

# A critical discourse analysis of masculinities portrayed in Zimbabwean voluntary medical male circumcision posters

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## Abstract

Masculine norms and perceptions are correlated to men's health and often result in rejection of 'health-positive' behaviour. As such, widespread hegemonic masculine ideologies in Zimbabwe seem to hinder an effective uptake of voluntary medical male circumcision (VMMC) recommended for HIV prevention. In this context, the study postulates that the masculinities projected in PSI Zimbabwe VMMC posters are contrary to existing hegemonic masculine notions so as to promote medical circumcision. Through a critical discourse analysis method, guided by the theory of hegemonic masculinity, this study establishes the nature of masculine identities in the studied VMMC posters, juxtaposed to the prevailing perceptions of manhood in the Zimbabwean society. It is concluded that VMMC posters diverge from the powerful and authoritative view of manhood and depict non-hegemonic male figures. Given this paradox, there is need for the designers of VMMC posters to develop realistic male images so as to enhance familiarity and acceptability.

**Key Words:** Masculinity, Identity, VMMC Posters, HIV and AIDS, Zimbabwe.

## Introduction

More than three decades into the era of HIV and AIDS, there is still no cure for the pandemic. According to Buve (2006), UNAIDS (2018) and Avert (2018), Africa, particularly the Sub-Saharan African region is the worst affected worldwide and HIV has since been declared the most critical public health concern given that millions die in this region each year as a result of AIDS related illnesses. According to *The Chronicle* (2018) Zimbabwe has the sixth highest HIV prevalence rate at 13.5%, with about 1.3 million people living with the pandemic. In response, the World Health Organization (WHO) and the government of Zimbabwe have developed various biomedical and behavioral change strategies to end AIDS. For this reason, there is widespread HIV and AIDS multi-media information, education and communication (IEC) designed for behavioral change. IEC materials in Zimbabwe include posters, billboards, pamphlets, fliers, stickers, online adverts, interactive websites, TV and radio advertisements, newspaper and magazine adverts and various other resources. Biomedical prevention interventions include but are not limited to; prevention of mother to child transmission, condom use, limiting multiple concurrent partners, chemoprophylaxis, voluntary testing and counselling and voluntary medical male circumcision (VMMC) (UNAIDS, 2018). Various AIDS organisations in the country

make use of IEC resources to raise awareness and to promote these intervention programmes.

This study analyses Population Services International (PSI) Zimbabwe VMMC poster messages, which according to Hatzold (2016) and Kahari (2013) are designed to encourage men to get circumcised for HIV prevention. It employs critical discourse analysis methods to explore the representation of masculine images, juxtaposed to the prevailing perceptions of manhood in the Zimbabwean society. The study is based on the premise that: masculinities constructed in VMMC posters are contrary to the conventionally held notions of manhood in patriarchal settings such as Zimbabwe. It is useful for establishing whether or not masculine ideals perpetuated in VMMC posters are valuable for convincing the target audience to accepting VMMC, given that, in advertising, product familiarity is key for its acceptance (van Dijk, 2001). Also, given that in the absence of an HIV cure, "HIV education is vaccine" (Vandemoortele and Delamonica, 2002), it is germane to evaluate the effectiveness of HIV and AIDS campaigns in order to enhance their efficacy.

## Background

In Zimbabwe male circumcision is generally relative to manhood and brings about issues of masculinities. Since Zimbabwe, like other African

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## Author's Bio

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societies is predominantly patriarchal, men are culturally endowed with the power to head all societal institutions and manhood and masculine ideals are important. Patriarchy plays a significant role in constructing, socializing and perpetuating what Connell (1995) refers to as 'hegemonic masculinities'. Hence, it is precise to argue that Zimbabwe is predominantly a hegemonic masculine society, driven by patriarchal norms and ideologies.

At a global scale, masculinity is increasingly associated with men's health (Mathewson, 2009). According to Courtenay (2000) dominant hegemonic masculine ideals are reflected in men's health beliefs and behaviours that separates them as men. It is also claimed that masculine norms and perceptions often result in men's rejection of health-positive behavior and are detrimental to their health (Courtenay, 2000; Addis and Mahalik, 2003; Noone and Stephens, 2008 and Mathewson, 2009). Thus, Mathewson (2009) postulates that men who ratify hegemonic masculine ideologies are unlikely to retain 'health-positive behaviours'. Courtenay (2000) adds that "to carry out any one positive health behavior, a man may need to reject multiple constructions of masculinity" (p. 1389). Mahalik, Burns and Syzdek (2007) identify some of men's health-risk behaviours associated with masculine norms as being violent, personal safety negligence and ignoring the need to seek help. In addition, Courtenay (2000) refers to men's smoking habits, drinking and driving, rare use of safety belts, infrequently getting health screenings and lack of awareness of medical conditions. Mathewson summarizes the pervasive scholarly interpretation of the link between hegemonic masculinities and men's health when she states that:

A substantial body of literature has emerged, proposing that hegemonic constructions of masculinity perpetuate an image of men as strong, resilient and invulnerable, which discourages 'health-positive' behaviours among men. It is argued that hegemonic masculinity promotes risk-taking behaviours that are harmful to individual and social health, such as smoking, drinking and violence. Further, emphasis on male independence, self-reliance and stoicism are incompatible with 'help-seeking behaviours' such as soliciting advice, using health services and speaking openly about health problems" (Mathewson, 2009: 1).

