SUBJECTIVE EXPERIENCES AND PRACTICES OF SEXUAL PERFORMANCE CONCERNS AMONG YOUNG MEN IN MWANZA CITY, TANZANIA

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ABSTRACT

This dissertation explores the subjective experiences and practices of young men in the context of their perceived inability (or shortcomings) to perform well sexually in urban Tanzania. It focuses on broader understandings on how young men make sense of their perceived sexual performance concerns from their own point of view. My study explores the social and cultural context of sexual performance concerns, as well as the experiences and meanings young men attribute to their sexual performance and their coping up strategies. This study asks seven key research questions: what is the young men's understanding of sexual performance concerns? Under what socio-economic conditions, constructions of masculinity, and the young men's relations with their partners and families do sexual performance concerns occur? What is the lived experience of young men living with sexual performance concerns? How do sexual performance concerns affect young men's sense of manhood? How do young men renegotiate their masculinities and sexual practices in the context of sexual performance concerns? What is the nature of the healing market around male sexual performance concerns in Mwanza? And finally, how do young men navigate the healing market for better sexual performance? In understanding men's sexual performances within the young men's own lived experiences, my dissertation draws on a social constructionist perspective on the body, which emphasizes the importance of looking at the body within a particular social and cultural context.

Based on a total of 13 months of fieldwork in urban Mwanza, Tanzania (between 2016 and 2018), I employed ethnographic approaches with the aim of understanding young men's sexual performance (and health) problems from their lived experiences. More than 90 people from various groups, including young men (15-37 years) experiencing sexual performance concerns and those who were not experiencing any form of sexual performance concerns took part in this study. Other groups and foci included female partners, traditional healers, health care providers, nutritionists and Christian as well as Muslim leaders and their understandings of sexual performance concerns. Among these various groups, the data collection methods were: participant observation, in-depth interviews, focus group discussion and informal conversations. Moreover, I conducted extended case studies with young men in order to get a more in-depth understanding about their experiences, feelings and practices related to sexual performance concerns.

Furthermore, my exploration of blogs, forums and newspapers where people discuss the phenomenon in question enabled me to supplement this more personal information with contextualizing data on the topic. Tape recorded interviews in Mwanza City were transcribed verbatim and analysed thematically. During my fieldwork, I constantly reflected upon my own positionality as a male researcher, and particularly in term of my dressing code, speech, educational background, and being self-reflexive about my preconceptions and beliefs with regard to gender and sexuality.

My research found how cultural discourses on the male body, young men's socio-economic status, the nature of jobs, the nature of sexual relationships, peer networks, partners as well as family members and relatives directly and indirectly shaped the perception and experience of sexual performance concerns among young men in urban Mwanza. The ongoing socio-economic transformations in urban Tanzania increasingly lead to unemployment, low income and poverty. Thus, for the young men who are unable to earn money in order to fulfil their material roles in their (exclusively hetero-sexual) relationships, and whose bodies did not live up to the phallocentric and 'goal-oriented' male sexuality, was a source of feelings of rejection, dissatisfaction, distress, and the attribution of shaming words like *dume suluari* (literally translated as "a man who wears a pair of trouser but has no economic status of being a man"). These stressful situations, in turn, manifested themselves in the discourse on sexual deficits, weakness or loss of sexual power among young men themselves.

Young men's bodies which did not live up to the normative 'ideal' standards of being 'real men' in hetero-sexual relationships, emerged as problematic, undesirable and an 'enemy' for masculine identity formation. This was because of disrupting their intentions of performing masculinities through sexual intercourse and limiting their interactions with peers, potential sexual partners as well as family members. As such, young men's bodies in the context of their perceived inability to perform sexual intercourse with satisfaction 'dys-appeared' and largely, they felt frail, weak, old and betrayed. However, young men in urban Mwanza were not just passive victims of the situation. They developed various coping mechanisms and tactics, which included renegotiating ambivalent masculine behaviours and sexual practices as well as creatively navigating the available healing market around sexual performance concerns. Hence, the findings of this dissertation offers more insights on the subjective experiences and practices of sexual

performance concerns among young men in urban Tanzania. They also enrich and extend the government's understanding on the perceived causes of *upungufu wa nguvu za kiume* (literally translated as "male sexual power deficit"). The findings of this dissertation also build upon anthropological debates about embodiment as well as social constructionist approaches, and emphasize explicitly or implicitly that (embodied) subjective experiences and practices of sexual performance concerns are shaped largely by social and cultural contexts in which young men find themselves.

ZUSAMMENFASSUNG

Diese Dissertation untersucht die subjektiven Erfahrungen und Praktiken junger Männer im urbanen Tansania im Kontext von wahrgenommenen (und teils de facto vorhandenen) Unmöglichkeiten ‚guter' sexueller Leistungsfähigkeit. Insbesondere fokussiert sie die Art und Weise, wie junge Männer ihren Sorgen bezüglich ihrer wahrgenommenen sexuellen Leistungsfähigkeit *aus ihrer eigenen Perspektive heraus* Sinn verleihen. Des Weiteren untersucht die Studie die sozialen und kulturellen Gründe der Sorgen junger Männer um ihre sexuelle Leistungsfähigkeit, ebenso wie die Erfahrungen, die sie in Bezug auf unterschiedliche Bewältigungsstrategien in diesem Kontext machen.

Diese Studie stellt dabei sieben zentrale Forschungsfragen: Was ist das Verständnis junger Männer von „sexueller Leistungsfähigkeit"? Unter welchen sozioökonomischen Umständen und im Rahmen welcher Beziehungen zu Partnerinnen und Familien manifestieren sich die Sorgen junger Männer bezüglich ihrer sexuellen Leistungsfähigkeit? Was sind die gelebten Erfahrungen von Männern, die mit Sorgen um ihre sexuelle Leistungsfähigkeit leben? Welchen Einfluss haben Sorgen um sexuelle Leistungsfähigkeit junger Männer auf ihr Empfinden von Männlichkeit? Wie verhandeln junge Männer ihre Männlichkeiten und sexuelle Praktiken im Kontext ihrer Sorgen um sexuelle Leistungsfähigkeit *neu*? Wie nimmt der Heilungsmarkt rund um Belange männlicher sexueller Leistungsfähigkeit in Mwanza Gestalt an? Und schließlich: wie navigieren junge Männer den Heilungsmarkt im urbanen Tansania, um ihre sexuelle Leistungsfähigkeit zu verbessern? Konzeptuell stützt sich meine Dissertation auf eine sozial-konstruktivistische Perspektive auf den Körper, welche die Wichtigkeit betont, den Körper innerhalb eines bestimmten sozialen und kulturellen Kontexts zu betrachten.

Basierend auf insgesamt 13 Monaten Feldforschung im urbanen Mwanza, Tansania (zwischen 2016 und 2018), habe ich ethnographische Ansätze mit dem Ziel angewandt, die Probleme junger Männer in Bezug auf ihre sexuelle Leistungsfähigkeit (sowie ihre sexuelle Gesundheit) ausgehend von ihren *gelebten Erfahrungen* zu verstehen. Mehr als 90 Personen mit unterschiedlichen Hintergründen haben an dieser Studie teilgenommen. Insbesondere waren dies junge Männer im Alter von 15-37 Jahren, die Sorgen um ihre sexuelle Leistungsfähigkeit artikulierten ebenso wie solche, die die Erfahrungen nicht gemacht haben. Andere Gruppen schlossen weibliche Partnerinnen, traditionelle

Heiler_innen, Gesundheitsdienstleister_innen, Ernährungsberater_innen sowie christliche und muslimische Führungspersonen und deren Verständnisse von Belangen sexueller Leistungsfähigkeit.

Folgende Methoden der Datenerhebung wurden eingesetzt: teilnehmende Beobachtung, vertiefende Interviews, Fokusgruppendiskussionen und informelle Gespräche. Darüber hinaus habe ich erweiterte Fallstudien mit jungen Männern durchgeführt, um ein tieferes Verständnis ihrer Erfahrungen, Gefühle und Praktiken in Bezug auf ihre Sorgen um sexuelle Leistungsfähigkeit zu erlangen. Meine Untersuchung von Blogs, Online-Foren und Zeitungen, in denen unterschiedliche Personengruppen dieses Phänomen diskutierten, ermöglichte mir zudem die Kontextualisierung dieser personenbezogenen Informationen. Aufgezeichnete Interviews wurden transkribiert und thematisch analysiert. Während meiner Feldforschung reflektierte ich zudem kontinuierlich meine eigene Positionalität als männlicher Forscher, zum Beispiel in Bezug auf Kleidungsstile, Sprache und Bildungshintergrund. Ebenso reflektierte ich meine eigenen Vorannahmen und Glaubensgrundsätze in Bezug auf Gender und Sexualität.

Meine Forschung zeigte, wie kulturelle Diskurse über den männlichen Körper – ebenso wie der sozioökonomische Status junger Männer, die Art ihres Jobs, ihre sexuellen Beziehungen, Peer-Netzwerke, Partnerinnen sowie Familienmitglieder und Verwandte – die Wahrnehmungen und Erfahrungen von Belangen sexueller Leistungsfähigkeit unter jungen Männern in Mwanza direkt und indirekt gestalten. Die aktuellen sozioökonomischen Transformationen im urbanen Tansania führen dabei zunehmend zu Arbeitslosigkeit, niedrigem Einkommen und Armut. Gerade unter solchen jungen Männern – denen es nicht gelang, ausreichend Geld zu verdienen, um ihre materiellen Rollen in (ausschließlich heterosexuellen) Beziehungen auszufüllen, und deren Körper mit einer phallozentrischen und „zielorientierten“ Konzeption von sexueller Männlichkeit nicht mithalten konnten – waren Gefühle von Ablehnung, Unzufriedenheit und Leid stark verbreitet. Diese Wahrnehmung wurde zum Beispiel durch die Zuschreibung erniedrigender Worte wie *dume suluari* (sinngemäß „ein Mann, der ein Paar Hosen trägt, jedoch nicht über den ökonomischen Status eines Mannes verfügt“) verstärkt. Solche Erfahrungen wurden wiederum in Diskursen über sexuelle Defizite, Schwächen und den Verlust sexueller Macht unter jungen Männern selbst artikuliert.

Die Körper junger Männer, die nicht mit dem normativ „idealen“ Standard eines „echten Mannes“ in heterosexuellen Beziehungen mithalten konnten, wurden als „problematisch“, ungewünscht und als „Feind“ für männliche Identitätskonstruktionen wahrgenommen. Dies war der Tatsache geschuldet, dass diese Erfahrungen der weit verbreiteten Tendenz entgegenliefen, Männlichkeiten über „erfolgreichen“ Geschlechtsverkehr zu definieren – wodurch wiederum die Interaktionen mit Peers, potentiellen Sexualpartnerinnen sowie Familienmitgliedern stark beeinträchtigten. In dieser Weise wurden die Körper junger Männer, die sexuell nicht ausreichend leistungsfähig waren, in ihrer “Dys-Funktionalität sichtbar” (“they dys-appeared”) – und wurden von den Männern als gebrechlich, schwach, alt und „betrügerisch“ wahrgenommen. Gleichzeitig waren junge Männer in Mwanza nicht lediglich passive Opfer ihrer Situation. Sie entwickelten verschiedene Bewältigungsmechanismen und Taktiken, um mit ihren Leidenserfahrungen umzugehen: Zum Beispiel verhandelten sie ambivalente maskuline Verhaltensweisen und sexuelle Praktiken neu und navigierten den verfügbaren Heilungsmarkt rund um Belange sexueller Leistungsfähigkeit in kreativer Art und Weise.

Zusammengenommen bieten die Forschungsergebnisse Einsichten in die subjektiven Erfahrungen und Praktiken von Belangen sexueller Leistungsfähigkeit unter jungen Männern im urbanen Tansania. Ebenso bereichern sie das gängige Regierungs- und Politikverständnis in Tansania von den wahrgenommenen Ursachen von *upungufu wa nguvu za kiume* (im übertragenen Sinne übersetzt als „Defizit sexueller Manneskraft“). Die Resultate dieser Dissertation bauen des Weiteren auf sozial- und kulturanthropologischen Debatten zu *Embodiment* sowie auf sozial-konstruktivistischen Ansätzen zum Körper auf und betonen, dass (verkörperte) subjektive Erfahrungen und Praktiken von Belangen sexueller Leistungsfähigkeit im großen Maße durch soziale und kulturelle Kontexte, in denen junge Männer leben, geprägt sind.

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AIDS	Acquired Immuno-deficiency Syndrome
AU	African Union
CCM	Chama Cha Mapinduzi
CDs	Compact Disks
COSTECH	Commission for Science and Technology in Tanzania
CUF	Civic United Front
DC	District Commissioner
DSM	Diagnostic and Statistical Manuals of Mental Disorders
DVDs	Digital Video Discs
EAGT	Evangelistic Assemblies of God Tanzania
FFU	Field Force Unit
HIV	Human Immunodeficiency Virus
Hon.	Honourable
ICD-11	International Classification of Diseases and Related Health Problems
IIEFQ	International Index of Erectile Function Questionnaire
km^2	kilometre square
MoHCDEC	Ministry of Health, Community Development, Gender, Elderly and Children
MP	Member of Parliament
MSHQ	Male Sexual Health Questionnaire
MWAUWASA	Mwanza Urban Water Supply and Sanitation Authority
NGOs	Non-Governmental Organisations

NIMR	National Institute of Medical Research
Ph.D	Doctor of Philosophy
PMTCT	Prevention of Mother to Child Transmission
RAS	Regional Administrative Secretary
RMO	Regional Medical Officer
SAPs	Structural Adjustment Programmes
STIs	Sexually Transmitted Infections
TFDA	Tanzania Food and Drug Authority
TGNP	Tanzania Gender Network Programme
UDSM	University of Dar es Salaam
UK	United Kingdom
UKIMWI	Upungufu wa Kinga Mwilini
UN	United Nations
UNAIDS	United Nations Programme on HIV/AIDS
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
URT	United Republic of Tanzania
US	United States
UTI	Urinary Tract Infections
VCT	Voluntary Counselling and Testing
WHO	World Health Organisation

CHAPTER ONE

INTRODUCTION

1.1. Men's sexual performance concerns: A Reflection from the Tanzanian Parliament

In May 2015, during the opening of Rombo Full Tanzanian Council Meeting (*Baraza la Madiwani la Halmashauri ya Rombo*), the former District Commissioner (DC), Mr. Lemrise Kipuyo, claimed that men in his district lacked sexual powers to satisfy their female sexual partners due to excessive alcohol consumption. According to him, the condition necessitated women in Rombo District to seek male sexual partners from the neighbouring countries, particularly Kenya, for the purpose of satisfying them sexually. The Commissioner said that, "…It has reached a point where most men fail to perform sexual intercourse, forcing their women to hire Kenyan men for sexual intercourse" (Translated from Kiswahili: …*Imefikia mahali wanaume wengi wanashindwa kumudu kufanya tendo la ndoa na kuwalazimu wanawake wao kukodi wanaume kutoka nchi jirani ya Kenya kwa ajili ya tendo hilo*).[1]

Such claims of men's inabilities of performing sexual intercourse due to lack of sexual powers raised many questions both on the social media sites, as well as in the Tanzanian Parliament itself. For instance, one Member of Parliament (MP) from Rombo Constituency, Honourable (Hon.) Joseph Selasini, asked the District Commissioner to apologise and withdraw his statements because of being anecdotal and defamatory to men in his constituency. He said that, "…His (referring to the DC) claim has no scientific evidence. It neither shows the number of men who have that problem in Rombo nor does it show the number of women, whose male partners are experiencing such concern" (Translated from Kiswahili: …*Hiyo kauli haina utafiti wala haijaonyesha ni wanaume*

[1] Lyimo, Fina. "Wanawake Rombo Wakodi wanaume kutoka Kenya." *Mwananchi* (Tanzania), May 19, 2015 pp. 9.

wangapi Rombo wana hilo tatizo au ni wanawake wangapi waume zao wana hiyo shida).[2] Hon. Selasini requested the Prime Minister to come up with a government statement on such claims and take disciplinary measures against the DC for humiliating men in his district. As much as the phenomenon of men's alleged sexual deficit, and the perceived loss of male sexual power (literally translated in Kiswahili as *upungufu na ukosefu wa nguvu za kiume*), captured many people's interest including the Members of Parliament in Tanzania, no further study was conducted to explore the phenomenon of men's loss of sexual power from mens point of view.

