kohler 2009; Mojola 2014). In future research, explorations into the links between prospective fertility desire within partnership contexts might shed more light on the types of partnerships that young men form and their motivations for engaging in unprotected sexual activity. Notably absent from our discussions is men's discourse on desire for sex and intimacy, and how this might intersect with desires for marriage and fatherhood. Finally, women are key to the constructions and enactments of masculinity; we did not have data on young women's perspectives on masculinity. Future research should explore these issues within the context of couple relationships, and shed light on potential conflicts between marriage and parenthood.

Conclusion

Significant research demonstrates women's relative social and sexual disempowerment compared to men, specifically in the context of HIV (Gupta, Ogden, and Warner 2011; Higgins, Hoffman, and Dworkin 2010; Türmen 2003). In this paper however, 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, 46). These private vulnerabilities include expectations about masculine ideals and practices that put young men at risk. Social expectations combined with structural constraints create gaps between young men’s aspirations and realities, and the ways in which these circumstances conflate to shape HIV risk. Other research has similarly elucidated the complex interactions between economic instability and expressions of masculinities (Hunter 2007, 2010). Our findings demonstrate that young men also have specific aspirations for fatherhood and marital partnerships that are part of the local norms of idealised 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 may therefore engage in risky activities – such as multiple partnerships and limited condom use – in an attempt to attain some part of their idealised life course. Understanding these gendered vulnerabilities of young men can help us frame and understand men’s risk for HIV in more nuanced ways.

Acknowledgments

This work was supported by the U.S. National Institutes of Health (NICHD) under Grant no. 5R01HD061092-04 (PI: John S. Santelli).

References

- Ahaibwe, Gemma; Mbowa, Swaibu. The Brookings Institute; 2015. Youth Unemployment Challenge in Uganda and the Role of Employment Policies in Jobs Creation. <http://www.brookings.edu/blogs/africa-in-focus/posts/2014/08/26-youth-unemployment-uganda-ahaibwe-mbowa> [August 26, 2014]
- Barker, Gary; Ricardo, Christine. Social development papers CPR 26 Conflict prevention and reconstruction series. Washington, DC: World Bank; 2005. Young men and the construction of masculinity in Sub-Saharan Africa : implications for HIV/AIDS, conflict, and violence. <http://documents.worldbank.org/curated/en/2005/06/6022525/young-men-construction-masculinity-sub-saharan-africa-implications-hiv-aids-conflict-violence>
- Bhana, Deevia; Nkani, Nomvuyo. When African teenagers become fathers: culture, materiality and masculinity. *Culture, Health & Sexuality*. 2014; 16(4):337–50.
- Clark, Shelley; Poulin, Michelle; Kohler, Hans-Peter. Marital Aspirations, Sexual Behaviors, and HIV/AIDS in Rural Malawi. *Journal of Marriage and Family*. 2009; 71(2):396–416. [PubMed: 20161389]
- Connell, Robert W.; Messerschmidt, James W. Hegemonic masculinity rethinking the concept. *Gender & Society*. 2005; 19(6):829–59.
- Cooper, Diane; Harries, Jane; Myer, Landon; Orner, Phyllis; Bracken, Hillary. “Life is still going on”: Reproductive intentions among HIV-positive women and men in South Africa. *Social Science & Medicine*. 2007; 65(2):274–83. [PubMed: 17451852]
- Davidoff-Gore, Alena; Luke, Nancy; Wawire, Salome. Dimensions of poverty and inconsistent condom use among youth in urban Kenya. *AIDS Care*. 2011; 23(10):1282–90. [PubMed: 21562992]
- Dodoo, F Nii-Amoo. A couple analysis of micro-level supply/demand factors in fertility regulation. *Population Research and Policy Review*. 1993; 12(2):93–101.
- Dodoo F. Men matter: Additive and interactive gendered preferences and reproductive behavior in Kenya. *Demography*. 1998; 35(2):229–42. [PubMed: 9622784]
- Dworkin, Shari L. Who is epidemiologically fathomable in the HIV/AIDS epidemic? Gender, sexuality, and intersectionality in public health. *Culture, Health & Sexuality*. 2005; 7(6):615–23.