Further, Mathewson (2009) adds that the use of health services is contrary to hegemonic masculine expectations, given that men would not only have to express feelings and share problems, but also take orders from health practitioners. Hence, health seeking behavior is associated with weakness, and therefore considered a feminine attribute.

As hegemonic masculine ideologies are believed to generally perpetuate men's unfavourable health behaviours and beliefs, research evidence also confirms the same concerning the rejection of voluntary medical male circumcision for HIV prevention, particularly in Zimbabwe (Moyo, Mhloyi, Chevo and Rusinga, 2015). According to Skovdal, Campbell and Gregson (2011), masculinity is a barrier to HIV services in Zimbabwe. Skovdal et al. claim that the clash between local perceptions of manhood (involving being in control and strong), and the expectations of a 'good patient' (accepting help and taking orders) represents the barrier to men's use of HIV services. Skovdal and colleagues conclude that "As men participate in the construction of powerful masculinities and patriarchies, they often place themselves in a disadvantaged position when it comes to health care access" (Skovdal et al., 2011: 8). In a research conducted to determine factors that hinder VMMC uptake in Zimbabwe, Moyo et al. (2015) discovered that men perceived circumcision as a threat to their masculinity owing to the belief that it leads to loss of sexual sensitivity and inability to give pleasure to their female partners during sexual encounters. Moreover, the *Newsday* (2016) reported that VMMC uptake is affected by the belief of loss of the male organ during the process, resulting in culmination of manhood. However, according to Fleming, Barrington, Pearce, Lerebours, Donastorg, and Brito (2017), it is unfortunate that despite the widespread association between masculinity and circumcision, there is limited research done to investigate the masculine dynamics amongst those who have received circumcision for HIV prevention.

Fleming et al. (2017) maintain the view that there is a link between masculinity and VMMC in Africa. These explain that the rejection of VMMC in Sub Saharan countries is generally resultant of some masculine norms and negative perceptions of future sexual performance. These incorporate the beliefs of loss of sexual prowess and poor sexual performance after medical circumcision rendering those who have undergone the procedure less manly. According to Fleming et al. (2017), studies carried out in Kenya indicate concerns that

VMMC reduces masculinity by increasing sexual sensation, leading to early ejaculations. Similarly, Mfecane (2016) reveals that whilst traditionally circumcised men are perceived as real men (masculine), positioned at the top of the masculine hierarchy, medically circumcised men embody subordinate forms of masculinity. Thus, it is clear that masculine norms and perceptions have an effect on the uptake of healthcare, particularly VMMC in Zimbabwe and related societies.

### **Literature review: Voluntary medical male circumcision, an HIV prevention strategy.**

Voluntary medical male circumcision (VMMC) is a biomedical intervention strategy introduced in Zimbabwe in 2009 as an additional method for preventing female-male HIV infection. Zimbabwe launched the VMMC programme against a patriarchal background where male circumcision has a conferring role to manhood. This decision follows multiple research findings of randomized controlled trials conducted in South Africa, Uganda and Kenya which indicated that there is 60% chance that circumcision would prevent new HIV infections in heterosexual males (*The Guardian*, 2010). It is also in line with WHO and UNAIDS recommendation that countries with a high HIV prevalence rate but low circumcision uptake should embrace the VMMC method which is anticipated to significantly reduce HIV incidences in men (Kahari, 2013). Zimbabwe is thus amongst the fourteen priority countries for VMMC which are all in the Sub-Saharan African region.

PSI Zimbabwe in collaboration with the Zimbabwean Ministry of Health and Child Care, is responsible for launching VMMC, with financial aid from the Bill and Melinda Gate Foundation and the US President's Emergency Plan for AIDS Relief (PEPFAR) program (*The Guardian*, 2010). The Ministry of Health targeted that 80% of all males who are HIV negative and are between the ages of 15 and 29 should be circumcised by 2020. From the onset, there was high optimism that the VMMC initiative would be more efficient than any other strategies used in the past to fight HIV and AIDS in Africa, and hence it was given priority. As such, Zimbabwe was one of the first countries to adopt VMMC.