Two years later (in September 2017), the topic of men's loss of sexual powers once again attracted everyone's attention in the Tanzanian Parliament. Although the Parliamentary sessions are not currently broadcasted live in the country since 2016, the Parliament's Press Office often releases selected video clips and highlights to television stations at the close of a day's Parliamentary session. Among the video clips released, was one with a debate on men's sexual power deficit. It was an eight-minute clip, which was recorded and released on the 6th September, 2017 during the eighth session of the second sitting of the Parliamentary proceedings. The video clip went viral on the social media sites in Tanzania.[3] In that video clip, Hon. Khatib Said Haji,[4] a Member of Parliament, posed the following questions: "…there has been a drastic increase of men experiencing sexual deficit (*kumekuwa na ongezeko kubwa la wanaume kupungukiwa na nguvu za kiume*). This has caused many problems including broken marriages and other marriages living in distress and tensions. (a) Is the government aware of this problem? (*Je selikari inajua tatizo hilo?*) (b) If yes, what does the Government do to address the problem? (*Kama inalijua, je inachukua hatua gani kukabiliana na tatizo hilo?*)"

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[2] Mjema, Daniel. "Mbunge amjia juu DC sakata la wanawake wa Rombo." *Mwananchi* (Tanzania), May 21, 2015 pp. 3.

[3] Maro, Gervas. (2017, September 6). *Tatizo la nguvu za kiume lazua mzozo mzito bungeni leo* [video file]. https://www.youtube.com/watch?v=KwI12D9U0vI.

[4] Hon. Khatib Said Haji is a Member of Parliament of the United Republic of Tanzania for Konde constituency in Zanzibar since 2010. He comes from Civic United Front (CUF), one of the opposition party in Tanzania.

In responding to these questions, the former Deputy Minister of Health, Community Development, Gender, Elderly and Children (MoHCDEC), Dr. Hamis Kigwangala said that,

> Hon. Deputy Speaker, the government is aware of the problem. However, there is no direct answer that can inform the general public on the magnitude of the problem because sexual intercourse is performed in privacy and it remains being a secret among married couples themselves.

The former Deputy Minister said further that,

> Hon. Deputy Speaker, the problem is normally high among men aged 60 years and above, and among patients with chronic diseases such as high blood pressure, diabetes, tuberculosis, cancer, HIV/AIDS and among people on long-term medications. However, in the recent trend, the problem is not bound to old age. It affects people of all age categories both young and old. Hon. Deputy Speaker, for the elderly men to experience loss of sexual power, in most cases, it is quite normal and it must be understood that as age increases the capacity to engage in sexual intercourse decreases among men. Again, lack of good health (*ukosefu wa afya njema*) contributes to the problem.

This response was received with excitement, and as Members of Parliament were still intrigued by the question, amid murmuring and laughs, Hon. Khatib Said Haji posed two follow-up questions:

> Nowadays, there are a lot of commercial advertisements on sexual power enhancement medications (*matangazo ya biashara ya dawa za kuongeza nguvu za kiume*). There are so many advertisements of medications on this problem, which are spreading all over the country; something that indicates the magnitude of the problem (*jambo linaloashiria ukubwa wa tatizo hili*). So, what measures has the Ministry of Health taken to address uncontrolled use of medications, which may further increase illnesses? Hon. Deputy Speaker, there is one ethnic group (*kabila*), whose every member sells such medications on the streets across the country. I don't know where they get the diagnostic machines from? I request the Ministry to provide directives and take measures against such practices, which are spreading every day in our country.

In response to the follow-up questions, the Deputy Minster remarked that men's concerns in engaging in sexual intercourse were largely a result of "lack of happiness" (*ukosefu wa furaha*), "anxiety, stress" (*msongo wa mawazo*), "excessive tiredness" (*uchovu wa kupitiliza*) and "rapid increase of non-communicable diseases" (*mwongezeko mkubwa wa magonjwa yasiyo ya kuambukizwa*). Accordingly, he was surprised by men who were seeking for medications for the above mentioned clinical problem. Commenting on the eight-minute video clip referred to in the foregoing paragraphs, the Deputy Minister of Health clarified that the problem was physical in nature because it affected the physical and biological body and therefore, men needed to have "good health" (*afya njema*), "be happy" (*kuwa watu wenye furaha*) in order to be able to perform with satisfaction during sexual intercourse. The Deputy Minister insisted further that one needs to stay free from chronic diseases and avoid long-term medications, especially medications which compromise men's ability to perform sexually with their partners. Furthermore, the Deputy Minister spent some time at the podium in the Parliament to advise both Tanzanian men and women to engage themselves in preventive measures, for instance, like "engaging in physical exercises" (*kufanya mazoezi*), "eating healthily" (*kula vizuri*), "getting enough time to rest" (*kupumzika*), "being happy" (*kufurahi*), "laughing" (*kucheka*) and "getting time to socialise with other people" (*kushirikiana na wenzako*) as key activities to mitigate stress, which could become the major cause of erectile dysfunction and difficulties in conception.

Besides the Parliamentary debate on the 6th September 2017, another debate on the phenomenon in question appeared during the Fifteenth Session of the Seventeenth Sitting on the 29th April, 2019. In that session, two Members of Parliament asked the government to say what 'really' caused men's loss or deficit of sexual power and the side effects of sexual enhancement products (remedies) as well as penis enlargement remedies. For example, in that Parliamentary proceeding, Hon. Goodluck Mlinga[5] asked,

[5] Hon. Goodluck Mlinga is a Member of Parliament of the United Republic of Tanzania for Ulanga constituency in Morogoro region since 2015. He comes from Chama Cha Mapinduzi (CCM), the leading party in Tanzania since independence in 1961.

> Hon. Chairperson, thank you very much. There has been a drastic increase of men using sexual power enhancement remedies (*matumizi ya dawa za nguvu za kiume*). During your times, I remember there was *Mkuyati* but nowadays there is *Super-moringe, Mundende, Super-gafina, Gasosi mix, Super-shaft, Sado power, Amsha mzuka, Kongo dust*, and this *Kongo dust* has shown a lot of success. Has the government conducted any research on what causes this problem of male sexual power deficit (*upungufu wa nguvu za kiume*), a condition that makes people use such sexual enhancement remedies?

On behalf of the Minister of Health, Community Development, Gender, Elderly and Children, the Minister for Defence and National Service, Dr. Hussein Mwinyi, who is a medical doctor by profession responded to the question by saying that,

> Hon. Chairperson, there are several causes leading to deficit of male sexual power including various comorbidities such as diabetes and stress (*kisukari na msongo wa mawazo*). Therefore, there are a lot of causes, which lead to the mentioned problem and that's why there are many people seeking for remedies. What I can say here is that there are meaningful remedies (*dawa zenye maana*), which do not have chemicals and it is better to use such remedies rather than using medicines, which have chemicals.

Furthermore, Dr. Hussein Mwinyi said that the Tanzania Food and Drug Authority (TFDA) has the capacity of identifying medicines, which have side effects so that they can be banned in the market. However, he reminded the public that the TFDA has approved some medicines, which are legally sold in the market with the purpose of enhancing male sexual power (see Chapter Six). According to him, no side effects have been reported on such approved sexual enhancement remedies. In concluding his response to the tabled question, Dr. Mwinyi said that,

> Hon. Chairperson, our advice is that for people who want to use medicines which will enhance their sexual power, they must opt for such medicines, which are approved by experts (*zimethibitishwa na wataalamu*). They must avoid using unapproved remedies in order to avoid side effects, which might result from using them.

As I have shown so far, is that there is a public debate in Tanzania on the topic of male sexuality, and especially their sexual performance concers, which has also entered the debate in the Parliament. The above explanations on the causes of deficits in mens sexual powers as promoted by the government representatives on various occasions analyse the phenomenon in question as a biological, physical, pathophysiological and psychological one, without taking into consideration the social and cultural contexts of the lived bodies of the men in question. For instance, the Deputy Minister's reference to the causes and solutions of the phenomenon in question, clearly demonstrated that he either deliberately or unwittingly neglected a wide range of social contexts (e.g., the context of merely being able to have sex for the sake of pleasure, being an accomplished sexual partner, emphasis on women's clitoral orgasm, sexual satisfaction as well as urban pressures and pornography) which may shape and determine which men's sexual changes and experiences get defined as *upungufu wa nguvu za kiume* in the country (see also Verma et. al., 2001; Phong, 2008; Wentzell, 2014; Wentzell, 2017; Zhang, 2015). The Deputy Minister's explanations also neglected the lived experiences of men with sexual performance concerns (see Chapter Four), and more importantly how men renegotiate their masculinities and sexual practices in the context of sexual performance concerns (see Chapter Five). Furthermore, both the government representatives failed to admit the existence of differences in the sexual lives among men, which vary across their social and cultural backgrounds and so do their approaches to sexual needs and sexuality. All these social circumstances facilitate the emergence of various interpretations, practices and discourses on male sexual power deficits together with their social implications on perceptions of gender and sexuality in the public opinion in Tanzania (see Chapter Three).

Hence, by not going beyond the biological and psychological explanations, the general public in Tanzania through the government representatives' explanations did not understand the influence of a wide range of social contexts on bodily experiences during sexual intercourse as well as men's subjective experiences and practices related to their perceived sexual deficit. In particular, social realities such as how male sexual deficit is shaped by urban social contexts, the disempowerment of men in urban settings due to socio-economic changes, women's increasing economic independence, pressures of

meeting societal roles of sexuality and gender, the exposure to mass media and increase in recreational sex were largely disregarded by the government representatives' explanations in Parliament. In that way, different understandings of men's concerns about intercourse and sexual performance, which acknowledged the social situation in which young men lived like, for instance, the impact of young men's unemployment, low incomes and other specific situations such as young men's pressures to conform to 'ideal standards' of phallocentric and performative sexuality, remained unexamined. Again, both the government representatives' response seemed to envisage the phenomenon of concerns about sexual intercourse and performance as a pathophysiological one. As will be shown later in my dissertation, their responses may be questioned by medical anthropologists and sociologists who examine people's *own* understandings as well as their subjective experiences and practices. The current study, which was carried out in Mwanza City along Lake Victoria, addresses this seemingly neglected (or rather avoided) theme in the social scientific academic discourse in Tanzania.

1.2. Origins of the study

My interests in pursuing men's sexual health, and particularly their various understandings of their sexual performance, began from reading numerous flyers and posters on *upungufu wa nguvu za kiume*. Most flyers and posters that I encountered in urban Tanzania were from "traditional healers" (*waganga wa tiba asilia*)[6], who claimed to manage many illnesses/conditions including sexual health illnesses and performance concerns. For instance, as indicated in flyers promoting herbal remedies for men's sexual concerns (Figure 1.1), *Super Nkanya* from Sumbawanga claimed to "terrifically enhance male sexual power" (*huongeza nguvu za kiume maradufu),* "strengthen weak blood vessels during the act of marriage" (*inakomaza mishipa iliyolegea wakati wa tendo la ndoa*), and "make(s) one delay reaching to the climax for about 19-25 minutes during

[6] Swantz (1990: 11) writes "traditional does not mean that there is any one static form of tribal medical practice nor that *waganga* follow only the forms of medicine of their own ethnic group." Hence, I use the term tradional healers in the manner of Swantz to refer to "men and women who practise their healing art for the public and do so primarily in the manner carried out by the waganga of their tribe in rural areas" (ibid., 12).

sexual intercourse" (*inakufanya uchelewe kufika kileleni muda wa dakika 19-25*). The medication also "guaranteed one to re-engage in sexual intercourse more than three times per single bout of sex" (*uhakika wa kurudia tendo la ndoa zaidi ya mara tatu*) and to "thicken as well as lengthen the penis to measure 6-8 inches and 4 centimetres width" (*inanenepesha na kurefusha maumbile yaliyosinyaa hadi inchi 6-8 na unene sentimeta 4*).

In the same lines, *Luziwa 123 Power* and *Mnkambi Halisi* claimed to boost men's sexual potency and sperm count, to increase sexual desires, and duration of sexual acts to last for about 25 minutes for the first sexual round, and increase the penis size (see Figures 1.2 and 1.3).

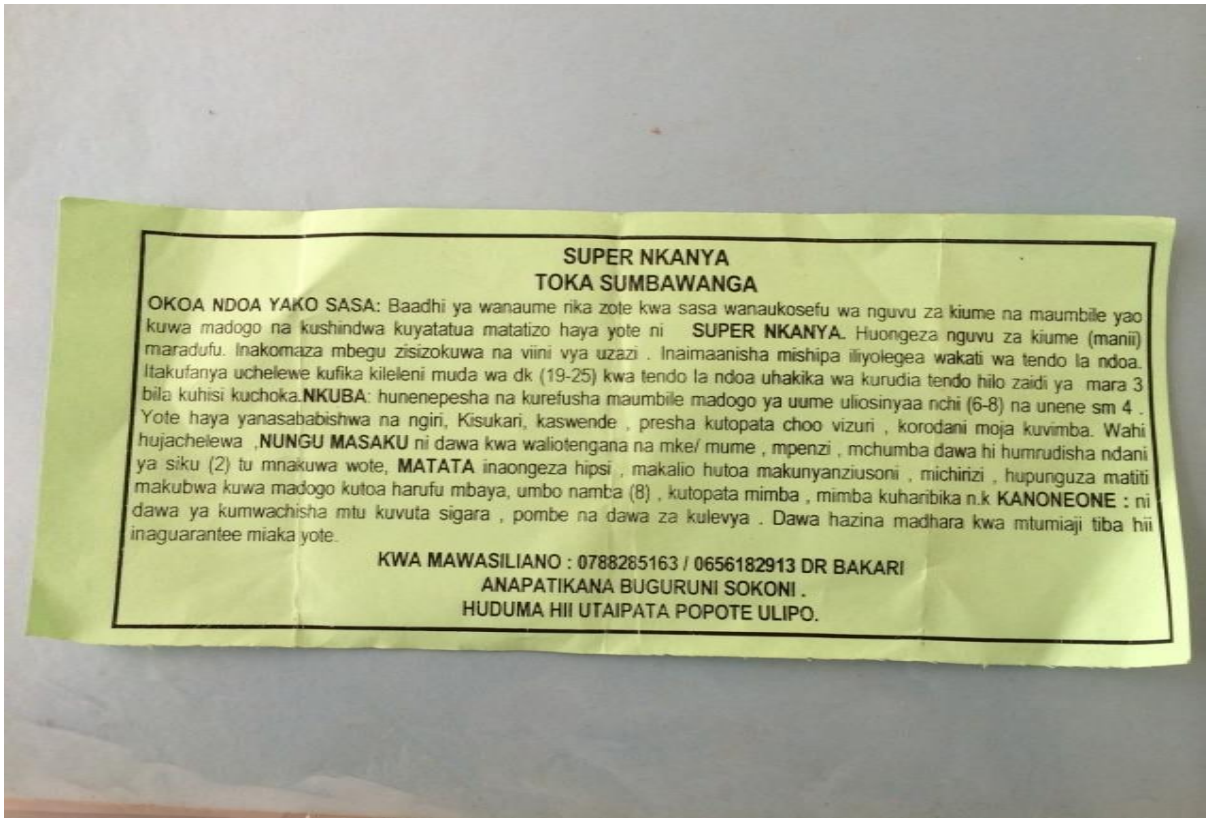
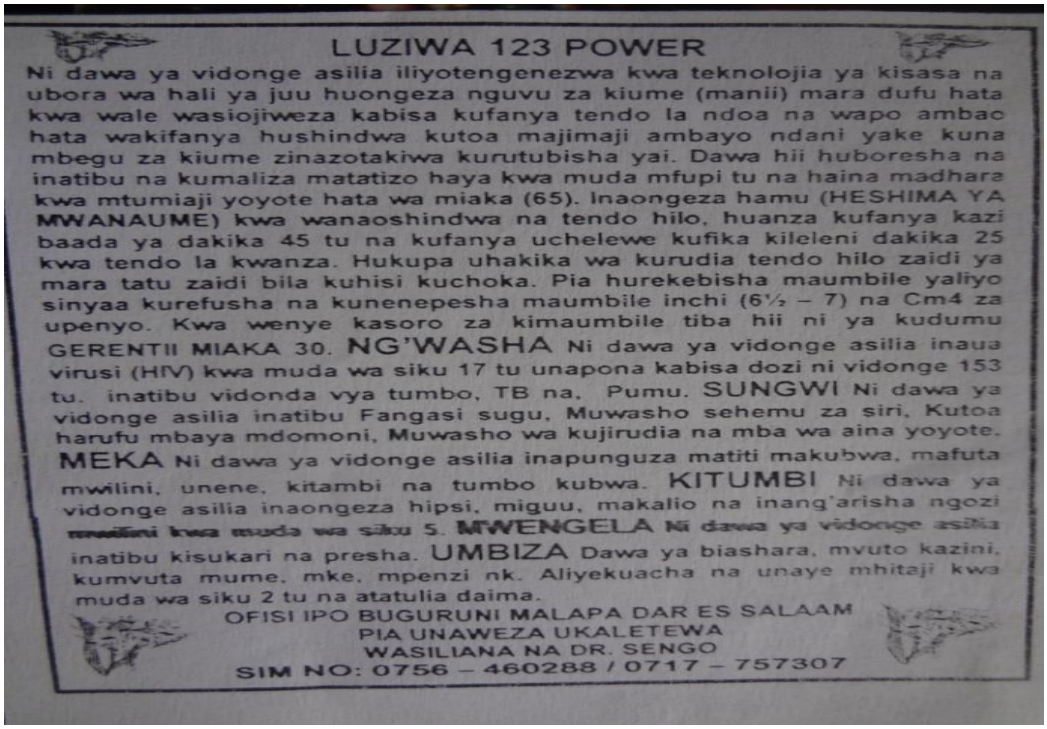


Figure 1.1: Flyer promoting Super *Nkanya* for managing sexual concerns.