- Dworkin, Shari L.; Hatcher, Abigail M.; Colvin, Chris; Peacock, Dean. Impact of a gender-transformative HIV and antiviolenace program on gender ideologies and masculinities in two rural, South African communities. *Men and Masculinities*. 2013; 16(2):181–202.
- Ezeh, Alex C. The influence of spouses over each other's contraceptive attitudes in Ghana. *Studies in Family Planning*. 1993:163–74. [PubMed: 8351697]
- Gibbs, Andrew; Sikweyiya, Yandisa; Jewkes, Rachel. 'Men value their dignity': securing respect and identity construction in urban informal settlements in South Africa. *Global health action*. 2014; 7
- Green, Edward C.; Halperin, Daniel T.; Nantulya, Vinand; Hogle, Janice A. Uganda's HIV Prevention Success: The Role of Sexual Behavior Change and the National Response. *AIDS & Behavior*. 2006; 10(4):335–46. [PubMed: 16688475]
- Groes-Green, Christian. Hegemonic and subordinated masculinities: class, violence and sexual performance among young Mozambican men. *Nordic Journal of African Studies*. 2009; 18(4): 286–304.
- Gupta, Geeta Rao; Ogden, Jessica; Warner, Ann. Moving forward on women's gender-related HIV vulnerability: The good news, the bad news and what to do about it. *Global Public Health*. 2011; 6(sup3):S370–S82. [PubMed: 22011135]
- Higgins JA, Mathur S, Eckel E, Kelley L, Nakyanjo N, Sekamwa R, Namatovu J, et al. Importance of relationship context in HIV transmission: results from a qualitative case-control study in Rakai, Uganda. *American Journal of Public Health*. 2014; 104(4):612–20. [PubMed: 24524490]
- Higgins, Jenny A.; Hoffman, Susie; Dworkin, Shari L. Rethinking gender, heterosexual men, and women's vulnerability to HIV/AIDS. *American Journal of Public Health*. 2010; 100(3)
- Higgins, Jenny A.; Mathur, Sanyukta; Nakyanjo, Neema; Eckel, Elizabeth; Sekamwa, Richard; Namatovu, Josephine; Ddaaki, William, et al. The Importance of Relationship Context in HIV Transmission: Results from a Qualitative Case-Control Study in Rakai, Uganda. *American Journal of Public Health*. 2014; 104(4):612–20. [PubMed: 24524490]
- Hirsch, Jennifer S. *The secret : love, marriage, and HIV*. Nashville: Vanderbilt University Press; 2009.
- Hunter, Mark. The changing political economy of sex in South Africa: The significance of unemployment and inequalities to the scale of the AIDS pandemic. *Social Science & Medicine*. 2007; 64(3):689–700. [PubMed: 17097204]
- Hunter, Mark. *Love in the time of AIDS: inequality, gender, and rights in South Africa*. Bloomington: Indiana University Press; 2010.
- Izugbara, Chimaraoke Otutubikey. Notions of sex, sexuality and relationships among adolescent boys in rural southeastern Nigeria. *Sex Education*. 2004; 4(1):63–79.
- Jewkes, Rachel; Morrell, Robert. Gender and sexuality: emerging perspectives from the heterosexual epidemic in South Africa and implications for HIV risk and prevention. *Journal of the International AIDS Society*. 2010; 13(6)
- Jewkes, Rachel; Sikweyiya, Yandisa; Morrell, Robert; Dunkle, Kristin. Gender Inequitable Masculinity and Sexual Entitlement in Rape Perpetration South Africa: Findings of a Cross-Sectional Study. *Plos One*. 2011; 6(12):e29590. [PubMed: 22216324]
- Lagone, Elizabeth; Mathur, Sanyukta; Nakyanjo, Neema; Nalugoda, Fred; Santelli, John. Public discourse on HIV and AIDS: an archival analysis of national newspaper reporting in Uganda, 1996–2011. *Sex Education*. 2014; 14(5):556–67. [PubMed: 25132802]
- Lindegger, Graham; Quayle, Michael. Masculinity and HIV/AIDS. In: Rohleder, Poul; Swartz, Leslie; Kalichman, Seth C.; Simbayi, Leickness Chisamu, editors. *HIV/AIDS in South Africa 25 Years On*. New York: Springer; 2009. p. 41-54.
- Mathur, Sanyukta; Wei, Ying; Zhong, Xiaobo; Song, Xiaoyu; Nalugoda, Fred; Lutalo, Tom; Wawer, Maria; Gray, Ron; Serwadda, David; Santelli, John S. Partner Characteristics Associated With HIV Acquisition Among Youth in Rakai, Uganda. *JAIDS Journal of Acquired Immune Deficiency Syndromes*. 2015; 69(1):75–84. [PubMed: 25622058]
- Miles, Matthew B.; Huberman, A Michael. *Qualitative Data Analysis: An Expanded Sourcebook*. Newbury Park: Sage; 1994.
- MOH Uganda, ICF, Centers for Disease Control and Prevention Uganda, USAID, WHO Uganda, Uganda Bureau of Statistics, and Uganda Virus Research Institute. *Uganda AIDS Indicator Survey*. Kampala, Uganda and Calverton, USA: MOH and ICF; 2011.