To scale up VMMC uptake, vigorous campaigns were launched since 2011, using a combination of mass media and interpersonal communications. According to *The Herald* (2014), the Pinda MuSmart/NgenakuSmart/Get Circumcised campaign won the most popular advertising campaign of the year award in 2014,

and it was designated the 'brave campaign for a difficult product'. Another major campaign was the 'celebrity campaign' that used both male and female artists of Zimbabwe to encourage men to get circumcised. The celebrities included Jah Prayzah, Winky D, Sulumani Chimbetu, Albert Nyathi and Fungisai Zvakavapano. These artists used the themes: "I did it, why haven't you?", "I'm doing it" and "He did it", to demystify VMMC through songs and messages (*The Herald*, 2014). This was followed by the 'Soccer analogy campaign', which used the players and the soccer game as allegories of men and the 'act of circumcision', developed to change myths and increase knowledge of VMMC. Soccer was chosen as it represented one of the most popular sports in the country, hence it was hoped that most men would identify with it. As follow up to the soccer analogy campaign, there was the "Make the cut" (MTC) campaign in 2015 and the "Make the Cut Plus (MCT+)" in 2016 which were sport-based interventions delivered by Grassroot soccer, aimed at increasing the demand for voluntary medical male circumcision which seemed below the expectations. The MTC targeted men aged between 18 and 50 years and the MCT+ was a modified MTC intervention targeting adolescent male (15-19 years), who presented a gap in terms of uptake of VMMC. The MTC and MCT+ campaigns were rated a success as they resulted in a significant increase of VMMC uptake.

According to *The Guardian* (2010), initially, in 2009, there were high demands for VMMC due to the proposed 60% prevention factor. Also, some men were misinformed and believed that circumcision totally provided HIV immunity. Thus, in the early years of the VMMC programme, its demand surpassed the human resource and infrastructure available in clinics and hospitals in Zimbabwe. Resultantly, in 2009 PSI Zimbabwe used the Move Strategy (models of optimizing volumes and efficiency) where four circumcisions were performed at a time, to cater for the high demand (*The Herald*, 2014). PSI also made use of conveyor belt (ensuring approximately ten circumcisions per hour instead of the normal 3) to scale up the process. However, despite the high-spirited debut, the process of VMMC uptake in Zimbabwe was fast tracked only in its initial year, 2009, and then steadily declined in the following years. According to *The Guardian* (2010), in 2010, the acceptance of VMMC in Zimbabwe began to fade, slowing down the government targets, and according to statistics, by mid-year 2016, only 600 000 men had been circumcised, missing the 1.3 million circumcisions by 2015 target. This is

despite the fact that Zimbabwe is one of UNAIDS' priority countries for VMMC. Consequently, officials grew pessimistic considering that it was hoped that if the set target had been met, it meant that one in four men is protected from HIV. Further, it was lamented that if VMMC was a success, more than 2.9 billion dollars spent towards HIV and AIDS management could have been saved (*Dailynews*, 2016).

Various socio-cultural factors affected the effective uptake of VMMC. These incorporate the realization that it cannot prevent HIV infection entirely; widespread myths concerning abduction of male fore-skin for ritual purposes; belief of loss of male organs during the process and reduction of sexual pleasure amongst other things (*Dailynews*, 2016). As Fleming et al. (2017) argue, it is unfortunate that limited studies were carried out to ascertain why VMMC was reduced in Zimbabwe and other African countries, who are also registering the same trend. Recently, however, Zimbabwe reached 1 000 000 circumcisions in March 2018, constituting approximately 15% of the male population, renewing hope that VMMC progress would play a positive role towards reaching the 2030 HIV eradication objective (*The Chronicle*, 2018). Nevertheless, the overall commitment to VMMC remains low and as indicated above, the obstacles for its uptake in Zimbabwe and surrounding countries are beliefs which threaten men's masculine perceptions. The realization of the connection between VMMC rejection and masculine norms as well as the hunch that masculinities projected in VMMC posters are contrary to the conventional hegemonic masculinities in Zimbabwe, prompted the interest to carry out this study.

### **Statement of the problem**

Although hegemonic masculinities are dominant in Zimbabwean PSI VMMC posters designed to encourage men to get circumcised for the purposes of HIV risk reduction appear to diverge from this powerful and authoritative view of manhood. They seem to present what Bhana (2005: 207) refers to as "non-hegemonic" masculinities. Manhood, literary denoted in Shona language as *murumechaiye* "a real man", in these campaign messages is portrayed as 'non-hegemonic', hence less authoritative. The non-dominant masculine identities contradict the conventional patriarchal ideologies in Zimbabwe. The purpose of this study is thus to explore through a critical discourse analysis, the impact of this contradiction on message acceptance and general commitment to VMMC.

### **Theoretical background**

Since the study's analyses incorporate an investigation into how language is used to construct masculine identities in selected VMMC posters, there is need to pay attention to both masculinity and discourse theories. This study is thus guided by the hegemonic masculinity theory (Connell, 1995) whose tenets are harmonious with and shed light on the nature of masculinities that exist in a patriarchal society such as Zimbabwe. The study also relies on Critical Discourse Analysis (Fairclough, 1992) as a conceptual framework for understanding discourse (language in use) based on specific theoretical assumptions.

#### ***Hegemonic masculinity theory***

Connell (1995) popularized the concept of 'hegemonic masculinity' which explains the dominance of men over women, and why the former have controlling social roles over the latter. The concept of hegemonic masculinity derives from the theory of cultural hegemony by Gramsci (1971) which analyses social power relations. The concept of 'hegemony' initially developed by Gramsci denotes the possession of power, and how certain members of the society are privileged to exercise and possess that power. Hence, hegemonic refers to the cultural ideologies by means of which a social group sustains a leading position in a social hierarchy. Social institutions are organized in a way that hegemony is perceived as natural. Connell (1989, 1990, 1995) builds upon Gramsci's concept of hegemony to develop the idea of 'hegemonic masculinities'. According to Connell, rendering a form of masculinity 'hegemonic masculinity' means "that it is culturally exalted and that its exaltation stabilizes a structure of dominance and oppression in the gender order as a whole. To be culturally exalted, the pattern of masculinity must have exemplars who are celebrated as heroes" (Connell, 1990: 94).