LUZIWA 123 POWER

Ni dawa ya vidonge asilia iliyotengenezwa kwa teknolojia ya kisasa na ubora wa hali ya juu huongeza nguvu za kiume (manii) mara dufu hata kwa wale wasiojiweza kabisa kufanya tendo la ndoa na wapo ambao hata wakifanya hushindwa kutoa majimaji ambayo ndani yake kuna mbegu za kiume zinazotakiwa kurutubisha yai. Dawa hii huboresha na inatibu na kumaliza matatizo haya kwa muda mfupi tu na haina madhara kwa mtumiaji yoyote hata wa miaka (65). Inaongeza hamu (HESHIMA YA MWANAUME) kwa wanaoshindwa na tendo hilo, huanza kufanya kazi baada ya dakika 45 tu na kufanya uchelewe kufika kileleni dakika 25 kwa tendo la kwanza. Hukupa uhakika wa kurudia tendo hilo zaidi ya mara tatu zaidi bila kuhisi kuchoka. Pia hurekebisha maumbile yaliyo sinyaa kurefusha na kunenepesha maumbile inchi (6½ – 7) na Cm4 za upenyo. Kwa wenye kasoro za kimaumbile tiba hii ni ya kudumu GERENTII MIAKA 30. NG'WASHA Ni dawa ya vidonge asilia inaua virusi (HIV) kwa muda wa siku 17 tu unapona kabisa dozi ni vidonge 153 tu. inatibu vidonda vya tumbo, TB na, Pumu. SUNGWI Ni dawa ya vidonge asilia inatibu Fangasi sugu, Muwasho sehemu za siri, Kutoa harufu mbaya mdomoni, Muwasho wa kujirudia na mba wa aina yoyote. MEKA Ni dawa ya vidonge asilia inapunguza matiti makubwa, mafuta mwilini, unene, kitambi na tumbo kubwa. KITUMBI Ni dawa ya vidonge asilia inaongeza hipsi, miguu, makalio na inang'arisha ngozi mwilini kwa muda wa siku 5. MWENGELA Ni dawa ya vidonge asilia inatibu kisukari na presha. UMBIZA Dawa ya biashara, mvuto kazini, kumvuta mume, mke, mpenzi nk. Aliyekuacha na unaye mhitaji kwa muda wa siku 2 tu na atatulia daima.

OFISI IPO BUGURUNI MALAPA DAR ES SALAAM
PIA UNAWEZA UKALETEWA
WASILIANA NA DR. SENGO
SIM NO: 0756 – 460288 / 0717 – 757307

Figure 1.2: Flyer promoting *Luziwa 123 Power* for managing sexual concerns.

MNKAMBI HALISI

Baada ya utafiti wa muda mrefu hatimaye
Dr. Mokiwa ameboresha na kutbibitisha dawa zake za vidonge asilia.

MNKAMBI HALISI: ni dawa inayotibu upungufu wa nguvu za kiume, kurefusha na kunenepesha . Uume saizi uipendayo inchi (4-7). Pia huchelewesha kufika kileleni kwa muda wa dk 15-25. MFURETA: Ni dawa inayotibu Kisukari kwa siku 21 tu na imeonyesha mafanikio. Makubwa kwa watumiaji. MTWITWI: Ni dawa inayopunguza ukubwa wa matiti. Kupunguza unene. MKUYU. Ni vidonge asilia huongeza Hips, Makalio. MKWAMBA Ni vidonge asilia vya kutoa chunusi, mabaka-baka, makunyanzi, hukufanya uwe na muonekano nyororo. MAMATA: Ni dawa ya mvuto wa biashara, mapenzi, kazi, kumufia aliyembali n.k MKWAZU: Ni dawa ya uzazi kwa wanawake pia hutib change la uzazi kwa muda mfupi sana MVIRU; Ni dawa inayoongeza hamu ya kufanya mapenzi kwa wanawake. MVUNGALIZA: Ni dawa ya kutoa jini mahaba . MLAILA: Ni dawa ya kumpumbaza mume, mke, mchumba, atulie asiwe na mawazo ya kutoka nje ya mahusiano (LIMBWATA), MSASA MBWAKAMBWAKA MHIP GO: Dawa ya vidonge inayotibu HIV-- UKIMWI inaongeza CD4. MFULWE: Ni dawa inayotibu tatizo la kuparalaizi (kufa ganzi) kwa muda wa siku 21. Pia tuna dawa za zindiko la nyumba/shamba, mifugo. Pia tunatibu maumivu ya mgongo, kiuno , miguu kuwaka moto , ganzi, kupunguza tumbo, mapunye, kuwashwa sehemu za siri, kifafa, Vidonda vya tumbo, Pum Presha, Gono, Kaswende na Kichocho, MGORO KWIKWI. Funiko la kuzima kesi au jambo lolote baya Dr. Mokiwa ametoka Kijiji cha Negero Handeni –Tanga kwa sasa anapatikana; Mwananyamala kwa Kopa karibu na sheli ya Oil Com uliza ofisi za CCM kwa Kopa utaona ofisi ya imeandikwa "

KUCHA TRADITION CLINIC.

Kwa maelezo zaidi piga simu : Na 0712 51 20 23 0768 17 53 03 0782 93 32 23

Figure 1.3: Flyer promoting Mnkambi Halisi for managing sexual concerns.

Juxtaposed to these commercial advertisements in the form of flyers were pharmaceutical advertisements of pharmaceutical drugs for sexual enhancement. Furthermore, biomedical and non-biomedical sexual enhancement products were also widely available in urban Tanzania. At my field site in Mwanza, for instance, it was common at bus stops, markets and shopping centres to come across people selling tree roots such as *milondo* and *mkongoraa*,[7] which were said to boost men's sexual performance. I had several informal conversations with sellers and whenever I asked them why they were selling such products, they replied that the demand was very high among men, especially those who had sexual deficit and those who wanted to "gain respect and honour" (*kujenga heshima*) during sexual intercourse. Furthermore, discussions on this topic through media such as radio, magazines, and television including social media like in WhatsApp groups, Instagram and website blogs as well as the most read forums in Tanzania such as *http://www.jamiiforums.com/forums/jf-doctor.61*/ intensified my interest in examining the phenomenon from the perspective of men themselves.

1.3. Men's sexual performance concerns in Tanzania

Since the works of early sexologists in the 19th and 20th Centuries in Europe, concerns about sexual intercourse and performance have attracted the attention of scholars including researchers from different disciplines. For instance, scholars in medical sciences such as medical doctors, neurologists and psychiatrists have written extensively about the prevalence and risk factors of sexual performance concerns worldwide, particularly erectile dysfunction (see Abdolmanafi et al., 2015; Oyelade et al., 2016; Zeider et al., 2012; Pallangyo et al., 2016; Seyam et al., 2003) and the increase of sexual performance concerns in general. For instance, Aytac et al. (1999), projected the likely worldwide increase in erectile dysfunction between 1995 and 2025 and claimed that while "in 1995 there were over 152 million men worldwide who experienced erectile dysfunction; the projections for 2025 show a prevalence of about 322 million with erectile dysfunction, an increase of nearly 170 million men. The largest projected increases were

[7] These are names of roots which are widely sold by herbalists, especially the Maasai herbalists; and which are believed to boost sexual performance when consumed regularly.

in the developing countries in Africa, Asia, and South America" (ibid., 50).

In African countries, the data on the phenomenon of concerns on sexual intercourse and performance are very few and they are limited to prevalence of the phenomenon and associated factors such as comorbidities and aging. Moreover, most of the existing studies in Africa are mainly from Nigeria (see Fatusi et al., 2003; Idung et al., 2012; Oyewo 2012; Oyelade et al., 2016), Ghana (see Amidu et al., 2010a, 2010b, 2010c, 2011), Egypt (see Seyam et al., 2003; Salama et al., 2018) and Morocco (see Berrada et al., 2003; Achhab et al., 2008). In other parts of Sub-Saharan Africa, the data on sexual dysfunction are limited to the prevalence and risk factors such as diabetes mellitus and cardiovascular diseases. Campbell and Stein (2014) argue that despite growing awareness of the importance of sexual health in South Africa, scientific studies on sexual dysfunctions are limited. For example, from a systematic review of South African research on sexual dysfunction disorders published in peer-reviewed journals, Campbell and Stein (2014) found that despite the high prevalence of ejaculatory and erectile dysfunctions, only five South African articles addressed male sexual dysfunction since 1970. From their own view point (ibid.), further research is needed to inform recommendations for the International Classification of Diseases and Related Health Problems (ICD-11) revisions drawn from the South African context.

In the same vein, in Tanzania, until the time of writing this dissertation, two medical studies by Mutagaywa et al. (2014) and Pallangyo et al. (2016) have been undertaken on the prevalence and risk factors of erectile dysfunction. Results from these two studies published in medical journals indicate the prevalence of 55.1 percent among diabetic men aged 45-60 years attending the diabetic clinic at Muhimbili National Hospital to have some form of erectile dysfunction; 12.8 percent had mild dysfunction, 11.5 percent moderate and 27.9 percent had severe dysfunction (Mutagaywa et al., 2014). Nevertheless, Pallangyo et al. (2016) indicated in their study that 24 percent of all men in Kinondoni district, Dar es Salaam region had some form of erectile dysfunction. Although the mentioned scholars provide empirical evidence on the existence of erectile dysfunction among various groups of men in urban Tanzania, they conclude that men

with old age and/or with health comorbidities are the most vulnerable to erectile dysfunction (see also Mkongo, 2009; Aytac et al., 1999; Mutagaywa et al., 2014; Oyelade et al., 2016; Pallangyo et al., 2016).

Similar findings are reported by other studies conducted elsewhere (for example Laumann et al., 1999; Fatusi et al., 2003; Lewis et al., 2004; Idung et al., 2012; Amidu et al., 2010; Salama et al., 2018) showing that the prevalence of erectile dysfunction is associated largely with aging population and comorbidities such as the Human Immunodeficiency Virus/Acquired Immuno-deficiency Syndrome (HIV/AIDS), hypertension, diabetes mellitus, obesity and atherosclerotic heart disease. These conclusions offer little anthropological insights because they fail to bring into account (embodied) subjective experiences and practices of the mentioned concerns. They also do not acknowledge the silenced men's voices and agency in formulating their own understandings of sexual performance concerns through using available discourses on gender and sexuality as well as their lives in more general terms. Accordingly, previous studies as shown above do not contextualize medical concerns because they examine the physical causes outside a wide range of social and cultural contexts. As an anthropologist, I introduce different views to the existing biomedical conclusions about male sexual performance concerns and I seek to understand the phenomenon from young men's own point of view (see subsection 1.5.1).

Generally, the cited studies on the prevalence and risk factors in relation to sexual performance establish fruitful ground for social scientists and anthropologists in particular, to study men's sexual health not only from the men's own point of view but also from a broad social and cultural perspective. For example, scholars such as Schiavi et al. (1995), Hanash et al. (2008), Mutagaywa et al. (2014), Chou et al. (2015) and Pallangyo et al. (2016) employed the biomedical approach, which separates the mind from the living body. Their approach considered erectile difficulty as a pathological disease caused by physiological deficits of one's body. As I will argue in my dissertation, because of focusing on pathological issues, exclusively the concerns on sexual intercourse as well as performance are limited to erectile dysfunction and as inability to achieve or

maintain an erection for sexual intercourse. This definition assumes that men are passive recipients of the biomedical discourses on sexuality, which are universalizing and often disregard social and cultural influences. Hence, such biomedical definitions exclude other dimensions and circumstances such as local cultural ideals of masculinity and sexuality such as young men's desire to engage in sexual intercourse for the sake of attaining "social acceptance" (*kukubalika*), "gaining social respect and honour" (*kujenga heshima*), and "gaining social worth and reputation" (*kuthaminika/kuonekana wa maana*) from their sexual partners, which may also shape the etiologies of sexual performance concerns.

Furthermore, biomedical studies conducted in Tanzania and elsewhere used standardised questionnaires such as the International Index of Erectile Function Questionnaire (IIEFQ) or the Male Sexual Health Questionnaire (MSHQ), whose questions focus mainly on erectile function, orgasmic disorders, sexual desire (libido), intercourse satisfaction (ability to sustain intercourse) and overall satisfaction/premature ejaculation. However, these standardised questionnaires are not helpful in examining the social and cultural specificities and the ability of individuals to construct their own discourses together with meanings around these phenomena. Rather, as argued by Bhavsar and Bhugra (2013:146), the use of standardised instruments often aims at the "cultural translation of measures, most of which are created in the West, for use in other linguistic and national contexts." More importantly, such questionnaires reveal very little on the social circumstances of sexual health concerns such as the societal role of sexuality and gender, urban pressures to conform to 'ideal' sexual standards expressed in the healing market around sexual performance concerns, economic instabilities and the nature of jobs which men engage in and which may explain the occurrence of sexual performance concerns.

In this respect, the phenomenon of concerns on sexual intercourse and performance from the social and cultural anthropological perspective is still under-researched. There exist few studies, which employed social and cultural perspectives in Asian countries, the Middle East as well as Mexico but mainly these studies focus on the elderly (see Wentzell, 2013; 2014; Zhang, 2015; Inhorn and Wentzell, 2011). However, "Young men who are just beginning their sexual experiences and who are vulnerable to HIV infections"

(Dilger, 2003: 24) and "who engage in sexual relationship for various reasons, like, for instance, companionship, intimacy and pleasure, to establish a family or to show their male friends that they have achieved sexual conquest" (Barker, 2005: 113) are missing in the existing literature on sexual performance concerns. For instance, to date, there is no ethnographic study that has explored the phenomenon from young men's own understandings of male sexual performance concerns not only in Tanzania but also in the wider Sub-Saharan African region.

The lives of many young people (such as their sexuality and reproduction) have drawn the attention of many researchers as well as development practitioners nationally and globally (Sambaigha, 2013), and have been widely studied in the African context (See Durham, 2000; Dilger, 2003; Christiansen et al., 2006; Reihling, 2013). However, young men's embodied subjective experiences and practices related to sexual performance concerns are rarely addressed in the study of the sexual lives of young people. As a result, it is not known how young men make sense of sexual performance concerns. Focusing on young men's own understandings of their subjective experiences and practices offers alternative views to positivist thinking that the individual body has only a biological and scientific reality, which is free from social influences/forces. In view of all these aspects, this theme needs to be given attention by social science scholars, particularly anthropologists who are able to contextualize phenomena of illness and bodily concerns in broader life contexts. In this ethnographic study, I examine perceptions and experiences of living with sexual performance concerns from the physical and material perspective of young men's own bodies themselves.

The central argument of this dissertation builds on previous qualitative and/or ethnographic studies on sexual performance concerns (see for example the works by Phong, 2008; Inhorn and Wentzell, 2011; Wentzell, 2013; Wentzell, 2014; Zhang 2015) which argue that experiences and practices of sexual functioning are fundamentally social and cultural, and shaped by social forces such as socio-economic changes. Perceptions, meanings and coping practices of men experiencing sexual performance concerns are also shaped and contested by social contexts including popular messages around men's bodies,

which are expressed in mass media. In my dissertation, I argue that concerns about sexual intercourse and performances are neither static nor universal as biological approaches to the study of sexuality might claim. As I will further indicate in my theoretical outline (see section 1.6), sexuality has been shown by various scholars, for example, Foucault (1978), Giddens (1992), Beasley (2005) and Tamale (2011) as being the product of social and cultural contexts and discourses. In particular, Foucault (1978) shows how different discourses on sexuality are playing a key role in the construction of (sexual) bodies.

My focus in this dissertation is that meanings ascribed to sexual performance concerns including what it means to have sexual deficit or loss of sexual power, are dependent on particular social contexts, such as urban pressures, and vary across age categories. Similar to what social constructionists would argue, perceptions that evolve around men's sexual bodies, particularly young men's sexuality, the sexually functioning male body, a 'real man' and gender identity are not given by nature but rather, they are outcomes of specific social contexts as well as interactions of people within that context (see Silberschmidt, 2001; Dilger, 2003; Mclaren, 2007; Spronk, 2014). Based on such an approach to sexuality, I draw on the assumptions of social constructionism. Beasley (2005:135-143) and Burr (2003:1-11) identify the following central features of social constructionism, namely, being anti-essentialist, anti-empiricist and anti-positivistic in nature. According to them (ibid.), social constructionism rejects the biological essentialism of being timeless, universal, rational and physiological. Secondly, social constructionism focuses on the historical and cultural specificity of the social construction processes. That is to say, all the dimensions of people's own understandings are historically and culturally produced. Thirdly, knowledge is produced and sustained through social processes. Our daily interactions in the social world produce and sustain different versions of knowledge. Finally, knowledge and social action go together. They are conceived as two sides of the same coin.

