

MASCULINITY AND PERCEPTIONS OF RISK FACTORS TO PREMATURE MALE MORTALITY IN SOUTH AFRICA

Lebohang Letsela and Kopano Ratele

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FACTORS ASSOCIATED WITH PREMATURE MORTALITY

Research from around the world has indicated that, on average, males have a shorter life expectancy than females, males tend to have higher rates of premature mortality than females, males engage in riskier behaviours that contribute to diseases and disability than females, and that males visit health-care facilities less than females. Studies have further shown that life expectancy and early death in adulthood is related to, amongst other things, HIV and AIDS, transport related injury, violence, alcohol consumption, physical inactivity, poor diet and national income.

In South Africa, life expectancy at birth is estimated to be 53 for men and 57 for women, with national adult mortality rate calculated to be 49% for men and 35% for women.

In terms of age, the highest levels of early adult mortality are observed in the 20-24 age cohort. Homicide rates are shown to be highest for males in their 20s to 40s. HIV death rates peak at ages 30-34 for females and at 30-39 for males. Young males between the ages 18 to 25 years are more likely to engage in high risk behaviours related to HIV than females of the same ages, as well as older and younger males.

Dominant ideologies of masculinity have been linked to high risk behaviours and premature mortality, with the pursuit of power shown to lead men to harm themselves. Multiple sexual partnering, low levels of condom use, aggressive behaviour, sexual violence, speeding, drinking under the influence of alcohol, smoking, substance abuse, and ignoring health risks associated with certain activities are some examples of behaviours associated with dominant ideologies of masculinity likely to endanger one's health.

This study examined ideas of and practices associated with masculinity in relation to perceptions of possible risk factors to premature adult mortality in a convenient sample of South African males.

METHODOLOGY

Forty six males, aged between 15 to 90 years, from areas around Johannesburg were interviewed. The interviewees were predominantly of African (63%), Indian (30%) and Coloured (7%) descent.

Fifty two percent had 12 years of education or more while 48% had less. Their occupations were mainly in the public sector (police, fire fighting, and paramedical services), followed by students (grade 7 to PhD), and pensioners. Nine percent had no income, 54% had an income of <R5000, 24% earned between R5000-R10000, and 13% earned >R10 000.

The majority of the men (57%) had one partner (wife/girlfriend) and 22% had more than one partner.

RESULTS

Thematic analysis was employed to explore the data, and critical theories of men and masculinity were used to interpret the results.

Perceptions of Risk of Early Death of Oneself

Forty eight percent of the men ($n = 22$) reported to not be at risk of premature mortality, 39% perceived the possibility of premature mortality ($n = 18$) and 13% were unsure or did not know ($n = 6$). Of those who perceived themselves to have low risk of early death, some had HIV, cancer, diabetes or were involved in high-risk occupations ($n = 4$).

No I won't die because I am careful in all things and if I speed while driving a car I have a speed limit, 160kms is fine [Student, 16].

No the way I handle myself and I live I am not in danger or high risks, I will live longer because I am not at that much risk [Police trainee, 23].

I might not know...but I have sugar diabetes...this could make me die much sooner than I am actually suppose to ... but I doubt it ...I'm not gonna die now ... [Police, 50].

Many men in the study in fact perceived themselves to have low risk of premature mortality and even being invulnerable to ill-health and death in spite of reporting risk practices. This finding supports previous studies on masculinity.

On the other hand, men who recognised the possibility of premature mortality indicated violence and crime, alcohol, traffic accidents, and specific illnesses as major risk factors to early death.

I do, it's crime related people may come like they do at times and try to rob my shop and at that point murder me [Self employed, 32].

I don't know but I walk a lot at night ... I drink a lot, so maybe all these could contribute to me dying much earlier than I should [Police, 48].

I like drag racing ... we race with car ... it's illegal, I don't have a licence, obviously ... it's dangerous we can get arrested, get involved in accidents, crash even onto pedestrians but it's really fun [Student, 16].

Risk Factors to Early Death of South African Men

Drugs, alcohol and smoking were indicated by participants to be a significant cluster of perceived risk factors to premature male mortality for South African males. This was followed by HIV risk related behaviours, ideas about what it means to be a man, individual recklessness, irresponsibility and lack of self-care. Traffic related injuries, crime and violence, health related stresses and places of work were also mentioned (see Figure 1).

Men have challenges ... to prove themselves ... accumulate wealth ... are encouraged to use shortcuts to getting things ... which have detrimental outcomes. We are also living in an age of HIV and AIDS and it is taking many lives, including men ... sexual urges ... unprotected sexual intercourse ... [Student, 28].



Drugs, diet, lots of fat, boer wors, all they catch up with the body, cholesterol, a fast lifestyle, McDonald, Kentucky, a lack of exercise, they don't jog, the South African government is killing them. Worse they advertise liquor, they also oversleep and are lazy ... [Pensioner, 66].

All of these responses can be associated with conformity to or support of ideas of what it is to be a man.