The general definition of hegemonic masculinity incorporates the relations of power between men and women and men and men within social interactions. It is a dominant form of masculinities which perceives men as authoritative, aggressive, heterosexual, fearless, physically powerful and sexual prowess (Connell, 1987). Further, "Hegemonic masculinity can be defined as the configuration of gender practice which embodies the currently accepted answer to the problem of the legitimacy of patriarchy, which guarantees (or is taken to guarantee) the dominant position of men and the subordination of women" (Connell, 1995: 77). Connell adds that hegemonic masculinity does not only naturalize the

subordination of women to men, but also that of men to other men. Thus, according to Rogan (2015: 27) “The concept of hegemonic masculinity suggests that there exists a legitimate form of masculinity within a given gender order that is positioned as dominant over all women, and all other lesser masculinities.” Courtney observes that:

Hegemonic masculinity is the idealized form of masculinity at a given place and time. It is the socially dominant gender construction that subordinates femininities as well as other forms of masculinity, and reflects and shapes men’s social relationships with women and other men; it represents power and authority (Courtney, 2009: 1388).

Moreover, Wyrod (2011) emphasizes that hegemonic masculinities are informed by patriarchy, and are in turn a means for reproduction of patriarchal power relations. Thus, the idea of hegemonic masculinity prevails in the Zimbabwean society, in as much as other patriarchal societies, where men are expected to dominate over their female counterparts.

The basic concept of hegemonic masculinity that there is no single form of masculinity, rather a variety. Connell (1995) postulates that, different forms of masculinity are determined by how patriarchal social order works within various contexts. He explains that masculinities vary from one context to another as male identities result from social processes of gender, hence there is no universal definition of masculinity. The question of masculinity therefore depends on the nature and extent men exhibit and sustain power and dominance, determining the form (Donaldson, 1993). According to Whitehead (2002), the acquisition of masculinity is dependent on men’s efforts at submitting to hegemonic masculinity. Thus, Connell (1990) posits that not all men are capable of achieving a sense of hegemonic masculine ideal. However, Connell emphasizes that efforts to conform to hegemonic masculinity permit all men to reach a superior level over women, in the gender hierarchy. Social power is thus located at a hierarchical scale where male embody various levels of power followed by women at the bottom of the hierarchy (Connell, 1990).

In addition to the view of multiplicity of masculinities, hegemonic masculinity also recognizes manhood as a social construction.

According to Connell (1990), manhood represents widely accepted social norms and cultural ideals regarding masculinity. Hegemonic masculinity does not only establish norms of male patriarchy and domination of men over women, but also naturalizes these ideologies (Rogan, 2015). Thus, the central focus of the concept of hegemonic masculinities is on relations of power and domination among men and women within social systems of gender. Consequently, as Rogan (ibid) argues, the hegemonic masculinity theory dominates current research into masculinity and provides a comprehensive framework for analyzing masculine perceptions as well as power relations within male-male or male-female interactions. Noone and Stephens (2008) add that the theory is essentially applied in various health studies especially pertaining men. This study also adopts this theory in order to conceptualize masculine perceptions in voluntary medical male circumcision poster messages.

Hegemonic masculinity theory has been criticized for lack of relevance for contemporary males and for conceptual ambiguity. According to Noone and Stephens (2008), the ideals of hegemonic masculinity do not reflect all men and are unclear as they are multiple and are determined by context. According to Rogan (2015), they slip between various meanings. Hence, Levy (2007) postulates that there is no clear cut of what is exactly hegemonic masculinity as it refers to either male-female positions in the gender system or social ideologies that produce masculine domination. However, despite the criticisms leveled against this theory, this study still finds it useful for its overall perception that there exist dominant hegemonic masculine values in societies, which are socially constructed, deriving from patriarchy, exalting men over women. The study focuses beyond definitions and delineations of the concept itself, which is deemed unclear and inconsistent. The concept of hegemonic masculinity is thus valuable as far as it enlightens on the understanding of norms of manhood in the Zimbabwean society which is patriarchal in nature and which is the focus of the study.

### ***Critical discourse analysis***

Various Critical Discourse Analysis (CDA) definitions emphasize that it is a study of the relationship that exist between texts and social structures. Fairclough, for instance defines CDA as:

...discourse analysis which aims to systematically explore often opaque

relationships of causality and determination between (a) discursive practices, events and texts, and (b) wider social and cultural structures, relations and processes; to investigate how such practices, events and texts arise out of and are ideologically shaped by relations of power and struggles over power; and to explore how the opacity of these relationships between discourse and society is itself a factor securing power and hegemony (1993: 135).