With this conceptual understanding of sexuality, particularly sexual performance concerns, I introduce alternative approaches to understanding of knowing sexual dysfunction, which are presented as universal, and also exclusively biological

explanations of sexuality, especially explanations related to the sexual response cycle (see also subsection 1.5.2), physiological aetiologies of erectile dysfunction and recommended treatments. Hence, the medicalized views of male sexuality as being driven by nature and biology are highly challenged in this study. Examining this theme from this perspective brings forth the largely ignored social and interpersonal dynamics as well as the dimensions of understanding sexual performance concerns, which are not considered in biomedical research.

1.4. Aim and research questions

In the absence of ethnographic data on sexual performance concerns in Tanzania, the major purpose of my study is to shed new light on young men's subjective experiences and practices of sexual performance concerns. This aim of the study was met by focusing on the following four key research objectives:

1. To understand the social and cultural circumstances under which sexual performance concerns occur among young men in Mwanza City.
2. To understand young men's narratives of embodied experiences of living with sexual performance concerns.
3. To examine the emergent masculinities and sexual practices in the context of sexual performance concerns among young men in Mwanza.
4. To examine young men's engagement with the existing healing market and the available therapies around male sexual performance concerns in Mwanza City.

To better understand these objectives, I developed the following set of questions:

1. What is the young men's understanding of sexual performance concerns (or male sexual power deficit/ loss of sexual power)?
2. Under what circumstances (social, economic and cultural) does a man fail to perform 'well' sexually?
3. What are the lived experiences of young men living with sexual performance concerns?
4. How do sexual performance concerns affect young men's sense of manhood?

5. How do young men renegotiate their masculinities and sexual practices in the context of their perceived inability (or shortcomings) to perform sexually?
6. What is the nature of the healing market around male sexual performance concern?
7. What various therapies are offered and how do young men navigate the healing market for better sexual performance?

1.5. Conceptualization and operationalization of key terms

In the following subsections, I provide operational definitions of two key terms, which appear throughout my study. These terms are young men and sexual performance concerns.

1.5.1. Who are young men?

The question, "who is a young man" (*kijana ni nani?*) is a challenging question not only in anthropology but indeed, in many societies throughout the world.[8] However, in my own study the conceptualization of the young man takes into consideration the power of social contexts in defining the category, as different social and cultural contexts may define young man differently with specific attributes. Consistent with preceding anthropological studies on young men (see Reihling, 2013; Sambaigha, 2013; Durham, 2000; Bucholtz, 2002; Christiansen et al., 2006), I question the utility of chronological age in defining young men as established by international organisations such as the World Health Organisation (WHO), United Nations (UN) and African Union (AU). For example, defining young men in terms of chronological age such as 15 to 24 limits the understanding of what Christiansen et al. (2006) conceptualise as "social being and becoming" (ibid., 11) as well as "youth as a lived" (ibid., 13).

[8] Durham (2000:113) raised three "puzzling" questions in anthropology. These questions are: what and who is youth? What are the related notions of generations? And what kind of political space do youth participate in either broadly across cultures or specifically in local understandings? How does that participation depend on different kinds of agency, and how does participation come to challenge, defer to, or sometimes effectively sabotage other political spaces?

Similar to the limits of chronological age, there is the definition of young men with reference to biosocial stages of a universal life course, that is to say, infancy, childhood, adolescence, youth, and adulthood. In defining the group of young men, life course approaches seem to focus on psychological elements that are restricted to specific stages of human growth and development. Such an approach has become influential in relation to life stories in psychology. However, Bucholtz (2002) cautions that in a given culture preadolescent individuals may count as youth, while those in their late 40s may also be included in this category. Thus, Durham (2000:113) indicates that different societies define and demarcate youth differently, and even within one and the same society people of a wide range of ages are often treated as youths, and people of a wide range of ages may claim the space of youth, at specific times and in specific places. The author (ibid., 115) further indicates that that, "not all cultures link youth to biosocial stages as girls may become youth well before the onset of puberty or much later in their 20s, and young males may continue to be youth long into their 30s or 40s."

Many scholars, particularly from the social sciences (see De Boeck and Honwana, 2005; Christiansen et. al., 2006; Honwana, 2012) argue against both chronological and biosocial categories in defining young men. They argue that age categories are the product of social processes in a given society. Thus, being a young man or youth is socially constructed as their status and age group is defined by specific contexts as well as the situations in which they find themselves. For instance, Honwana (2012:13) understands young people in Africa as defined by social expectations and responsibilities and considers all those who have not yet been able to attain social adulthood despite their age as youth. In fact, the same author argues that age categories are not natural but rather socially constructed because they involve cultural systems with particular sets of meanings and values. In Honwana's (2012: 11) research setting, "youth is also a time of growth and of searching for meanings and belonging; a stage of moulding characters, interests, and goals; a process of constructing and reconfiguring identities; a creative period with both risks and possibilities."

Defining the category of young men/male youth through the social construction of age categories goes far beyond the established definitions in the international organisations, which provide guidelines for youth development. For instance, the United Nations Secretariat, for statistical purposes defines youth both as a period of transition from the dependence of childhood to adulthood's independence. Yet, in terms of age, the UN instruments and statistical convention define youth as those persons between the ages of 15 to 24 years (UN, 2005: 23). Similarly, in presenting the health status of young people, the World Health Organisation (WHO), the United Nations Programme on HIV/AIDS (UNAIDS), the United Nations Children's Fund (UNICEF), and the United Nations Population Fund (UNFPA) define young people to be those persons between the ages of 10-24 years and youth between ages of 15-24 years (WHO, 2006: 1). These age categories are somewhat different from the African Youth Charter, which defines young men or youth to refer to every person between the ages of 15 to 35 years (African Union, 2006). It is important to highlight that the use of different age categories in defining young men indicates that age is a social construction category. However, despite this fluidity, which reflects social and cultural specificities, the definitions that use concrete age periods reflect universal statistical purposes for evaluating and programming the needs of young people who are considered as marginalized, vulnerable, at risk and/or caught in violence (see also Durham, 2000; Honwana, 2012).

In defining young men, the chronological and biosocial categories have thus two limitations. Firstly, the definition of who is a young person fails to acknowledge the specific social and cultural contexts in which young people live. Secondly, it assumes young people as victims of situations or circumstances. As already indicated previously, a number of scholars have challenged this universal approach and emphasize on the importance of taking into account the lived experiences and young men's agency in the process of becoming youths. For instance, based on the experience of young people in Africa, and particularly in Mozambique, South Africa, Senegal and Tunisia, Honwana (2012) demonstrates the manner in which young people, despite being caught up in violence, are active agents and navigators of social change.

In a similar way, Sambaiga (2013) builds his study on youth as a lived experience in Tanzania that breaks away from the biological and chronological processes in defining young people. Sambaiga (2013) follows Christiansen et al's (2006) understanding of young people as agents who willingly or unwillingly see themselves as belonging to a particular generational category and yet, strive to shape their lives in a positive way. According to Sambaiga (2013:13), such a conceptualization of young people has "explanatory power to bring together individual young people's agency and social forces as a critical point of departure towards a nuanced understanding of adolescents' sexual and reproductive practices." For example, in proposing a general topic of investigation, which takes into consideration the historical construction of age categories, relational aspects and as group actors, Durham (2000:116) views youth less as a specific age group, or cohort, but rather as a social "shifter." According to Durham (2000), "a shifter is a special kind of deictic or indexical term, a term that works not through absolute referentiality to a fixed context, but one that relates the speaker to a relational or indexical, context ('here' or 'us' are such terms).[9] A shifter has the capability of sometimes going further and bringing into discursive awareness the metalinguistic features of the conversation, that is to say, it can go beyond immediate relationships being negotiated and draw attention to the structure and its categories that produce or enable the encounter" (ibid., 116).

Situated within the parameter of a shifter, Durham (2004) views youths in her research setting in Botswana as indexing sets of social relationships that are dynamic and historically constructed. The author (ibid.) demonstrates how men in a Herero neighbourhood negotiated men's circles at wedding and/or funeral ceremonies. Men's circle position illustrated the constant shifting of relative ages. According to Durham (2004), men's showing deference or adopting an inner circle seat depended upon a number of social shifters such as a secure job, having established a separate household,

[9] According to Bucholtz (2002: 528) the referential function of youth cannot be determined in advance of its use in a particular cultural context, and its use indexes the nature of the context in which it is invoked.

having built a house in their family compound, having developed their own cattle post outside the village, having married and having given consistent as well as recognized support to the aging parents and young siblings or having ventured to speak out at a hearing in chief's court. Due to these social shifters, some juniors may occupy the position of senior men in sitting in the inner circle and vice versa. In the attempt to answer the puzzling question of what and who is youth, Durham (2004:589) responds that, "As people argue over who youth are and how they behave, they index shifting relationships of power and authority."

In the same manner, Christiansen et al., (2006) encourage researchers to understand the dynamics of youth by positioning them within the social contexts in which they live. This enabled the authors (ibid.) to bring into focus constant negotiations of definitions of being and becoming a youth, the manner in which youth position themselves and are positioned within generational categories. For instance, Christiansen et al. (ibid., 11) indicate that, "we need (thus) to look at the ways youth are positioned in society and the ways they seek to position themselves in society, to illuminate the ways the category of youth is socio-politically constructed, as well as the ways young people construct counter-positions and definitions." As such, they advocate taking into consideration social shifters sine according to Bucholtz (2002:528), "youth is a context-renewing and a context-creating sign whereby social relations are both (and often simultaneously) reproduced and contested."

Therefore, my own study in Mwanza followed the same perspective presented in the foregoing discussion. For the sake of this study, young men were not confined to particular age categories as defined by the United Nations or the African Youth Charter. Rather, I view young men through their lived experiences and as a cultural construction characterized by various social shifters such as one's ability to perform 'well' sexually (such as performing prolonged sex, having sexual power, vigour, and prowess). Furthermore, it is about the young men's ability to establish an independent life in the urban context, stable income, material achievements like money and investments, not losing hope (*kutokata tamaa*), and a high level of confidence in whatever they do. These

definitions are used by the people in Mwanza City, and precisely young men themselves, to define who is a young man.

1.5.2. Conceptualizing sexual performance concerns

Concerns about sexual intercourse and performance are generally conceptualized as sexual dysfunctions in medical discourses. However, such a conceptualization has been contested (see Tiefer, 1996; Potts et al., 2000; Khan et al., 2008). Before pointing out my conceptualization that acknowledges social and cultural influences, I briefly show how sexual dysfunction became an object of study in medical research and the definitional limitation of sexual dysfunction, particularly erectile dysfunction, in the medical as well as health sciences.

The introduction of the term sexual dysfunction into medical discourse went alongside the development of sexology as a field of study. Fabiola (2013) traces the development of sexology to the second half of the nineteenth (19^{th}) Century, a period during which reference works such as *Psychoatiaha Sexualis*, edited by Kann in 1844, and another volume of the same title published by Kraft-Ebing in 1886 were published. According to Fabiola (2013:623), "protosexology" was concerned with nosology, in contrast to therapeutic approaches, which would concentrate on venereal diseases, the psychopathology of sexuality and Eugenics. Other early works on sexology came from medically trained personnel such as Wilhelm Reich, an Austrian doctor of medicine who started publishing about the function of orgasm in Europe; Havelock Ellis (1859-1939), an English Medical doctor, surgeon and sexologist; Magnus Hirschfeld (1868-1935), a German physician and clinical sexologist; and Sigmund Freud (1856-1939) who worked on sexual impulses in Vienna (see also Mitchel, 2008; Fabiola, 2013).

Later on, the discipline came to be cemented with scientific studies on sexual behaviours. For example, Alfred Kinsey (1894-1958), a biologist, conducted an empirical study on sexual behaviour among the US American population. The author's scientific approach challenged moral values in the understanding of sexuality. Kinsey's findings adopted an explicitly scientific and moral value-free approach to the topic. In a similar manner, the

works of the American gynaecologist William Masters (1915-2001) and psychologist Virginia Johnson (1925-2013) also facilitated the conceptualization of concerns of sexual intercourse and performance as related to psychological and physiological conditions. For instance, based on their long-term observations of men's sexual activities, they concluded that male sexuality, particularly sexual arousal, passed through four stages of the sexual response cycle, namely, excitement, plateau, orgasm and finally, resolution or rejuvenation.[10] Any deviation from these four stages, which Masters and Johnson (1970) thought to be universal in all men was labelled as sexual dysfunction related to sexual desire, dysfunctions of arousal, and dysfunctions of orgasm.

Many studies from the psychological and medical disciplines have conceptualized sexual dysfunction as problems in the sexual response cycle. For instance, according to Oyewo (2012:712), "sexual dysfunctions are problems in sexual functioning such as failure to achieve an erection in men and difficulties with orgasm in women." The author (ibid.) cites several scholars who analyse sexual dysfunctions in terms of psychological and physiological stages of the sexual response cycle. For example, Oyewo (ibid.) cites Read, King and Watson (1997) who define sexual dysfunctions as disorders that interfere with the full sexual response cycle and Olakunle (2003) who defines sexual dysfunction as a disturbance in, or pain during sexual intercourse, or any stage of the sexual response cycle. Similarly, according to the American Psychiatric Association (2000), sexual dysfunction is conceptualized as a disturbance in sexual desire and in the psycho-physiological changes that characterise the sexual response cycle causing marked distress and interpersonal difficulty. Again, the National Institute of Health Consensus Development (1993) defines sexual dysfunction as erectile dysfunction, which is the inability of achieving and maintaining an erection sufficient for satisfactory sexual

[10] The human response cycle denotes a four-stage model of physiological response to sexual stimulation, which both men and women pass through during sexual intercourse. Scholars such as Bhavsar and Bhugra (2013: 145) argue that "Masters and Johnson's (1970) model of the sexual response cycle, which serves as the theoretical basis of the sensate focus approach to couples sex therapy is ethnocentric, reflecting an implicit belief in the superiority of American norms of sexual behaviour." The model looks at sexual functioning of biological parts outside of a social context (Fahs and Swank, 2015: 150).

performance.

It is within this context of the conceptualisation of sexual dysfunction as a "single approach problem" or "size-fit-all approach" (Tiefer et al., 2002: 227) of the sexual response cycle that the revisions of the Diagnostic and Statistical Manuals of Mental Disorders (DSM) were grounded (see Kawa and Giordano, 2012; Brotto, 2009). For instance, since the first DSM (commonly referred to as DSM I) in 1952, the subcategories of frigidity, impotence, premature ejaculation of semen and vaginismus were discussed (see Mitchel, 2008). However, since the 1980s, the subcategories of sexual disorders, namely, sexual desire disorders, sexual arousal disorders, orgasmic disorders and later sexual pain disorders appeared in DSM III based on the sexual response cycle as developed by Masters and Johnson (see also Giordano and Kawa, 2012; Brotto, 2009; Grob, 1991; Mitchel, 2008).

Subsequent revisions of the DSM still rely on the basic definition of the sexual response cycle, which 'pathologize,' 'normalize' and 'universalize' concerns about sexual intercourse and performance rather than connecting them to people's individual life experiences. For instance, Potts et al. (2004) and Sutton (2011) indicate that what is considered as 'normal' and 'healthy' sex in the biomedical discourse on male sexuality corresponds with the view that sexuality is governed by natural laws; and sexual arousal must pass through stages of the sexual response cycle. Specifically, Potts et al. (2004:490) argue that "In western medical discourse, the 'healthy' and 'functioning' male body must be capable of producing 'normal' erections which deliver sexual satisfaction (via penetrative sex) to both the man and his (female) sexual partner." This conceptualization of male sexuality separates the mind from the body and dissociates the functioning of a man's penis from the context of their lived or experiencing bodies (Tiefer, 1996).

In the present study, I situate young men's sexual dysfunctions in the context of men's lived experiences. Unlike the above presented conceptualizations, my understanding of sexual dysfunctions focuses on young men's own understandings of their perceived inability to perform 'well' sexually, which acknowledge their social contexts, especially

gaining respect, fame, honour as well as acceptance from one's sexual partner. In my study, young men reported that a "sexually powerful young man" (*kijana wenye nguvu za kiume*) symbolically represents *mwanaume kamili/rijali* (literally translated as a "complete man/ real man") and vice versa. For many young men who I talked to in my research, the loss of masculinity during sexual intercourse was viewed in terms of "failure to perform a prolonged act of marriage" (*kushindwa kufanya tendo la ndoa kwa muda mrefu*), "inability to sexually satisfy the female partner" (*kukosa uwezo wa kumridhisha mwanamke kimapenzi*), "coming early to the climax" (*kuwahi kufika kileleni*), "failure to have forceful and multiple sexual rounds" (*kushindwa kupata mishindo/mabao mengi*), "weak or lack of erections during sexual intercourse (*uume kuwa dhaifu au kusinyaa/kulegea wakati wa tendo la ndoa*), "lack of sexual desire after a single round of sex" (*kukosa hamu ya tendo la ndoa hasa baada ya bao la kwanza)* and "small sized penis" (*maumbile madogo ya uume au kibamia*). Hence, in order to understand young men's concerns about their sexual intercourse or performance from their own lived experiences, I use men's sexual performance concerns throughout my study. This enables me to capture all forms of men's dissatisfactions related to their perceived sexual deficit and loss of sexual power.