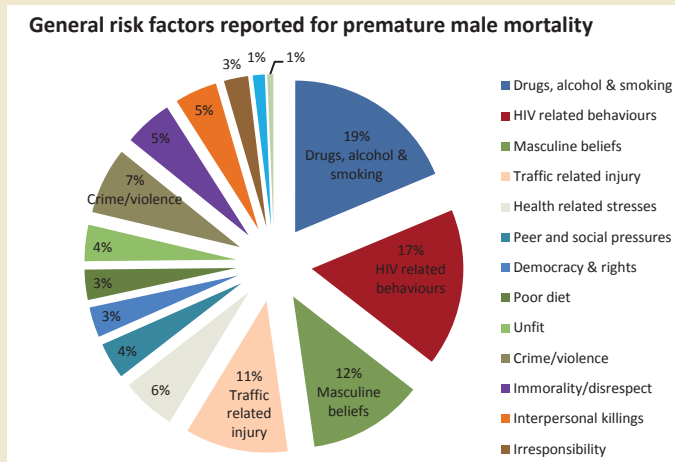


Figure 1: Distribution of risks to premature male mortality

Personal Risk Taking Behaviours By Males in the Study

On a personal level, men in the study indicated that they had been or thought that they were likely to get involved in car crashes (traffic related injuries- 25%). Furthermore, the men reported alcohol use (21%), smoking (21%), violence and crime victimization (interpersonal violence - 19%), and engagement in HIV risk related behaviours (12%) as personal risk behaviours to premature mortality.

General violence, crime, hijacking, robbery in the country. Even when I was younger I was naïve and ill informed and had multiple partners [Paramedic, 30].

I wear sit belts now and again. I don't get to be too drunk when I know I'm gonna drive ... rarely I get drunk and drive and it's not good for me, it's a big risk [Bookkeeper, 28].

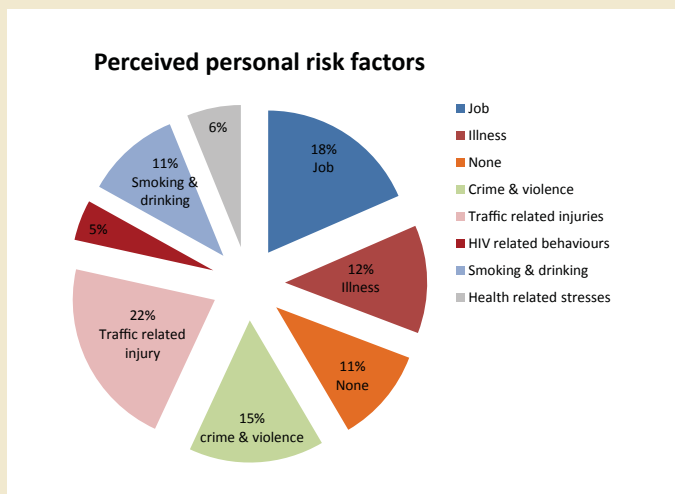


Figure 2: Distribution of perceived personal risk factors

Those men who had multiple partners were predominantly teenagers or young adults. However, some of the elderly men too had more than one sexual partner.

Only have two girlfriends [Student, 16].

Three girlfriends [Police trainee, 23].

One wife and two girlfriends ... but as a young boy I had about 5 girlfriends and I had to cut down [Paramedic, 30].

One wife, also one girlfriend but she is more of a friend, she threw herself at me [Manager of Fire-fighting Unit, 59].

Fifty two percent indicated that they knew their HIV status but not that of their sexual partners. However, they assumed their partners were HIV negative even though they had not been tested.

Yes we know ... there has never been anything wrong, sickness ... [Pensioner, 66].

Not really, but I think she is negative, she is healthy and the kid is also [Paramedic, 21].

I don't know, it's important to know from what they tell me. I take it they are negative [Student, 16].

Fifty seven percent of the respondents reported that they trusted their sexual partners. However, those with multiple sexual partners indicated distrust of their girlfriends and believe that the girlfriends would put them at risk of sexual illnesses, including HIV.

I don't think so about my wife, but my girlfriend she may, distance could be part of it. I don't do this around my home area, I respect my wife, my girlfriend is far [Driver, 56].

I think the three would because they cheat and have other guys on the side, but the one would not, she is really good and sweet [Student, 16].

CONCLUSION AND PROPOSED INTERVENTION STRATEGIES

This study established that activities related to dominant ideologies of masculinity may be a significant, interconnected, set of risk factors for premature adult mortality. At the same time, the study showed that males tend to minimise the risk of early death that their behaviours put them in.

Behaviours such as alcohol use, smoking, multiple sexual partnering, and illegal and drunken driving have been shown to be underpinned by dominant ideas of masculinity. Such behaviours have also been shown to be associated with risk of premature death. In that light, to be effective in reducing risk to early male death, policy measures and practical interventions must take into consideration research into manhood ideologies and men's perceptions of risk to injury, disease and death. In addition, to increase the efficacy of some of the policies and interventions around alcohol, smoking, sexuality, HIV and AIDS and driving, account needs to be taken of effective evidence-based programme around masculinity.

REFERENCES

References can be furnished upon request.

CONTACT DETAILS:

MRC-UNISA Crime, Violence and Injury Lead Programme
 P.O. Box 19070, Tygerberg, 7505, South Africa
 Tel: +27 21 0534 | Fax: +27 21 938 0381 | E-mail: ratelk@unisa.ac.za
 Website: <http://www.mrc.ac.za/crime.crime.htm>

Institute for Social & Health Sciences
 University of South Africa
 P.O. Box 1087, Lenasia, 1820, South Africa
 Tel: +27 11 857 1142/3 | Fax: +27 11 857 1770 | E-mail: ratelk@unisa.ac.za
 Website: <http://www.unisa.ac.za/dept/ishs/index.html>