In Fairclough's definition, CDA studies how text structures are determined by social structures such as power relations and how these relations are maintained through text organization. Van Dijk agrees with Fairclough's perception of CDA as a study of a dialectical relationship between text and society, and goes further to emphasize the centrality of social power disparities in shaping texts and discourse outcomes. He defines CDA as "a type of discourse analytical research that primarily studies the way social power abuse, dominance, and inequality are enacted, reproduced, and resisted by text and talk in the social and political context" (Van Dijk, 2001: 352). Scollon (2001) however does not stress on the power relations, he generally views CDA as "a program of social analysis that critically analyses discourse—that is to say language in use—as a means of addressing social change" (p. 140). This study adopts Scollon's definition of CDA as it views the language used in VMMC poster messages as discourse for influencing behavior change to scale up male circumcision.

There are various theoretical directions in CDA, given the multiple disciplinarity of the theory. The three main approaches to CDA are: van Dijk's social-cognitive model, Wodak's discourse-historical model and Fairclough's three-dimensional theoretical framework. This study is interested in Fairclough's approach that perceives a dialectical relationship between language and social reality as represented through social events (texts), social practices (orders of discourse) and social structures. It draws on social theories on discourse as well as linguistic theories in developing a "three-dimensional theoretical framework" of textual analysis that studies the communicative event (text) through analyzing the interrelationship between discourse and social structures. As such, Chuliaraki and Fairclough (1999) posit that CDA "brings social science and linguistics...together within a single theoretical

and analytical framework, setting up a dialogue between them" (p. 6).

Discourse as text, is the first dimension in Fairclough's three-dimensional model for CDA. This studies why a text is designed in a certain manner and to what effect, through an examination of the linguistic choices of the text, determining the function of these textual features in constructing or rejecting ideological schemes and power inequalities. The second dimension, is discourse as discursive practice, which examines the process of text production, its distribution and consumption. It emphasizes the interdependency of texts to other texts, referred to as intertextuality. Intertextuality "is basically the property texts have of being full of snatches of other texts which may be explicitly demarcated or merged in, and which the text may assimilate, contradict, ironically echo, and so forth" (Fairclough, 1992: 84). The third dimension, discourse as social practice, is concerned with socio-cultural practices of the text in relation to context, particularly drawing on the concepts of ideology, power and hegemony to demonstrate the role of discourse in maintaining or transforming disparate power relations. These three dimensions constitute Fairclough's three analytical focuses that are significant in analyzing any communicative event (text), and that demand a distinct method of analysis. Thus, the text requires a descriptive analysis; text production/reception processes need an interpretative analysis and the socio-historical contexts analysis involves explanations.

Fairclough's theoretical approach to CDA is significant as it provides multiple interrelated levels of textual analysis (text description, process interpretation and social explanation) which comprise a comparatively in-depth exploration of a specific text. Another significance of this approach is that it allows the researcher to focus attention on signifiers and linguistic choices that constitute the text. It also acknowledges that the textual selection is historically and contextually bound. Hence, texts are conceived as socially regulated discourses whose processes of production and reception are socially conditioned. The central tenet of CDA which states that discourse constitutes social practices and is in turn constituted by them (Fairclough, 1992), renders it a suitable method for analyzing media content, as this is largely viewed in relation to social reality. The researcher thus agrees with Bell and Garrett's (2003) assertion that CDA is arguable a standard framework for studying media texts.

### Method of Study

Since this study employs a critical discourse analysis, its focus is on discourse (language in use) of three PSI Zimbabwe VMMC posters. The data of the study thus constitutes the written discourse (words, phrases and sentences) which embody the message of the selected posters. PSI Zimbabwe is an organization that came into existence in 1996 and has collaborated with the Ministry of Health and Child Care to develop and scale up health innovations to improve public health. PSI VMMC posters were selected based on the following criteria: PSI spear headed the launch of VMMC in Zimbabwe, and is responsible for all its major campaigns up to date. Moreover, PSI systematically documents all the campaign and advocate information, making it conveniently retrievable for study and other purposes.

The three posters studied were randomly selected from three corresponding major VMMC campaigns in Zimbabwe since its debut in 2009, that is; *Pinda MuSmart* “join the smart” campaign, *Celebrity* campaign and *Soccer Analogy* campaign (Make the cut and Make the Cut Plus) (See Figs 1, 2 and 3). A simple random selection of posters was apt for this study considering that posters across all campaign materials belonging to a particular themed programme, such as those mentioned above, are the same and are interpreted in similar ways, although images may differ from one poster to another. Thus, the studied individual posters are sufficiently representative of the entire population of VMMC posters that were produced under their corresponding theme, as these carry the same message. As Kuzel (1992) notes, simple random sampling is the most basic form of sampling which provides equal chance of selecting each unit from the population being studied. It is also advantageous for reducing the potential for human bias and therefore provides a highly representative sample (Kuzel, *ibid*). Additionally, since the sample of the study was selected using probability methods, simple random sampling allows the researcher to make generalizations about the larger population, thereby increasing external validity of research.