1.6. Theoretical outline of the study

The theoretical framework that guided my study was grounded in situating men's sexual performance concerns within the social and cultural contexts in which they live. Because men's sexual concerns have been studied in the fundamental opposition between the mind and the body (the Cartesian legacy),[11] "we know far more about the body as a medical enterprise, a collection of parts and processes than we do about its social and sexual functioning" (Fahs and Swank, 2015: 149). In an attempt to understand men's sexual

[11] Rene Descartes (1596-1650) a philosopher and mathematician formulated the ideas that are the immediate precursors of contemporary biomedical conceptions of the human organism. Descartes was determined to hold nothing as true until he had proved the grounds of scientific evidence for accepting it. The Cartesian legacy to clinical medicine and to the natural and social sciences is a rather mechanistic conception of the body and its functions, and a failure to conceptualize a "mindful" causation of somatic states (Scheper-Hughes and Lock 1987).

performances within the young men's own lived experiences, I draw on the social concept of embodiment, which proposes that the body is not only an object or a mere entity for evaluation but also a subject position and a living material entity from which our experiences of the world are being shaped (see Csordas, 1990; Desjarlais and Throop, 2011). Unlike the biomedical theorists of embodiment (those who argue that the body has an objective reality and is not dependent on social and cultural influences), social constructionists emphasize on the importance of looking at the body (in this case, the sexual functioning of a male body) within particular social and historical contexts (see also Fahs and Swank, 2015; Gurevich et al., 2004; Lock, 1993).

Social constructionist views of the body have attracted the attention of many scholars (see for example Orbach, 2003; Mckee, 2004; Conner et al., 2004; Shilling, 1993; Armengol, 2013; Lindsay and Boyle, 2017; Mahfouz et al., 2018). These scholars approach the human body not as a universally shared phenomenon in all contexts but rather as a socially and culturally specific phenomenon. They highlight the ways our social and construal influences enter into, and become entangled with, our bodies to behave in a certain normative manner (see Tolman et al., 2014). As such, the focus has been on the body as a culturally and historically produced entity. For instance, in her John Bowlby Memorial Lecture, Susie Orbach (2003: 11) suggested that, "there is no such thing as a body, there is only a body in relationship with another body." She (ibid.) argues that the body has a relational aspect and is always made in relationships including the social rules around the body and around sexuality.

In anthropology, the body has been at the center of attention for a long time. For example, Marcel Mauss writing in the first half of the twentieth century, identified several 'body techniques' like swimming, digging, marching, walking, positons for the hands at rest and running, which from society to society men know how to use their bodies (Mauss, 1973 [1935], 70). Mauss (ibid.73) used the Latin word "habitus" to refer to the "acquired ability" and "faculty," which do not only vary with individuals and their institutions but also, they vary especially between societies, education, properties and fashions, prestige. Other early works on the body come from Mary Douglas (1921-2007) and Victor Turner

(1920-1983). Since the 1970s and 1980s, there has been a growing literature on the body, which works to deconstruct the Cartesian legacy of mind-body dualism. The starting point of theorization and argument of anthropological researchers on the body and embodiment is summarized in the work of Soukup and Dvorakova (2016) that examines the human body as a social and cultural phenomenon in time and space. The body, as argued in the anthropological literature, is not a fixed material entity subject to biological rules of science (Csordas, 1994:1) but rather, it is shaped by cultural dynamics and subject to historical and socio-economic contexts (see also Shilling, 1993; Orbach, 2003; Armengol, 2013).

Along the tradition of situating the human body in specific contexts, I rely on the embodiment of the social and cultural ideal on how the male body is to function during sexual intercourse. I want to draw attention to the symbolic representations of sexual functioning and performance of young men's bodies and their embodied experiences of sexual performance concerns. As mentioned previously, my interest is to go beyond the "mentalist perspective"[12] to closely examine how young men in my research felt, perceived, spoke and expressed their manhood through their bodies. Thus, by embodiment, I refer to the experience of living in, perceiving and experiencing the world (in this case with regard to worries and concerns about sexual intercourse and performances) from the specific location of young men's bodies (see Tolman et al., 2014; Fahs and Swank, 2015).

Men's worries, anxieties and concerns about sexual intercourse and performances can be approached by using social constructionist understandings of the body and embodiment (see Fahs and Swank, 2015). As already highlighted with regard to the assumptions of the social constructionism approach, the ways young men in my study understood and spoke about their bodily sexual performances were historically and culturally specific. Their understandings were shaped by specific situations and particularly by the available

[12] This includes views or biases of semantic theories, including psychodynamics and structuralism which downplay the primacy of the body (Kirmayer 1992: 325).

cultural frameworks or discourses on ideal gender identity and body images. For instance, within the frameworks of phallocentric and performative sexuality, young men's penises in Mwanza were usually represented as a source of anxious embodiment, with men worrying about their size and performance, and particularly their in/ability to perform prolonged sexual intercourse in relation to ideal (penis) images.

In many African societies, including in Tanzania, cultural prescriptions of an 'ideal' man's body during sexual intercourse are centered on constructions of sexual performances. For instance, Sommer et al. (2014) examined how masculinity norms shape the transition through puberty in rural and urban Tanzania. Their study (ibid.) found three primary aspects of traditional masculinity pressures conveyed to adolescent boys regarding their sexuality. These were "a focus on sexual skill and sexual relations, the demonstration of power over women, and the importance of reproduction as part of being a real man" (p. 2293). In her study in Kisii and Dar es Salaam, Silberschmidt (2001) found the same discourses, which attributed an 'ideal' image of a man's body to his sexual performance during sexual intercourse. The author (ibid., 7) indicates that, "most boys grow up believing that they are the superior gender, and that their identity as men is defined through sexual ability and accomplishment. A man who cannot handle several women is not a real man." Furthermore, Ratele (2011: 399) argues that, "nearly everywhere in the world manliness is closely associated with our sexual partner(s), the sexual appeal of our partner(s), the size of our penises, the claims we make about our sexual stamina, whether we can maintain a healthy erection and how virile we are." These constructions of or rather discourses about men's 'ideal' bodies reproduce cultural 'standards' of performing masculinities during sexual intercourse. That is to say, for men who think that their body image, and particularly their penis, is not in line with the prevailing cultural frameworks concerning 'ideal' body images and gender identity are more likely to have sexual performance concerns (see Chapter Three), to renegotiate new forms of male embodiment (see Chapter Five) and/or to creatively navigate for better sexual performance (see Chapter Six).

Men's responses related to how they feel, speak and perceive specific parts of their bodies are also relevant to the broader discursive context, which ascribe meaning to body parts. Within this framework of embodiment, I pay close attention to the production of embodied subjects. Specifically, I follow the Foucauldian perspective on discourse, power, and knowledge in examining how young men's sexual bodies are the product of social discourse. For instance, in his book, *The History of Sexuality, Volume 1*, Foucault (1978) indicates how sexuality has been shaped by different discourses on sex since the 17th century, particularly the shift, which occurred from power being held by the church to its location across a number of institutions, such as the family, medicine, the sciences, and education. More importantly, Foucault's (1978) work suggests that embodied subjects are the result of a deployment of discourses, which converge upon bodies and their biological processes. Foucault (1978:152) emphasizes that, "Hence I do not envisage a history of mentalities that would take account of bodies only through the manner in which they have been perceived and given meaning and value; but a history of bodies and the manner in which what is most material and most vital in them has been invested."

Accordingly, people's ideas about male sexual performance in urban Tanzania were shaped by discourses. As defined by Foucault (1972:49), discourses refer to practices that systematically form the objects of which they speak. For instance, discourses on male sexuality (especially performing during sexual intercourse as a way of proving one's self-image of manhood) define and produce particular understandings of bodies, which are unable to perform sexually. Due to this fact, what constitutes bodies experiencing sexual concerns may vary, depending on discourses, which young men deploy to inform their experiences and practices. This further means that understandings of sexual performance concerns among young men in Mwanza were derived from young men's interactions among themselves, between partners and with healers who provided potential cures to their concerns as well as their interaction with the social media, which created numerous social images around one's body. It was through this sociality at large that my interlocutors' knowledge and making sense of their sexual performances became produced. In particular, it was also within this context of young men's interactions with other people around them and consulting the social media that bodies with 'poor' or

'failures' during sexual performance emerged (see Chapter Four of this dissertation). Therefore, with this outlined theoretical framework, I consider men in my study as embodied subjects and embodied ideals of performing masculinity during sexual intercourse.

1.7. Layout of my dissertation

The introduction and the overview of the state of sexual performance concerns in Tanzania show clearly that there is currently a strong lack of ethnographic studies on the theme. In **Chapter Two**, I describe the epistemological and methodological approaches for studying men's sexual performance concerns from their own point of view. I then proceed with describing in detail the ethnographic procedures of doing fieldwork with young men in urban Tanzania, particularly in Mwanza City. Furthermore, I elaborate my research position and other ethical aspects, which I took into consideration in answering the research questions of the study.

In **Chapter Three**, my focus is on understanding the circumstances under which sexual performance concerns emerge among young men. My intention is to go beyond the clinical or rather, medical constructions of concerns about sexual intercourse and performances (narrowly defined as sexual dysfunctions) to identifying a wide range of social, economic and cultural factors and how they affect young men's bodily experiences. Particularly, I build on Zhang's (2015:71) concept of "one thousand bodies of impotence" and Nichter's notion of "idioms of distress" (see Nichter, 1981:379; Nichter, 2010:405) in order to capture the influence of a wide range of social contexts on bodily experiences during sexual intercourse. These include the societal role of sexuality, moral anxieties due to globalization and modernity, the nature of jobs in the informal sector, young men's economic instabilities, worries and frustrations associated with living in urban cities, young men's urban life style like excessive liquor consumption and substance abuse. Other factors included cultural discourses related to food intake and the use of modern family planning methods.

In **Chapter Four**, I concentrate on young men's narratives of the embodied experience of living with sexual performance concerns, particularly erectile difficulties and unforceful ejaculations. I show that young men's use of metaphors and descriptive phrases on the concerns of sexual intercourse and performances, which are used in communication about these phenomena, embody everyday lived experiences in a depersonalized manner. By analyzing these metaphoric expressions, I demonstrate how the body experiencing sexual performance concerns was implicitly made aware of both young men themselves and other people around them such as peers, family members as well as female partners. My main argument is that changes in sexual performance seize young men's attention to their bodies thereby making such bodies emerge or rather appear from the corporeal background. I use Leder's (1990: 69-99) concept of "dys-appearing body" in order to illustrate how inability to perform during sexual intercourse leads to bodily disruptions of self-images of being a man and limited young men's sense of social well-being, that is to say, being accepted, respected and honored for their sexual performance.

However, young men in my research were not mere passive actors. They renegotiated their identities and sexual acts in the context of their inability to perform sexually according to their standards. This is further described in **Chapter Five**, which focuses on emergent masculinities and sexual acts among young men with sexual performance concerns. I show in this chapter that 'poor' or 'failures' to perform sexually during sexual intercourse facilitated new or alternative masculine lifestyles in other social spheres apart from sexual intercourse. For example, young men who identified themselves as having sexual performance problems indicated other sites of expressing their male identity such as being a hard worker and a provider to the family. Yet, other young men in my study invested heavily on finding alternative sexual practices including the use of finger (*kupiga kidole*) in romance/foreplay, oral sex, or "sex over the phone," which they considered as being highly central in enhancing their masculinities and sexual potentialities. In this chapter, I use Inhorn and Wentzell's (2011: 803) concept of "emergent masculinities" to argue that changes in young men's sexual performance prompted new embodied feelings, thoughts, and enactments of being a man.

Chapter Six focuses on the practices of staying *rijali* (a real man) during sexual intercourse. Here I present young men not only as critical actors to their (perceived) sexual performance concerns but also as active social actors in navigating sexual performances in every day urban life in a creative manner. By employing Vigh's (2006: 31-60) concept of "social navigation," I argue that young men creatively enacted, plotted and actualized tactics of either staying sexually potent or restoring their sexual powers and vigor. As I show in this chapter, much of the available literature on masculinities presents different forms of being a 'real man' such as masculine attitudes of superiority, dominance and fearlessness as obstacles to accessing and/or utilizing health services. However, I argue that *rijali* forms of masculinities, which are associated with men's expression of sexual power, conquest, achievement, sexual prowess and "high" standards of sexual performance, act as facilitators of navigating sexual performances in the existing healing market around male sexual health concerns in Mwanza City.

In **Chapter Seven**, I conclude by summarizing the main implications of the study in the medical anthropology literature and recommendations for future research endeavours.

CHAPTER TWO

FIELD SETTING AND RESEARCH METHODOLOGY

2.1. Overview

During a total of 13 months of fieldwork in Mwanza City (between 2016 and 2018), I employed different ethnographic approaches in order to understand men's sexual health problems from their lived experiences. I began my fieldwork by exploring the concerns of men's subjective experiences and practices of sexual performance. From the beginning of the fieldwork, I drew upon social constructionist approaches to understanding sexuality, people's ideas on embodiment of sexuality, and particularly the concept of sexuality itself were important during the three months of the first phase of data gathering (from January to March 2016). Young men's narratives of sexual experiences and sexual performances, particularly how they experienced and interpreted sexual difficulties, evoked everyday material realities of their lived bodies. As such, young people's explanations of sexual performance concerns implicated embodied subjective experiences and practices. Therefore, in addition to the initial focus on subjective meanings and experiences of male sexual health problems, I attempted to ethnographically research the embodied subjective experiences of men's sexuality in the subsequent phases of data gathering. In this chapter, I show how I epistemologically and methodologically approached the topic during my fieldwork. Before presenting the epistemological and methodological approaches, however, I would like to start with a brief description of the setting of Mwanza City where I conducted my research. Then, I present the central epistemological position, which informed my research and the entire fieldwork. Thirdly, I outline different approaches to understand young men's subjective experiences and practices of sexual performance concerns. In the last section, I describe in detail, the ethical considerations, my positionality in the fieldwork, and a reflection on the limitations that emerged in the course of data collection in Mwanza City, Tanzania.

2.2. A brief history and profile of Mwanza City

Mwanza City is the second largest city in Tanzania after Dar es Salaam. However, it is the fastest developing urban center in Sub-Saharan Africa (see URT, 2014; Satterthwaite, 2016). Geographically, the city is located on the Southern shores of Lake Victoria in Northwest Tanzania (see Figure 2.1). Mwanza City covers an area of 1325 kilometre square (km²) of which 425 km² is dry land and 900 km² is covered by water, mainly Lake Victoria. Out of the 425km² dry land area, approximately 86.8 km² is urbanized, while the remaining areas consist of forests, valleys, cultivated plains, grasslands and undulating rocky hills (Mwanza City Profile, 2009). Due to the fact that the city is mainly characterized by gently undulating granites and granodiorite physiography with isolated hill masses and rock inselbergs, Mwanza is widely known as "Rock City." Indeed, during the 13 months of my fieldwork, I got the impression of being in a "Rock City" because whenever I walked throughout Mwanza, I saw big masses of stones. Sometimes I had to climb up the rocky hills in order to meet my interlocutors in their homes. Again, we usually sat on stone surfaces or rocky outcrops for our conversations. Seeing numerous billboards emblazoned on stones around the city (see Figure 2.2) was another constant reminder that I was in "Rock City." The stones, especially those located nearby roads, were inscribed with various commercial advertisements. Finally, the gigantic rocks protruding out of the lake waters famously known as the "Bismarck Rock"[13] along Lake Victoria shores at Kamanga ferry, vividly evoked the feeling of being in "Rock City." Today, the "Bismarck Rock" is among the iconic symbols of Mwanza City for tourism attractions (see Figure 2.3).

[13] Mwanza City Tourism Profile indicates that, "historically, the name refers to the iron man himself, Otto Eduard Leopold von Bismarck (1815-1898), the Chancellor of the German Empire in 1871. Rightly so, as Mwanza was part of the German East Africa territory, and the largest statue of Bismarck himself, who was also the foreign minister, was said to be erected on the rock. However, when the British took over after World War One, the statue was pulled down, and is still allegedly swimming with the fishes somewhere around the outcrop but the name remains" (p.4).