- Mojola, Sanyu A. PROVIDING WOMEN, KEPT MEN: Doing Masculinity in the wake of the African HIV/AIDS epidemic. *Signs*. 2014; 39(2):341–363. [PubMed: 25489121]
- Mukiza-Gapere, Jackson; Ntozi, James PM. Impact of AIDS on marriage patterns, customs and practices in Uganda. *Health transition review : the cultural, social, and behavioural determinants of health*. 1995; 5:201–208.
- Myer L, Morroni C, El-Sadr WM. Reproductive decisions in HIV-infected individuals. *The Lancet*. 2005; 366(9487):698–700.
- Nattabi, Barbara; Li, Jianhong; Thompson, Sandra C.; Orach, Christopher G.; Earnest, Jaya. A Systematic Review of Factors Influencing Fertility Desires and Intentions Among People Living with HIV/AIDS: Implications for Policy and Service Delivery. *AIDS and Behavior*. 2009; 13(5): 949–68. [PubMed: 19330443]
- Nyanzi, Stella; Nyanzi-Wakholi, Barbara; Kalina, Bessie. Male Promiscuity: The Negotiation of Masculinities by Motorbike Taxi-Riders in Masaka, Uganda. *Men and Masculinities*. 2009; 12(1): 73–89.
- Nzioka, Charles. Perspectives of adolescent boys on the risks of unwanted pregnancy and sexually transmitted infections: Kenya. *Reproductive Health Matters*. 2001; 9(17):108–17. [PubMed: 11468825]
- Parikh, Shanti. *The secret : love, marriage, and HIV*. Nashville: Vanderbilt University Press; 2009. Going Public: Modern wives, men's infidelity, and marriage in East-Central Uganda; p. 168-96.
- Parker, Richard G.; Easton, Delia; Klein, Charles H. Structural barriers and facilitators in HIV prevention: a review of international research. *AIDS*. 2000; 14:S22–S32. [PubMed: 10981471]
- Ratcliffe, Amy A.; Hill, Allan G.; Walraven, Gijs. Separate lives, different interests: male and female reproduction in the Gambia. *Bulletin of the World Health Organization*. 2000; 78:570–579. [PubMed: 10859851]
- Richter, Linda M.; Morrell, Robert. *Baba: men and fatherhood in South Africa*. Human Sciences Research Council; 2006.
- Roy, Kevin M. Father Stories: A Life Course Examination of Paternal Identity Among Low-Income African American Men. *Journal of Family Issues*. 2006; 27(1):31–54.
- Santelli, John S.; Edelstein, Zoe R.; Mathur, Sanyukta; Wei, Ying; Zhang, Wenfei; Orr, Mark G.; Higgins, Jenny A.; Nalugoda, Fred; Gray, Ron H.; Wawer, Maria J. Behavioral, biological, and demographic risk and protective factors for new HIV infections among youth in Rakai, Uganda. *JAIDS Journal of Acquired Immune Deficiency Syndromes*. 2013; 63(3):393–400. [PubMed: 23535293]
- Santelli, John S.; Edelstein, Zoe R.; Wei, Ying; Mathur, Sanyukta; Nalugoda, Fred; Lutalo, Tom; Gray, Ronald; Wawer, Maria; Serwadda, David. Trends in HIV Prevalence, Incidence and Demographic, Behavioral, and Biological Risk Factors Among Youth in Rakai, Uganda, 1999–2011. *Journal of Adolescent Health*. 2013; 52(2 Supplement 1)
- Silberschmidt, Margrethe. Disempowerment of Men in Rural and Urban East Africa: Implications for Male Identity and Sexual Behavior. *World Development*. 2001; 29(4):657–71.
- Siu, Godfrey E.; Seeley, Janet; Wight, Daniel. Dividuality, masculine respectability and reputation: How masculinity affects men's uptake of HIV treatment in rural eastern Uganda. *Social Science & Medicine*. 2013; 89:45–52. [PubMed: 23726215]
- Siu, Godfrey E.; Wight, Daniel; Seeley, Janet. 'Dented' and 'Resuscitated' masculinities: The impact of HIV diagnosis and/or enrolment on antiretroviral treatment on masculine identities in rural eastern Uganda. *SAHARA-J*. 2014a; 11(1):211–21. [PubMed: 25444303]
- Siu, Godfrey E.; Wight, Daniel; Seeley, Janet A. Masculinity, social context and HIV testing: an ethnographic study of men in Busia district, rural eastern Uganda. *Bmc Public Health*. 2014b; 14(1):33. [PubMed: 24417763]
- Smith, Daniel Jordan; Mbakwem, Benjamin C. Life projects and therapeutic itineraries: marriage, fertility, and antiretroviral therapy in Nigeria. *AIDS*. 2007; 21:S37–S41. [PubMed: 18090266]
- Speizer, Ilene. Men's desire for additional wives and children. *Biodemography and Social Biology*. 1995; 42(3-4):199–213.