The three dimensions of text described above are analyzed systematically guided by Fairclough’s five-step CDA framework for textual analysis. According to this model, analyses involve description, interpretation and explanation depending on the analysis stage and activity. The first step is a “focus on the social problem which

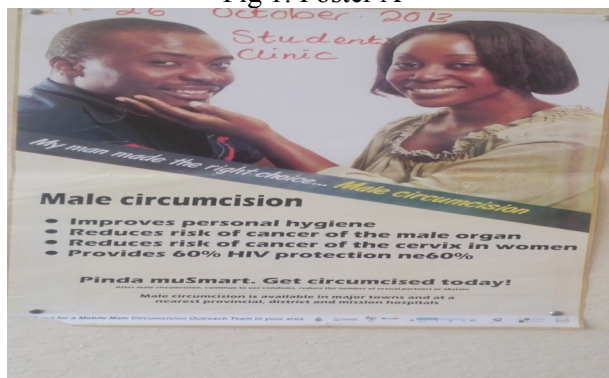
has a semiotic aspect” (Fairclough, 2001: 125). In this study, the problem is that of contentious masculinities projected in the VMMC poster messages. Analyses at this stage are thus descriptive, focusing on the linguistic structure of the texts of the VMMC posters, with the aim of describing how masculinities are portrayed. The second step involves “identifying obstacles to resolving the problem being tackled...” (Fairclough, *ibid*). This is the most essential step of CDA analysis where the most crucial analyses are carried out in order to answer the study’s research questions. Hence according to Fairclough, analyses are interpretative. At this stage, the study builds interpretive arguments by identifying some social constraints that influence the conflicting representations of masculinities in the studied posters.

The third step is to “consider whether the social order (network of practices) in a sense ‘needs’ the problem” (Fairclough, 2001: 125). At this stage analyses are explanatory in nature, explaining whether or not the representations of masculinities in the studied posters serve a significant purpose, particularly in the acceptance and uptake of medical circumcision by men. The fourth step is “identifying possible ways past the obstacles” and the fifth and final step is “critically reflecting on the analysis carried out from step one to four” (Fairclough *ibid*). These last two steps in CDA analysis do not involve analyses of text, but require the researcher’s contribution through suggesting resolution strategies to the problem of the study based on conclusions drawn from arguments raised in the previous steps, and evaluating the analyses carried out.

### Data presentation

Analyses in this section are descriptive in nature, with the objective of establishing how language is used to construct masculine identities in selected VMMC posters. The focus is therefore on the linguistic aspects of the text (words, phrases and sentences).

Fig 1: Poster A



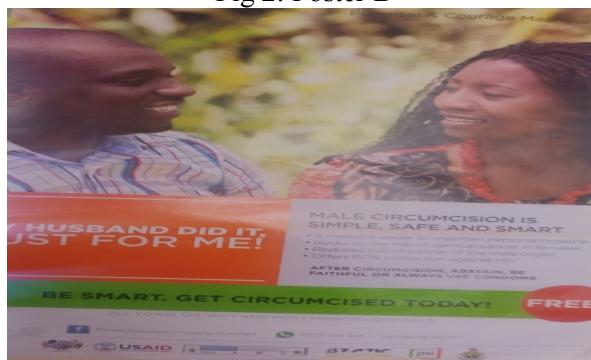
Source: *Population Services International Zimbabwe*

Poster A (*Pinda muSmart* “join the smart”), suppresses the idea of extreme hegemonic manhood. The man in the poster is conscious of his own health and is receptive to health care, despite the popular belief that men are not aware of their own health. He is gratified with the decision to undergo medical circumcision; a decision his partner refers to as “... the right choice”. This statement attests wisdom which prompts the man to do the right thing by accepting medical circumcision to improve his health. There is further emphasis of the man’s responsible for his health as he gets circumcised to “improve personal hygiene”. This trait departs from the dominant hegemonic masculine perceptions that place little or no value on hygiene which is considered feminine. As Steele, Bukusi, Cohen, Shell-Duncan and Holmes et al. (2004) put it, very few men consider sexual hygiene important, although this is principal in the prevention of sexually transmitted infections and penile cancer in men.

The man represented in poster A is also depicted as caring and loving given that amongst the reasons which prompted the choice to get circumcised, apart from his own health is his partners’, as it is claimed that this procedure “reduces risk of cancer of the cervix in women”. Further, the fact that the man willingly commits to circumcision indicates an HIV risk perception. In this context, the man is not only portrayed as compassionate, but also rational and realistic as he acknowledges HIV vulnerability and the possibility of infection.

Although the man in poster A is mainly portrayed as non-hegemonic, to some extent he is authoritative and possesses certain hegemonic masculine traits. Evidently, he is endowed with the power of decision making, a typical role of men within male-female relationships in patriarchal settings such as Zimbabwe. Hence, the man is in charge of his own life as he makes decisions for his future. In addition, the man is depicted playing the role of protector, realized in his initiative to get circumcised to prevent cervical cancer in his partner. The guardian trait epitomizes manhood in hegemonic contexts.