Figure 2.1: The map of Tanzania and study setting in Mwanza City. (Mwanza City-Map-Tanzania png.)

Figure 2.2: A stone inscribed with a road safety message along Musoma road in Mwanza

(Photo by S. Mutebi).

Figure 2.3: The "Bismarck Rock" along Lake Victoria shores

(Photo by S. Mutebi).

Historically, the growth of Mwanza City dates back to the beginning of the 17th Century when the Wasukuma, who are believed to be Mwanza's first inhabitants, migrated into Tanzania from the western shores of Lake Victoria (Huang et al., 2017). During that time, Mwanza was ruled by different chiefs (*watemi*) from different ethnic groups such as Wazinza, Walongo, Wakara and Wakerewe. In the 19th Century, during slave trade in Tanganyika (now Mainland Tanzania), Mwanza was one of the trading caravans.[14] Moreover, the etymological name of Mwanza is regarded to originate from a European difficulty in pronouncing the Wasukuma word *Nyanza*, which means Lake (Briggs, 2006). The imposition of German colonial rule in 1890 led to the establishment of administrative offices in Mwanza and the surrounding areas were subsequently developed for cotton production (see Itandala, 1992; Briggs, 2006). During German colonial rule (from 1890 to 1914), Mwanza grew significantly and acquired town status in 1892 as the German colonial Regional Administration and Commercial hub to control mainly the export production of cotton (see Mwanza City Profile, 2009).

At the end of World War I, the British took over Mwanza from the Germans. As the British became the protectorate for Tanganyika, it also took control of all areas including urban areas like Mwanza Town by then. According to Briggs (2006), Mwanza received two important economic boosts during the British rule in the 1920s. These boosts were the discovery of significant gold deposits in Mwanza district and adjacent Musoma district, and the completion of the northern extension of the Central Railway line from Tabora to Mwanza via Shinyanga in 1928. The railway line transported mainly raw

[14] Mwanza was a trading caravan of the sultan of Zanzibar who used it as the frontier to the unexplored African interior in search of gold, ivory and slaves. Later, European explorers such as Dr. David Livingstone, Henry Morton, John Hanning Speke and Richard Francis Burton followed the same route and landed in Mwanza. Dr. Speke who was the first European explore to reach the Mwanza Gulf is buried in the small village of Kageye in Mwanza, making it a famous and important historical site (Magomba Leonard. "Mwanza, the rock city with a rich history".*The EastAfrican*, April 12, 2010. https://www.theeastafrican.co.ke/magazine/Mwanza-the-rock-city-with-a-rich-history/434746-897172-choqssz/index.html).

materials such as cotton and gold. The production export of cotton and gold continued up to post-independence period in Tanzania; and until today "in addition to the local mines, cotton and textile industries remain economic mainstays for the Mwanza region" (Briggs, 2006: 410).

Furthermore, under the British rule, Mwanza was one of eight administrative Provinces in Tanganyika. It was known as Lake Province and its jurisdiction extended to all parts of Mwanza, Biharamulo, Bukoba, Maswa, Shinyanga, Musoma and Kwimba. Later on, the Lake Province was divided into two Provinces, namely, Lake Province (Sukuma Land) and Western Province. But what was even more significant was that under British rule, Mwanza grew up into a Town Council in 1953, following the enactment of Local Government Ordinance (Cap. 333) in 1953.

During post-independence era (after 1961), Mwanza continued under the Lake Province status. In 1963, Mwanza region[15] was founded with four districts, namely, Mwanza, Ukerewe, Geita and Kwimba. Since then (in 1963), Mwanza, as a district of Mwanza region, has grown and received different statuses. For instance, in 1978, it became a municipal in line with the local government structure established in 1972. However, due to the improved infrastructures, transport, social services and annual population increase, Mwanza became a city. In 2000, it was officially assigned a city status by the former President Benjamin William Mkapa. Currently, there are six cities in Tanzania including Mwanza, Dar es Salaam, Mbeya, Arusha, Tanga, and Dodoma. Administratively, Mwanza City is the capital of Mwanza region, which has now eight administrative districts.[16] The city itself has currently two administrative municipal councils, namely, Nyamagana Municipal Council and Ilemela Municipal Council (see Mwanza City Profile,

[15] Currently Mwanza Region is located in the northern part of Tanzania just south of Lake Victoria. To the East, North and West are the sister lake-dominated regions of Mara, Geita and Kagera. To the south, there is Shinyanga region (Mwanza Regional Socioeconomic Profile, 1997).

[16] These districts are Magu, Kwimba, Ukerewe, Sengerema, Buchosa, Misungwi, Nyamagana and Ilemela.

2009). The two districts are divided into 21 wards,[17] which are further subdivided into 481 sub-wards (or *mitaa*), 8 villages, and 72 sub-villages (or *vitongoji*).

In terms of demographics, Mwanza City's population is growing fast. For instance, the 2002 Population and Housing Census recorded a total population of 476,646, which was distributed as follows: Nyamagana 210,735 and Ilemela 265, 911 of Mwanza City. The census also reported annual growth rate of 5.5 percent for Nyamagana and 2.6 percent for Ilemela District. In general, the city was found to have annual growth rate of 3.2 percent due to internal migration from rural areas to urban areas of 8 percent (see Mwanza City Profile 2009; Huang et al., 2017). According to the 2012 National Population and Housing Census, Mwanza City's population increased from 476,646 in 2002 to 706,453 in 2012 (Nyamagana 363,452 and Ilemela 343,001). Although the census report indicated a steep population increase in all the districts from 2002 to 2012, Nyamagana had the largest population increase of 73.2 percent.

Similarly, the population density has also increased, and according to Mwanza City Profile (2009), Mwanza has a population density of 134 people per kilometre square, which is the second highest in the country after Dar es Salaam in 2002 (Mwanza City Profile, 2009). However, recent statistics show that the population density of Mwanza City is high in urban wards such as in Pamba, Mirongo and Mbugani with around 9,000-12,000 persons per kilometre square (Mwanza City Profile, 2009). Other wards have population densities ranging from 217 to 2,477 persons per square kilometer (URT 2016 cited by Huang et al., 2017). It is equally important to note that about 70 percent of the total population in Mwanza City lives in unplanned (squatter) settlements characterized by a high congestion of buildings, poor accessibility of social services and lack of physical infrastructures such as electricity, roads and social facilities including dispensaries and lack of open spaces (Mwanza City Profile, 2009). Such areas also have inadequate/poor hygienic services and lack toilets as well as disposal sites for solid waste.

[17] According to the 2012 Population and Housing Census, Nyamagana district has 12 wards and Ilemela district has 9 wards.

Like in other cities in Tanzania, young people constitute the majority of the population in Mwanza City. The population pyramid of Mwanza's urban areas indicates that young people constitute the largest proportion. Accordingly, the 2012 National Population and Housing Census reports a bulging among young (15-24 years) in Mwanza urban, an indicator of high presence of youth inter-regional migration and in-migration from rural areas in search for better social services and economic independence. For instance, the proportion of youth in Mwanza urban areas has slightly increased from 22 percent in 2002 to 23 percent in 2012 (National Population and Housing Census, 2012). In Nyamagana City Council, the 2012 National Population and Housing Census indicated that 52.1 percent of the population was between10 and 34 years old. Children under the age of 10 made up 27.9 percent of the total population and the remaining 20.9 percent were adults over the age of 35. These population data are somewhat similar to those in Ilemela Municipal which was estimated to have 27.6 percent of children under the age of 10. The population between the ages of 10 and 34 years in Ilemela was estimated to be 52.5 percent and the remaining 19.8 percent make up adults over 35 years. Therefore, in both districts, which administratively constitute Mwanza City, young people (15-34) constitute the majority of the population.

The burden of an increase of the youth (or young population) in Mwanza is not different from that of other urban cities in Sub-Saharan Africa, whose young population lack employment opportunities, especially in the formal sector (see Mjema, 1999). As formal employment opportunities in the country become limited, majority of youths in cities are self-employed in the informal sector as a source of income and survival.[18] For instance, in Tanzania, the National Bureau of Statistics (2011) estimated that 2,368,672 persons, which are equivalent to 10.7 percent of the labour force, were unemployed in 2011. The total number of the labour force is currently estimated to reach 22,152,320 people, and

[18] According to Mwanza City Profile (2009), the informal sector refers to micro-enterprises that are not registered and do not have business licenses. These include selling old or second hand clothes, vegetables (at open spaces), carpentry, selling small items like cosmetics or shoes.

among these, 19,783,648 are employed; and among the employed, 2,502,327 people are estimated to be employed in the informal sector (ibid.). Although unemployment rate is reported to have recently decreased to 10.3 percent, the youth still constitute the majority of all people who are unemployed in Tanzania, and it is likely that such unemployment trend will increase as the youth population increases.

Most of my interlocutors during fieldwork came from the informal sector. In Mwanza City, majority of the population constitutes self-employed people (Mwanza City Profile, 2009). This made most of my interlocutors to constitute the category of "vulnerable employment"[19] in the city. As indicated by Banks (2016), high rates of youth under-employment and unemployment create significant obstacles to young people's ability to become self-reliant, a crucial first step in the transition to adulthood. Thus, although many of my interlocutors engaged in diverse informal economic activities, the size of their businesses including, for instance, sales of agricultural products and sales of second hand clothes remained relatively small. Such patterns of involvement exacerbated their economic vulnerability because their income and survival depended on selling a variety of items per day.

The ability and effectiveness of the informal sector to fulfill young men's 'dreams' in their transition to adulthood and economic independence are constrained by several factors. For example, Awinia (2014) examined the structural barriers that constrain self-employed young traders in the urban informal market in Ilala Municipality in Dar es Salaam City and found that business formalization, illegitimization of urban youth self-employment enterprises, fines as well as penalties, informal payments and bribes are the most significant of all constraints of youth urban employment. As Mjema (1999) indicated, the absence of a conducive environment, including the lack of capital, training, experience and shortage of ideal business premises for the youths to carry out income

[19] According to Shamchiyeva et al. (2014), more than one-half of young workers in Tanzania can be classified as "vulnerable." These youths in a "vulnerable employment" face high levels of job insecurity and do not have access to safety nets to cover them during periods when they are unable to work due to sickness or disability.

generative activities limit the effectiveness of the informal sector from absorbing the unemployed youths in Tanzania. In view of these constraints, Mwanza City in consultation with youths working in the informal sector identified and established markets/working places where micro-entrepreneurs could do their businesses. Accordingly, business spaces for petty traders such as Buzuruga Market, Mabatini, Kitangiri and Kiloleli were established for such purposes. Other market areas such as Nyakato, Sabasaba and Nyegezi were earmarked for timber selling business (see Mwanza City Profile, 2009). However, until the time of my fieldwork, not all micro-entrepreneurs had moved their business to operate in such planned spaces. They claimed that the identified places were not ideal for the attraction of customers. Hence, as shown later in this chapter, some petty traders continued doing their businesses in unauthorized spaces in the city center.

According to the 2012 Population and Housing Census Report, the major employment sector in Mwanza is commerce and trade (37 percent). It is followed by the informal sector (17 percent), manufacturing (mainly agro-based) 11 percent, public administration and education services (10 percent), fishing activities (9 percent), agriculture (6 percent), sales of agricultural products (6 percent), and construction (4 percent). With the mentioned economic activities, source of incomes and livelihood in the city seemed to be diversified. For instance, young men in my fieldwork were engaged in more than one economic activity such as sale of commercial food crops and forestry, sales of raw food and cooked food, petty trading and commerce, and transport or security services and fishing activities.

From the field experience, micro-enterprises (petty trading of agricultural products, first- and second-hand clothes, shoes and handbags) in open legalized and unauthorized spaces such as in Makoroboi, Sahara, Mkuyuni, Bohongwa and Mwaloni, offered space for business among my interlocutors and absorbed the young men in Mwanza City. Some young men who operated in the legalized spaces had permanent stalls/kiosks/vending spaces for their businesses. For those who were in unauthorized sites such as street pavements and construction sites or temporary markets, had set up temporary

stalls/kiosks. Yet, during my fieldwork, some petty traders I talked to did not have fixed locations. They would move out and about in the city and carried out their businesses even on passenger buses, bars, and restaurants. Because of moving from one street or area to another, such street vendors were referred to as *machinga*.[20] As shown in the methodology section 2.3 below, I used to hang out with some petty traders who moved around in the city marketing herbal remedies for various illnesses including sexual and reproductive health concerns. While some young men who participated in this study were petty traders, others worked as minibus drivers (city plying minibuses), "motorbike drivers" (*bodaboda*), loading and offloading luggage in ships, boats, buses, and heavy trucks, selling sim cards and copying Compact Disks (CDs). These forms of activities were a major source of income among young men in Mwanza City.

While young men and women in urban centers in Tanzania lack employment in the formal sector and often employ themselves in the informal sector, they are also often vulnerable to sexual and reproductive health concerns. Various reports in Tanzania have shown that young people, especially those in the cities, are vulnerable to the high prevalence and incidence of HIV/AIDS) and other sexually transmitted infections (STIs), drugs and substance abuse leading to mental instability, and unwanted pregnancies. This is also paralleled by a high number of sexual debuts progressing to early marriages, multiple and concurrent sexual partnerships, transactional sex and intergenerational sex. Young people are sexually active and often engage in high-risk sexual activities/practices, leading to a high rate of transmission of HIV and other STIs (see for example URT, 2007; URT, 2014). Although currently, HIV prevalence among the age group of 15- 24 years has decreased to 1.4 percent (2.1 percent among females and 0.6 percent among males), Mwanza's HIV prevalence among people aged 15 years and above is still high (THIS,

[20] Although the term *machinga* is said to originate from the two English words "marching" and "guys" (see for example Ogawa, 2006), other studies indicate that the term *machinga* was first used to label street vendors in the late 1980s during economic hardships in Tanzania. Most of these traders were immigrants from Lind and Mtwara Regions (actually there is a small town in Lindi by the name Mchinga where most of these petty traders came from. Since then, the term has been used to refer to any petty trader in any town or city in Tanzania. However, the English equivalent of Machinga is "hawker."

2017). In fact, HIV prevalence among adults (aged 15 years and above) by region indicates that Mwanza has a HIV prevalence of 7.2 percent, making it the third region with the highest prevalence of the disease after Njombe (11.4 percent) and Iringa regions (11.3 percent) (THIS, 2007).

The description of Mwanza City, and particularly the city's demographic and socio-economic profile, oriented my ethnographic findings in relation to young men's sexual performance concerns. After this brief introduction into the historical and social context of my research setting, I now focus on the epistemological and methodological approach for studying young men's sexual concerns.

2.3. Epistemological approach of my research

Given the theoretical assumptions outlined in the introductory chapter, my study did not follow biological and positivist ways of understanding men's sexual health problems. As I have indicated previously, and particularly in Chapter One, most of the existing population-based studies on male sexual concerns have used positivist methodologies, which aimed at depicting an 'objective single reality' and disregarded multiple and subjective understandings of the phenomenon in question. In my research, I employed alternative ways of knowing and reaching general conclusions on men's sexual health.

Epistemologically, positivism is grounded on the claims that reality is objective and can be discovered through "a series of increasingly good approximations of truth" (Bernard, 2006: 3). However, my epistemological understanding of men's sexual concerns moved from an objective or external reality of men's sexual performance concerns to the model of understanding them subjectively. I used an approach that was "holistic and qualitative, [and took] into account the assumption that the research should include the researcher's system and his correlation with the researched object" (see Sandu, 2011: 44). Ways of knowing sexual performance concerns beyond the positivist epistemologies "slip from a hard core of the concept of reality as objectuality to a plurality of possible realities" (ibid., 44). I argue in my study that 'reality' with regard to sexual performance concerns is always subjective, multiple or plastic in nature, and is shaped as well as contested by

social, cultural and economic forces. Hence, unique constructions and interpretations of sexual performance concerns by each person and/or context-specific meanings, which are associated with inabilities to perform sexually, can be adequately explored within the frameworks of constructivist epistemologies and methodologies.

Positivist approaches to male sexual concerns, particularly erectile dysfunction, apply natural science methods, which lead to generalizations in the prevalence and associated factors for sexual dysfunctions. This has been the trend in epidemiological studies of sexual dysfunction, which employ standardized case-finding instruments in clinical settings such as hospitals or clinics (see Mkongo, 2009; Idung et al., 2012; Mutagaywa et al., 2014; Salama et al., 2018). Moreover, studies, which employ positivism as the source of generating knowledge on men's sexual concerns often use rules of formal logic and hypothetical-deductive logic in order to meet the requirements of falsifiability, logical consistency, relative explanatory power, and survival. Positivism is also grounded on the empiricist theory of knowledge in which experience is known through deductive propositions and sense organs (Bernard, 2006).