- Spjeldnaes, Ingrid; Moland, Karen; Harris, Janet; Sam, David. "Being Man Enough": Fatherhood Experiences and Expectations Among Teenage Boys in South Africa. *Fathering: A Journal of Theory, Research, and Practice about Men as Fathers*. 2011; 9(1):3–21.
- Swartz, Sharlene; Bhana, Arvin. *Teenage Tata : voices of young fathers in South Africa*. Cape Town, South Africa: HSRC Press; 2009.
- Taylor, Tonya N.; Mantell, Joanne E.; Nywagi, Ntobeko; Ciske, Nomazizi; Cooper, Diane. 'He lacks his fatherhood': safer conception technologies and the biological imperative for fatherhood among recently-diagnosed Xhosa-speaking men living with HIV in South Africa. *Culture, Health & Sexuality*. 2013; 15(9):1101–14.
- Townsend, Nicholas W. Men, migration, and households in Botswana: An exploration of connections over time and space. *Journal of Southern African Studies*. 1997; 23(3):405–20.
- Türmen T. Gender and HIV/AIDS. *International Journal of Gynecology & Obstetrics*. 2003; 82(3): 411–8. [PubMed: 14499987]
- UBOS. Uganda National Household Survey 2002/03: Report on the Labour Force Survey. Entebbe: Uganda Bureau of Statistics; 2003.
- UBOS. Uganda National Household Survey Report 2009/2010. UBOS; 2014. <http://www.ubos.org/UNHS0910/home.html> [January 31]
- UBOS/ICF. Uganda Demographic and Health Survey 2011. Kampala, Uganda and Calverton, Maryland: Uganda Bureau of Statistics and ICF International Inc; 2012.
- UNAIDS. UNAIDS report on the global AIDS epidemic 2012. Geneva, Switzerland: UNAIDS; 2012.
- Wawer, Maria J.; Gray, Ron H.; Sewankambo, Nelson K.; Serwadda, David; Paxton, L.; Berkley, S.; McNairn, D., et al. A randomized, community trial of intensive sexually transmitted disease control for AIDS prevention, Rakai, Uganda. *AIDS*. 1998; 12(10):1211–25. [PubMed: 9677171]

Table 1

Emergent Themes and Findings

Themes	Findings
1) Young men's desire for fatherhood and marriage	<ul style="list-style-type: none"> • Fatherhood was instrumental for young men's transition to adulthood • Men aspired to achieve fatherhood within the context of formal marriages • Men sought to financially prepare themselves for marriage and fatherhood
2) Economic insecurity	<ul style="list-style-type: none"> • Men often experienced truncated schooling and limited economic opportunities, which led to significant economic instability • Economic instability limited the types of relationship men could establish with potential partners • Financial constraints influenced men's decisions around desired family size
3) Risky alternative strategies to marriage and fatherhood	<ul style="list-style-type: none"> • Limited marital opportunities for men led to increased short-term casual partnerships • Men's persistent desire for children sometimes resulted in risky sexual behaviours such as condom non-use

Author Manuscript

Author Manuscript

Author Manuscript

Author Manuscript