Fig 2: Poster B



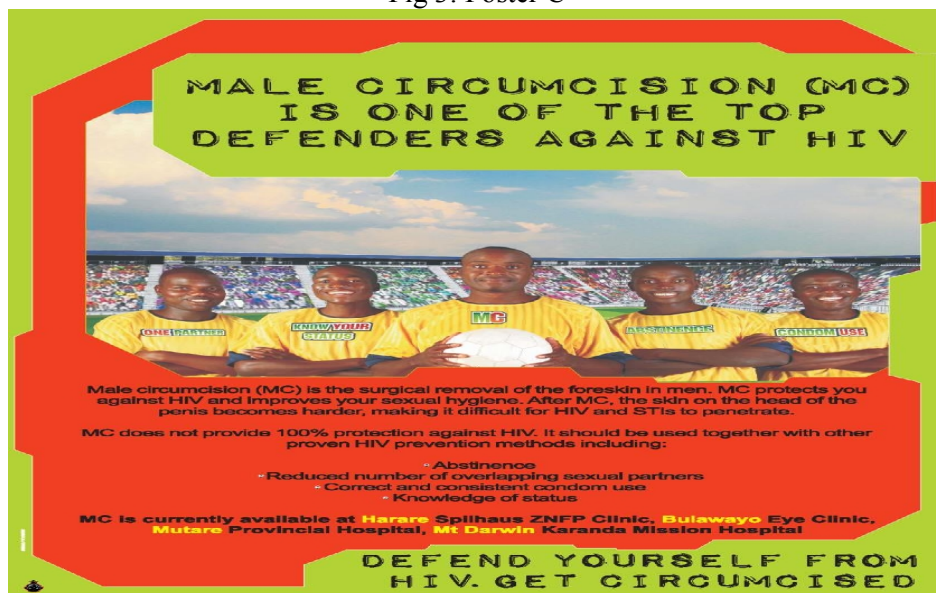
Source: *Population Services International Zimbabwe*



Compassion is maintained in the celebrity Poster B, where the idea of love, care, responsibility and wisdom is accentuated. In this poster, Fungisai Mashavava (a Zimbabwean female musician) is featured with her husband Courage, to deliver a testimony of the role of circumcision in the fight against HIV and AIDS. The woman testifies that “my husband did it, just for me”. Here, the idea of selflessness is emphasized, indicated in the desire by the man to fulfill his partner’s needs through undergoing circumcision. Also elaborated is the role of keeper as the man assumes a protective responsibility by committing to his wife’s interests. In addition, there is emphasis on the man’s bravery highlighted in his perception of VMMC as “simple, safe and smart” (the tagline of the poster), despite the various popular health risk beliefs associated with this procedure.

Further in Poster B, men are encouraged to adopt positive behaviour after circumcision which includes abstinence, faithfulness and use of condoms. This is a direct prescriptive behaviour recommended and expected of manhood. Although the prescribed behaviour is suitable for positive health outcomes, it is contrary to hegemonic masculine perceptions. The abstinence and reduction of sexual partners stands in the way of the belief that manhood is embedded in sexual prowess which is measured by the ability to have multiple-sexual partners. Similarly, the invitation to use condoms also undermines the widespread masculine view that man, especially in marriages, have the right to unprotected sexual intercourse with their partners. The mere suggestion of use of protection actually undermines the hegemonic manhood.

Fig 3: Poster C



Source: Population Services International Zimbabwe

Poster C represents a soccer analogy of voluntary medical male circumcision. In this poster, VMMC viewed as a defender from HIV is metaphorically equated to a soccer game defender who prevents the opponent from scoring. Thus, circumcised men are perceived as “defenders” against HIV as this procedure makes it difficult for HIV or STIs to attack the body. The main idea portrayed here is that of a heroic figure of men, perceived figuratively as soccer heroes. This poster strategically appeals to men using the soccer game, a popular sport in Zimbabwe. Nevertheless, although the heroic view of

manhood dominates this poster, this is challenged through ideas of abstinence, condom use, and faithfulness, which are also topical in posters A and B. Hence, men in these posters maintain a degree of submissiveness, despite the authority they possess. The dominant message in all the three posters is that ideal masculine identities are neither domineering or docile; they represent subordinate or non-hegemonic masculinities as opposed to hegemonic masculinities.

### Data analysis

As indicated earlier, research carried out in Zimbabwe shows that the rejection of VMMC is mainly subsequent of various beliefs and perceptions pertaining men's future sexual performances. For instance, there are beliefs of loss of sexual prowess and poor sexual performance including increased sexual sensation leading to early ejaculations, excessive bleeding, erectile dysfunction and the possibility of loss of the male organ after medical circumcision (Moyo et al., 2015 and Fleming et al., 2017). These are a threat to masculine values that define manhood, and Sharful, Hudson-Rodd, Mahbulul, Bhuiyan, Bhuiya, Afzalul, Karim, and Rauyajin (2008: 12), note that men focus more on sexual performance, and their happiness and self worth are based on their ability to perform sexually. Thus, sex power is one of the most powerful assets in men's lives and whenever this is threatened, men seem to retaliate. Given this background, the VMMC posters are thus designed to counter the myths and beliefs about loss of sexual ability which seem to hinder commitment to medical circumcision. They project rounded masculine figures who are both submissive to medical male circumcision and authoritative in their own right. Their major objective is to market the idea of medical male circumcision for HIV prevention, which is flawed by the aforementioned myths and misconceptions.