In a nutshell, the positivist approach assumes the existence of mind-independent reality, the existence of an external world and meanings, which are independent of anything the observer does. Also, it relies on a universal scientific language, which is grounded in the belief that the external world can be described in a language that does not presuppose anything thereby allowing the observer to remain detached and their dispassionate. The approach is also based on the correspondence theory of truth, which means that the observer can capture facts of the world in statements that are true if they correspond to facts and false if they do not. Thus, knowledge is assumed to be objective and independent of culture, structure or context, or any other variables such as age, gender, sociao-economic factors. Last but not the least, the approach assumes that logic and rationality provide a set of procedures, methods, and standards of proof, validity, or reasonableness, and there is existence of both objective and intersubjective valid criteria for judging the relative merit of statements, theories, explanations, interpretations and other kinds of accounts (see Lee, 1991; Spiro, 1996; Bernard, 1998 & 2006).

By relying only on positivist epistemologies and methodologies of knowing male sexual performance concerns, the subjective and social dimensions of these phenomena are ignored. Agger (1991: 106) shows how various theoretical perspectives such as critical theory, poststructuralism, and postmodernism provide a critical view of positivism because they reject presuppositionless representation, arguing that such representation is both politically undesirable and philosophically impossible. The critique of positivism also comes from social science disciplines such as anthropology. For example, Roscoe (1995: 500) indicates two sorts of perils of positivism in cultural anthropology and writes that there are perils with regard to the "limits of scientific methods in anthropology" and "unreflective deployment of the image of positivism poses for anthropology." Similarly, based on the postmodern notion of subjectivity, Spiro (1996: 759) argued that, "…because of the subjectivity of the human object, anthropology, according to the epistemological argument, cannot be a science; and in any event the subjectivity of the human subject precludes the possibility of science discovering objective truth."

As long as the focus of my fieldwork was to understand how young men interpret or make sense of their sexual health concerns in everyday life, and the meanings, which young men themselves attach to sexual performance, and in particular performance concerns, I grounded my research to explore the interpretive ethnographic approach. As Lee (1991:349) wrote, "in the discipline of anthropology, the interpretive approach is synonymous with ethnography." Being trained in anthropology, I relied on ethnography in order to understand and interpret the lived experiences including practices of men's sexual concerns from the point of view of young men themselves. Therefore, I built my epistemological and methodological procedures in the assumption that anthropology is interested in studying multiple meanings, subjective realities in order to arrive at an experience-near understanding held by people and people's practices or behaviours, which are context-specific. These dimensions, which in my initial interviews and analysis were implicated in the categories of body and embodiment, required an alternative epistemology and methodology from those employed in the natural sciences, which have dominated the study of sexuality for a long time.

An ethnographic approach is able to capture the embodied subjective experiences and practices of male sexual performance concerns. The power of the ethnographic approach lies in its capacity to understand multiple meanings (realities), perceptions, reactions, practices, actions, behaviours and experiences of individual social actors from their own point of view. I subscribed to Tamale's (2011: 12) advice that, "Given that sexuality is a deeply complex phenomenon, studies around it must be specialized to reflect its nuances, and its contextual and multileveled nature. Because the topic of sexualities is often wrapped in silences, taboos and privacies researchers need to hone distinctive techniques and methods that unearth the invisible, silenced, and repressed knowledge." In order to put into practice this advice, my ethnographic approach to men's sexual performances used various ethnographic methods in order to better capture the holistic understanding of the phenomenon in question. As I will show later on, for the sake of an in-depth and holistic understanding of men's sexual performances, and in particular their sexual performance concerns, I supplemented participant observation with in-depth interviews, focus group discussions and numerous informal conversations. I employed all these data collection methods because they are able to capture subjective lived experiences, perceptions, meanings, practices as well as verbal and non-verbal expressions of feelings attributed to sexual performance concerns. As Carroll (2013:42) argues that, "ethnographic methods allow new ways of articulating how the individual is constituted in his own mind and in the imagination of the rest of society…., they offer new ways to think about why individual people act the way they act, why they do what they do, and how those behaviours shape patterns of individual and population health." In the following section, I describe in detail my ethnographic procedures during the fieldwork.

2.4. An ethnographic research in Mwanza City

Before I started my preliminary fieldwork in Mwanza City, I processed the research permit from the University of Dar es Salaam (UDSM). It went alongside with processing research allowances. The permit from the National Institute of Medical Research (NIMR) was processed later during the second phase of data gathering (from August 2016 to February, 2017). The permit from the UDSM was released on 11th January 2016, but payment of research funds from the university took almost two months. In order to avoid

unnecessary delays, I used my monthly salary to cover field expenses. I traveled immediately to Mwanza City to seek research permit and introduction letters from the Regional Administrative Secretary (RAS). However, for reasons unknown to me, RAS forwarded my request for research clearance to the Regional Medical Officer (RMO) who requested submission of a proposal, interview guide and consent forms. Maybe my proposed research on 'sexual dysfunction' was related to being solely a biomedical problem. Dilger (2011) reports a similar experience in Tanzania when he applied for research clearance of his anthropological proposal titled 'How people living with HIV/AIDS and their families are coping with the disease in rural and urban Tanzania.' His application for research clearance was transferred to NIMR from the Commission for Science and Technology in Tanzania (COSTECH) because it had HIV/AIDS in the title. Moreover, in my case, I printed and handled in documents as required.[21] While waiting for the clearance, RMO allowed me to start preliminary fieldwork. On 12th February, 2016, I was provided with introduction letters.

I was not totally new in Mwanza City because I had several stops there when traveling to and from Kagera region where my parents live.[22] Also, I had stayed briefly in Mwanza City in 2009 for data collection on the CHAMPION's baseline study on the 'Assessment of Men's Involvement in Gender, Reproductive Health and the HIV/AIDS Response.' So, I knew some bars, restaurants, hotels and shopping centers where I could go for various needs during my three months stay. This little experience helped me also in finding a family with whom to reside during my fieldwork. However, I still faced the

[21] See Appendix 1

[22] Mwanza City is accessible by road, rail, air and water transport from other districts and abroad. In terms of road transport, the City is situated along the Lake Circuit, a trans-international trunk road loop that connects all the major urban centres surrounding Lake Victoria including Musoma in Mara region, Kisumu in Kenya, Kampala in Uganda, and Bukoba in Kagera region. In terms of railway, Mwanza City is also served by the central line railway system that connects Mwanza with Tabora, Kigoma and Dar es Salaam. There is also an international airport that serves as hub for Air Tanzania, Auric Air, and Precision Air. In terms of water transportation on Lake Victoria, ferries are used to transport both goods and passengers to other districts such Ukerewe (Mwanza City Council, 2009).

challenge to arrive at a deep hanging out in the city so as to get first-hand information on young men's sexual experiences through participant observation, informal conversations and discussions. Before I started applying ethnographic practices, I met the Regional Youth Development Officer and the District Youth Development Officers with the aim of getting a general overview of young men and their activities in the city. Youth officers also introduced me to some registered youth groups and Mwanza Youth Centre at Mlango Mmoja.[23] Also, the officers worked closely with the Ward Community Development Officers. However, because I did not focus on specific wards, I had no reason to establish the link with the later officers. For further assistance, youth officers gave me their mobile numbers to contact them in case of emergency.

The first contact, which I established in Mwanza City through hanging out was the barber to whom I went to have my hair cut in his barbershop in the city centre. There were two barbers and one lady who assisted them in cleaning or doing scrubbing after shaving. I started the conversation by requesting them to make sure I looked handsome after having my hair trimmed. One of the barbers promised to do his best and he requested me to do facial scrubbing too after having my hair cut. During the process of having my hair trimmed, we discussed several issues related to what it meant to be "handsome." At that stage, I had never revealed to him that I was in Mwanza for the purpose of doing research. After having my hair trimmed, I paid him 3000 Tanzanian Shillings (equivalent to 1.24 Euro).

Thereafter, I introduced myself by telling him that I was a researcher who was interested in understanding young men's perceptions and practices of sexual performances, and in particular sexual performance concerns. The barbers and the lady, who were in their late twenties, laughed a lot after hearing the objective of my research. When I asked them why they were laughing, they said it was an interesting subject and that, a lot of customers who visited their shop discussed sexual experiences with women, particularly whether

[23] Mwanza Youth Centre was established in 2014 under the major sponsorship of FIDA International. However, nowadays it has developed in the College of Youth Education in Tanzania (CoYETa).

they had ‘good’ or ‘bad’ sexual performances. One barber went even further and said that he knew some young men who had *upungufu wa nguvu za kiume*. However, before he promised to contact them, he wanted to know how they would benefit from the study and whether or not I would provide them with any medication. I told him that my study was not clinically based and that there would be no medications provided. I continued to elaborate that there would be no direct benefits, however, my interlocutors might feel proud for participating in this ethnographic study.

While the barber promised to connect me with young men he knew, I used him as an encounter of my entry points into the fieldwork. With his agreement, I hanged out at his shop and talked to many young men who went to get the service in that barbershop. Moreover, hanging out at the barbershop helped me to grasp, though in limited ways, young men’s understandings of sexual performance concerns. Some young men who became my friends at the barbershop helped me to visit some of the youth informal corners/or hang outs (*vijiwe*) where young men met for various reasons other than business. Some of the *vijiwe* we used to visit were located in Mwembeni Kirumba, Kona ya Bwiru near Kitangiri and Pasiasi, Pamba Road, Nyegezi and Mlango Mmoja in Mbugani. Other *vijiwe* were located at Isamilo, Mkuyuni, Butimba, Mirongo, Mkolani and Buhongwa (see Figure 2.1). We also went to “*Msikiti wa Ijumaa*” (literally translated as “Friday mosque”) where there were a lot of sexual enhancement drug/product sellers. Through engaging with young men in all these sites, I was able to enter into numerous informal conversations with young men.

Furthermore, walking around the city was not a simple job. Sometimes I hired motorbikes famously known as *bodaboda*, which are commonly used as means of transport in the city. I hired purposely those *bodaboda* drivers who looked young by physical appearance. I did not have regular or permanent motorbike drivers at the early stage of preliminary fieldwork because I wanted to get into contact with many young men. Therefore, I used drivers from different corners of the city. In order to start the conversation with drivers, apart from giving them my destinations, I explained to them the reasons for me going to a certain place. I adopted this strategy so as to initiate informal conversations along the

way. The strategy worked well and it was helpful not only in getting young men's understanding of their sexual performances but also some of them made disclosures of having personally experienced sexual performance concerns. Other drivers referred me to their friends in the city who had encountered various forms of sexual performance concerns in their sexual relationships with women. I contacted all young men that I was referred to, but the majority denied having (had) any sexual concerns. Moreover, as indicated by Wolcott (2005:88) in discussing four social behaviours that seem important for successful fieldwork, I tolerated all the difficulties and challenges that emerged in getting young men to talk about sexual deficits.

Another entry point was through interacting with the people selling sexual enhancement products. For the purpose of establishing contacts with young men who went to buy sexual enhancement products, I spent much time at *Msikiti wa Ijumaa,* along Sheikh Amani Street located in Pamba (see also Figure 2.1), the place where there were a lot of businessmen selling enhancement drugs/products. In the beginning, I went to these places as a customer with other young men, and required whether or not I could get sexual enhancement products. There were more than six businessmen selling different medications for different illnesses. In their stalls (*vibanda*), that were full of packed medicines in plastic bottles, every vendor had particular medication for boosting/enhancing men's sexual performance. From my visit, I got to know various sexual enhancement products such as "*Goodnight,*" "*Mjarabu,*" "*Vumbi la Kongo,*" "*Mlingo,*" "*Fimbo ya myonge"* and "*Super power*" that were in the market. I made other several visits alone and later decided to move around with other sellers who hung out in the streets selling different medications so as to interact with more people and understand their daily lives. This enabled me to get into contact with a lot of men who bought sexual enhancement products. I made several conversations and took notes on particularly how they initiated the conversation and their purpose of using such enhancement medications (see Chapter Six).

Furthermore, with the help from the Nyamagana District Coordinator of Traditional Medicine, I visited and established contacts with eight traditional healers/ and alternative

healers. For the first time when I visited them, I went with the coordinator. Moreover, they thought that we were doing the inspection because in the year 2015, the government of Tanzania instructed them to register and abide by the standard operating procedures as stipulated in the Traditional and Alternative Act of 2002. Though not related to the study, the traditional healers complained of not being fully recognized by the government, another topic that requires further research. However, the coordinator explained to them the objective of our visit after having introduced me to them. Later on, I made independent visits to each of the healers. I established further rapport and managed to organize one informal discussion with all eight traditional healers. The aim of that group discussion was to get their perceptions, reactions and understandings of the phenomenon. It was interesting to note that some of the healers took records of their customers indicating their names, age, purpose of visit and contacts. However, when I asked them to give me the contacts of their customers with concerns about sexual intercourse and performances, they all refused to do so.

I also paid several visits to the Mwanza Regional Hospital (Sekou Toure Hospital) and it's Gynecology Department. I was able to establish rapport with gynecologists working in the hospital. Here, my intention was to get records of men who visited the hospital for performance concerns. However, like in the previous case, the gynaecologists refused to let me access such information. Though I had created enough rapport with the gynecologists to the extent that they invited me to attend the infertility clinic on every Thursday morning, surprisingly, no men attended clinics during all such visits I made to these clinic over the course of few visits. I therefore changed the strategy and decided to stick to the former technique of relying on an informal network, which I created in the process of hanging out alone in the city and/or with businessmen selling sexual enhancement products and following on places where young men gathered at work settings, market places, bars and video halls (see also Hardon et al., 2015). In both phases of my fieldwork, I relied on these approaches for recruiting people to take part in the research. I recruited other young men who were experiencing sexual performance concerns through snowball sampling. These were recommended by their friends or peers (see for example the case studies of Robert in Chapter Three and Alex in Chapter Five).

For the entire duration of fieldwork, I became part of such young men's everyday lives to the stage where some of them bought and shared with me roots such as *Mkongoraa* and *Mlondo,* which were said to enhance sexual performance. Others shared with me their most intimate sexual experiences. That was the time I conducted extended observations, in-depth interviews, and informal conversations as well as participated in daily young men's life/activities. I conducted 42 in-depth interviews with young men experiencing and those not experiencing sexual impotence, 12 in-depth interviews with female partners, 6 focus group discussions with peer groups and numerous informal conversations. My interlocutors ranged from 15 to 37 years of age; and they were largely self-employed/working in the informal sector as petty traders (*machinga*), food vendors, bodaboda men/riders, porters (men who were loading and offloading luggage in boats, buses and from heavy trucks) and young men working as artisans in garage as well as welding workshops. This group of young people comprised both married and non-married, young men and women living with their partners out of wedlock and those with casual partners. Furthermore, I conducted 8 in-depth interviews with 'traditional' healers, 8 in-depth interviews with Christian as well as Muslim leaders, and 7 in-depth interviews with health care providers. I also had three key informant interviews with old men who provided rich information on the history of Mwanza City. The old men were recommended by the Mwanza City Council Spokesman. I also conducted 2 in-depth interviews with social welfare officers and 2 in-depth interviews with nutritionists, one from each district.

During my research, I focused on the meanings and interpretations of young men along with the interactions of young men, both during the day and sometimes at night and the discourse they engaged during those times. As indicated by Ross (1995), discourses have inherent rules of inclusion, exclusion and classification, which govern the content of knowledge including the potential to create "true" and "false" statements as well as rules about who can make what knowledge claims in relation to which domain or under what circumstance. My task was to identify and map a wide range of discourses on male sexual performances and to examine how young men as subjects of these discourses were

represented. Alongside this task, I examined how young men confirmed, challenged or rejected knowledge or identities stipulated in such discourses through self-regulation, self-inspection, self-surveillance and self-perception. From these insights, it was clear that men's (sexual) bodies became central sites for their everyday talks. Their sexual bodies became a major focus of their daily activities and conversations. For instance, I met one old man, whose activity was to sell cutie snacks known as *kashata*[24] in a group of women and men nearby Nyerere Road Round About. Being in the middle of all such women and men listening to him, he described the positive effects of consuming *kashata*. I listened carefully and took notes in my field diary. His description was largely centered on the physical body. He stated that,

> The woman gets 101 advantages when she consumes *kashata*. The man only gets 100 advantages in his body. Given that both men and women are listening to me, I will only mention five advantages on each side. I would like to start with men because God created a man first before creating a woman. This means the man is a leader. When the man eats *kashata*, some of its particles (*chembechembe za kashata*) go into his forebrain because the man is the head of the house or family. *Kashata* then increases his thinking capacity and it assists him to make correct decisions in whatever he does. Secondly, the particles go into his body joints (*kwenye vifundo vyote ya mwili*). It enables them to be strong and engage in activities such as running, fighting or night games (*michezo ya usiku*). In general, the entire body becomes very strong at all the time. Thirdly, the particles go into man's private parts (*sehemu za siri za mwanaume*). It means that when he meets the sexual partner or his wife, he has enough powers to perform sexually. He can even go with her six sexual rounds (*bao sita*) consecutively without any problems [all women around him laughed]. The fourth advantage is that these particles help to make the spinal cord strong and active. You know, here at the back there is a chain like that of the bicycle and it needs to be strong at all the time so that you engage in your daily activities. Finally, the consumption of *kashata* helps men to go away from nightmares (*ndoto za jinamizi*). These are only five advantages for men who consume *kashata* regularly. For women, the advantages are as follows: it makes women become calm and ruled (*anatulia na anatawalika*) in the relationship, it increases her sexual desires (*anakuwa na mashamsham yaani nyege*), it enlarges the size of her breasts, increases her hips and makes her uterus

[24] According to him (the seller), kashata is made up of two types of ingredients. The first type comprises the observable ingredients that are roasted groundnuts which are stirred in caramelizing sugar until a sandy-textured sugar mixture coats the groundnuts. The second type of the ingredients included uttering God's words in the process of cooking kashata. Though the man did not mention the exact words he uttered, he said they were available in the Quran.

ready for conception.