Through a depiction of men in their state of vulnerabilities, the poster messages challenge the popular misconceptions that men are not vulnerable to HIV or any other forms of illnesses, believed to trigger risky sexual behaviours. The representation of men in their vulnerability thus functions to buttress the view that masculine perceptions should not define health behaviour, hence despite the various views of manhood, men are still subject to health risk and illnesses. It can be argued therefore, that the poster messages target to eliminate or minimize men's egos that stand in the way of accepting medical circumcisions, so as to achieve effective health care. As Mathewson (2009) posits, in as much as men continue to view themselves as 'men', health care for this group would remain compromised.

The link between gender inequality and poor health outcomes prompted the projection of caring and loving male figures in the studied posters. According to Hove and Gwazane (2011) and Andersson, Cockcroft and Shea (2008) gender-based violence has since been associated with high HIV prevalence, especially in developing countries where it is more pronounced. For instance, it is believed that male superiority and female

inferiority patriarchal views seem to hinder effective health care for men who perceive it as a feminine behavior. Thus, the awareness that gendered perceptions hinder effective health care, compelled the creation of masculinities that are compliant towards their partner's needs in VMMC posters. The claims that "I did it for my wife" and "it reduces the risk of cervical cancer in females" suggests that love and commitment between men and women are precedent conditions for positive health outcomes. Thus, the portrayal of men who are obligated towards their partner's needs is essential for encouraging equality between men and women, to achieve desired health outcomes in the HIV context. Tactically, male-female relationships are used to correct what is believed to be negative behavior that prohibits acceptance of health care and treatment.

Moreover, there is general demystification of the dominating patriarchal perceptions of sex and sexuality. After circumcision, men are encouraged to use protection, abstain from sex and also eliminate multiple partners. As already noted, this recommended sexual behavior is contrary to hegemonic masculine ideals where manliness is measured against the number of sexual partners a man has. Similarly, abstaining and use of protection are believed to undermine men's authority. With reference to use of protection in marriages, Worth (1989) notes that in patriarchal settings, it is not only unacceptable for a woman to ask a man to use a condom, but it is also demeaning on the man's part. Thus, although abstinence is a positive option for acquiring desirable health outcomes, it stands against manhood and masculine ideals. However, notwithstanding the fact that withdrawal from sex or using protection in marriages is a threat to manhood in Zimbabwe and related societies, the masculinities in the posters are receptive to these options as solutions to good health, thereby contesting the conventional beliefs of manhood. The concept of manhood is therefore redefined producing rounded masculinities that are both authoritative and amenable in various ways.

Based on the arguments raised above, it can be argued that, since circumcision for prevention is voluntary, to sufficiently appeal to the male populace, VMMC poster campaigns exploit the idea of masculinity by projecting a specific desired image of manhood. This image represents values and attitudes that are intended for the target male population. Thus, representations of men in their submissiveness is strategic and useful for enhancing the acceptance of medical male circumcision. Van Dijk, (2001) postulates that

mediated communication has the ability to appeal to behavior and results in social change. Therefore, the represented non-hegemonic masculinities are significant for transforming the existing hegemonic masculine perceptions, which generally hinder commitment to VMMC, a vital method for reducing HIV risk.

### Conclusions and recommendations

Although hegemonic masculinities are a dominant ideology in the Zimbabwean society, HIV and AIDS posters designed to encourage men to get circumcised for purposes of HIV risk reduction appear to diverge from the powerful and authoritative view of manhood. They present what Bhana (2005: 207) refers to as 'non-hegemonic manhood'. Males in the studied VMMC campaign posters are portrayed as compassionate, caring, loving and faithful in their relationship with women. The fair treatment of women and men's sensitivity extends to gender equity, typical in non-hegemonic contexts. Whereas male sensitivity is perceived as a virtue in the fight against HIV and AIDS, in hegemonic societies it may be interpreted as unmanly. In addition, there is vulnerability belief emanating from a high HIV risk perception for men, purportedly minimized by medical circumcisions. Another form of non-hegemonic masculine trait displayed by males in the studied posters is consent for abstinence, condom use and reduction of multiple sexual partners. Although these behaviors are consistent with sexual health care, they are contrary to patriarchal norms of masculinity in heterosexual relationships where manhood is measured by the number of sexual partners one has.

In essence, it is concluded that the VMMC poster campaign exploits the idea of masculinity by projecting a specific desired image of manhood. This image represents values and attitudes that are intended for the target male population. Given the high HIV prevalence in Zimbabwe, and the fact that hegemonic masculine ideals of manhood continue to hinder the uptake of VMMC as an HIV preventive measure, this study recommends that men should emulate the proposed ideals of manhood, which are consistent with the reduction of new HIV infections. There is also need for the designers of VMMC posters to thrive to develop more realistic male images so as to enhance familiarity and acceptability by target audiences and initiate behaviour change for effective HIV prevention.

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