The above description focused strongly on the body, particularly the man's sexual body, which ought to perform with no problems, concerns and doubts (see also Kimmel, 2005). In other instances, I encountered several occasions where people made jokes and gossiped about the body's failure to perform sexually. For instance, on one morning, I went to buy air time from a nearby shop, but it was still closed. It was the nearest shop and I used to buy stuff all the time. While thinking about what I should do, one woman in her late thirties arrived at the shop. Before we greeted each other, another man joined us and started talking as well as joking with that woman. It seemed they knew each other well. However, while the man was about to proceed to where he was going, the woman jokingly teased him by saying, "Are you also a man? You cannot do anything. You are like a woman" (*kwani we nawe mwanaume? Huwezi kitu. We sawa na mwanamke tu*). I did not interfere with their conversation but remained a passive observer. When the man had left, I asked the woman why she made such an embarrassing joke. She replied that it was not a joke but rather, a reality because whatever woman he took, they ended up complaining about his inability to perform during sexual intercourse.

Following from the above descriptions, men's sexual bodies constituted objects of daily talks and jokes among many people in my research sites. In particular, men who could not perform during sexual intercourse became a subject of discussion. Therefore, in order to account for young men's experiences and practices as well as how they negotiated the meanings of sexual performance concerns, my second task during the fieldwork was to go beyond these discourses and focus on the embodied feelings of being unable to perform sexually. Hence, I examined the interactions, embodied subjectivities, and self-representations of young men so as to capture how they were self-critical and self-conscious about their perceived inability to perform sexual intercourse with satisfaction. In so doing, I focused on understanding how sexual concerns were understood, discussed, reflected upon, and various practices accompanying them. In order to make sure I achieved these objectives, I relied on young men's embodied subjective narratives, sexual magazines, and commercial sexual advertisements, which were available on social media

in urban Tanzania. After elaborating my ethnographic research in Mwanza city, I move a step further to focus on how I attempted to capture the embodied subjective experiences and practices of men's sexual performance concerns.

2.5. Researching embodied subjective experiences and practices through fieldwork

As indicated in Section 2.1, epidemiological studies on male sexual dysfunction narrowly conceptualize dysfunctions in terms of erectile dysfunction, and often use standardized instruments to measure the prevalence, patterns and causes of erectile dysfunction. These standardized measurement instruments have a pre-defined and pre-determined set of questions. For instance, the 15-question International Index of Erectile Function (IIEF) questionnaire, which has been widely used in the assessment of erectile dysfunction in clinical settings has pre-determined questions related to erection, orgasm, sexual desire, intercourse satisfaction and overall satisfaction. Such questions, for example, include the following: how often are you able to get an erection during sexual activity? During sexual intercourse, how difficult was it to maintain your erection until the completion of sexual intercourse? When you had sexual intercourse, how often did you ejaculate? From such questions, scores of 0-5 are assigned to each of the 15-questions. There is no open-ended question that would allow men to express their own understanding of erectile dysfunction. What it means to be sexual dysfunctional is already defined by the researcher using the standardized instrument.

During my research, I focused on young men's own points of view, and how male sexual deficit meant different aspects in various contexts. In the first phase of my fieldwork, I went with an open mind approach in order to hear from young men themselves about how they conceptualized their sexual performances. Young men's understanding of what constitutes sexual deficit/loss of sexual power came mainly from unstructured

conversations[25] and semi-structured interviews.[26] In the manner of Benner (1994), my research was dialogical in nature and sought to hear and understand the voices of my interlocutors. Like other researchers (see for example Spronk, 2014; Eli, 2016) who sought to elicit participants' illness narratives, I started most of the interviews and conversations with the question about what it means to be a young man in Mwanza City today and assessed the importance of sexuality, and particularly sexual performance concerns. Then I proceeded to ask: what, when and how did the concerns on sexual intercourse occur? From the initial analysis of the interviews and conversations, it was quite clear that men's worries and concerns about sexual intercourse went beyond the human sexual response cycle to include the size of the penis, a number of sexual rounds (*idadi ya mabao*) and time spent per sexual round. For instance, young men in my research talked about "delayed ejaculation" (*kuchelewa kufika kileleni*) as an asset for securing a man's status, respect, honour and recognition with his female partner and among peers as opposed to "early ejaculations" (*kuwahi kufika kileleni*). The number of rounds young men went during sexual intercourse, and the time they spent during sexual intercourse, symbolically represented an 'ideal' male body image. Hence, in order to move beyond my interlocutors' narratives of their own understandings of the phenomenon of sexual performance, in the second and third phases of data collection, I explored in detail the related embodied subjective experiences and practices.

The literature on methodological approaches to study and understand embodiment identifies four traditions, namely, the social theories of the body, histories of the body, analysis of the bodily techniques and studies of embodied experiences (see Brown et al., 2011). However, my methodology of doing research on embodiment focused largely on embodied experiences of young men. During the second and third phases of my

[25] Unstructured approaches of data collection do not follow a rigid plan set up at the beginning; nor are the categories used for interpreting what people say and do pre-given or fixed. However, this does not mean that the research is unsystematic; simply that initially the data are collected in a "raw" form, and as widely as feasible (Hammersley, 1990: 2).

[26] A semi-structured interview is open ended, but follows a general script and covers a list of topics (Bernard, 2006: 210).

fieldwork, I built on the entry points already established in Mwanza City. I recruited more young men who sought to enhance their sexual performance by buying sexual enhancement products from the herbal clinics or vendors. I followed up some men who were seeking sexual enhancement products in the places where they lived. The reason for doing that was because young men hid their sexual performance concerns under the umbrella of other diseases and illnesses such as stomachache or asthma when seeking medications to increase their sexual power. I also interviewed service providers from infertility clinics and herbal clinics that I thought had relevant information for my study. Similarly, for contextual information, I made convenience sampling of all nonverbal (virtual textual data) in the social media. In this respect, I obtained various posters, flyers, sexual magazines, booklets, text messages, and commercial sexual advertisements, which included them in my analysis.

In order to produce meaningful data on embodied subjective experiences and practices of sexual performance concerns, I initiated the conversation by describing our last meeting (for interlocutors we had met in the previous phases of data collection) and then asked my interlocutor how they experienced and interpreted the situation. For the new interlocutors I had not met in the first phase of data collection, I followed Spronk's (2014: 7) interviewing methodology of "progressively more personal ways of interviewing".[27] I started the conversation or interview with general issues such as descriptions of daily life in the city, how they got into the city, how they made a living in the city as well as what it means to be a young man. Later on, when I felt I had established adequate rapport, I posed questions related to 'good sex,' 'successful' as well as 'unsuccessful' sexual intercourse and how unsuccessful sexual intercourse was experienced and interpreted. This approach put my interlocutors into 'being in' as opposed to 'being out' of the situation. Furthermore, the approach allowed my interlocutors to take control and lead the interview or conversation and follow-up questions were directed to each interlocutor's

[27] According to Spronk (2014), first comes the general introductory discussions about family background, reflections on childhood, puberty and adulthood, career and lifestyle, and religion. When she felt there was enough rapport, the interviews shifted to relationships and the meaning of sexual relationships, sexual practices and skills, porn, sexual abstinence, sexual pleasure, worries about sex, and much more others.

understanding of sexual performance concerns. In addition to this interviewing methodology, I often ended my interview with a question: "in general, what do you have to say on young men's sexual performance, and in particular sexual performance concerns?" This ending question helped me not only to cross-check my interlocutors' responses, but also it sometimes elicited new information, which had not been mentioned during our interview or at the beginning of the interview.

In order to reach an understanding of the deepest level of men's sexual lives, and how they experienced the situation, I conducted several case studies with some young men experiencing sexual performance concerns as well as with women, whose partners had sexual performance concerns. In all these cases studies, interviews took place in open spaces, for instance, in the garden along Lake Victoria shores, in restaurants and in public halls. Other interviews were conducted either at men and women's homes or at their work places. With the help of semi-structured interview questions, I invited my interlocutors to talk more in-depth about their experiences, feelings and practices of sexual performance concerns. In that way, I captured their embodied narratives of living with sexual performance concerns. I digitally recorded all the interviews upon permission, and wrote down field notes. While the interviewing format of the case studies remained the same like with my other interlocutors, their accounts included the following themes: embodied lived experiences; embodied emergent masculinities; and sexual acts as well as practices of remaining sexually powerful. With these case studies, also, I was able to examine in detail the dynamics of masculinities in different contexts of young men's lives such as in the working environment, in sexual relationships (both casual and regular), daily interactions among men, and finally, between partners and with health practitioners.

Case studies in my research elicited adequate information on individual cases relating to sexual performance concerns. For instance, the response to questions such as what happens to young men when they experience sexual performance concerns became very important in understanding the phenomenon from the individuals' own perspectives. Through the case study approach, I was able to dig-deep into people's memories to know the socio-economic and cultural contexts that produced sexual performance concerns, and

how such concerns were interpreted as well as experienced in their daily lives. This attempt of capturing the deepest level of individual (particularly, young men's) personalities in order to understand how they made sense of their sexual concerns marked the departure from the biological and epidemiological studies on sexual dysfunctions. As shown later in my dissertation, from my case studies, young men's views of the course of sexual performance concerns explained the phenomenon better than it could be explained by positivist or essentialist studies.[28]

Like the founding parents of ethnography who lived among the people they were studying, learning their interlocutors' culture, and participating in people's daily activities,[29] I lived with young men and took notes including photographs about their daily activities as well as interactions in Mwanza City. As highlighted, I lived with a family to learn and participate in daily peoples' activities. My first-hand information was largely from experiencing the lives of men in their natural settings. For instance, I immersed myself in young men's ways of life by engaging in their everyday activities like business activities, artistic activities, sports betting and partying in bars, nightclubs as well as in video halls. It was from such participation that I observed and recorded how the male body was spoken about and interpreted when it failed to display desirable qualities in sexual activities. Like many other young men in my research who bought sexual enhancement products, I also took part in buying and chewing *Milondo*,[30] cassava, and groundnuts with them. I did so in order to get the participant experience of such enhancement products. I gathered substantial ethnographic materials on the dynamics of

[28] By "course of sexual performance concerns", I refer to the young men's explanatory model of what caused sexual concerns, why they experienced the concerns at that particular time, how the problem worked inside their body, what the illness did to them and how it should be treated.

[29] Here I refer to writings of Bronislaw Malinowski (1884-1942) and Margaret Mead (1901-1978) who participated in the people's culture they studied.

[30] The botanical name is Mondia whitei (see Agea et al., 2008; Oremu et al., 2011). The plant has been documented to have various uses in West, Eastern and Southern Africa. Among the documented uses are: sexual stimulant, treatment of sexual dysfunctions particularly early ejaculations and erectile dysfunction, easing abdominal pain, fighting malaria infections and curing male infertility. The plant has both medicinal uses and nutritional properties (see Oremu et al., 2011).

masculinities among young men that enabled me to build a strong argument with regard to the way their inability to perform sexually can be understood in the context of wider negotiations of masculinities among young men in Tanzania.

The gathered ethnographic data originating from a wide range of sources provided a descriptive account of men's sexual performance concerns. Moreover, in order to move beyond the descriptive level of explanations, interpretation of the meanings, actions and behaviours of young men, I employed the inductive data analysis approach. This approach according to Burnard et al., (2008:429) is employed with "little or pre-determined theory, structure or framework and uses the actual data itself to derive the structure of the analysis." Initially, I had planned to use the software (Maxqda) to assist in managing the data, but as I began data processing and analysis in the fieldwork, I immediately realized it was difficult to access the software installed in my desktop computer at the Institute of Social and Cultural Anthropology, Freie Universität Berlin. Thus, I put aside the software and processed my ethnographic data manually. I did verbatim transcriptions of all recorded data with the use of F4 software and then read each transcript as well as field notes for several times. I also made notes in margins on the transcripts on emerging categories. Developing categories from the transcripts was then followed by searching for overlapping categories, which ultimately, led to themes, concepts or major subjects of discussion.

As I have highlighted in the foregoing discussion, in the course of fieldwork, I engaged with numerous young men, and particularly women, (or their partners) who narrated long as well as complicated stories on their (or their partner's) sexual health problems. They accounted for their embodied lived experiences and practices through stories. In fact, I explored my case studies from their narrator's view point in order to understand the embodied narratives of sexual performance concerns. In this regard, I combined thematic content analysis with narrative analysis to examine how men's stories carried out meanings and subjective experiences of living with sexual performance concerns. Furthermore, as Kirmayer (1992: 323) argued that, "illness experience is articulated through metaphors." Therefore, I went further to analyze my ethnographic data (both

interviews, visual and textual information) in terms of how metaphors, imageries or descriptive language in the stories articulated the self-image of male bodies, self-perceptions and identity formation in the realm of sexual intercourse.

Finally, I mentioned earlier that during my fieldwork, I gathered data from social media and text messages available in numerous forums and blogs. In all such data sources, I purposively selected the type of textual and visual materials related to sexuality, and particularly sexual deficit/loss of male sexual power as well as sexual enhancement products. My approach to such data was content analysis whereby I was interested in the meanings and practices of sexual performance concerns contained in the texts. As I will indicate in the dissertation (see Chapter Four), textual and visual materials transcended the silences in discourses on sexual performance concerns, which reflected young men's feelings of shame about the topic.

Table 3.1: Summary of Methods of Data Collection

Questions		Required data	Data source	Method(s)
1	What is the meaning of sexual performance concerns and under what circumstances do sexual performance concerns occur among young men?	People's perceptions of, and views on the etiology of male sexual concerns. Discourses around male sexual performance concerns	Peer groups Young men Female partners Traditional healers Biomedical practitioners Sexual enhancement products sellers Religious Leaders Social Welfare Officers Existing sexual advertisements and blogs/forums where people discuss male sexuality Case studies	In-depth Interviews Focus Group Discussion Review of sexual materials Participant Observation Informal conversations
2	What are the lived experiences (or narratives of embodied experiences) of young men living with sexual performance concerns?	Physical functioning of male bodies, Body images, self-perception and identity formation. Meanings and experiences of being a young man, being sexually functional and dysfunctional The impact of these meanings on their quality of life, as well as their overall sense of being a man	Case studies of young men experiencing sexual dysfunction Young men Day to day interactions	In-Depth Interviews Participant Observation Informal conversations
3	How does sexual performance concerns affect young mens sense of manhood? And what are the emerging masculinities and alternative and sexual acts in the context of sexual performance concerns?	Practices that men use to cope with sexual dysfunction and the meanings or intentions behind such practices New gender and sexual identities (perceptions of manhood, gender relations) emerging in the course of male sexual dysfunction	Same as question 1 Case studies	In-depth Interviews Participant Observation Informal conversations
4	What is the nature of the healing market around male sexual performance concern? What various therapies are offered and how do young men navigate the healing market?	The male body and recommended treatment for sexual performance concerns	Same as question 1 Case studies	Focus Group Discussion In-Depth Interviews Informal conversations

2.6. Ethical considerations, positionality and limitations during fieldwork

Beyond the conventional research ethics, for example, not causing harm, being open and honest, obtaining informed consent, issued by the Anthropology Southern Africa in 2005 and the American Anthropological Association in 1971, the question remained, 'how did I position myself in the fieldwork?' Questions on ethics and positionality of researchers are central in medical anthropology and in qualitative research on health and illnesses at large (see Dilger et al., 2015; Bourke, 2014). In this section, I highlight my positionality during the fieldwork in Mwanza.

As a researcher with a background in sociology and anthropology, I was highly aware of my representation of the self during fieldwork, especially with regard to negotiating and creating rapport with my interlocutors. Among many aspects that I considered important in the successful accomplishment of my fieldwork, was conscious about my dress code, personal appearance, and speech. In order for my "embodied fieldwork" (Coffery 1999: 60) to become acceptable, I wore casual outfits just like how most young men in my research area wore. Though there were no specific dressing codes, most of my interlocutors, and young men, in particular, wore stylish clothes such as branded T-shirts, jeans, and particularly those tight fitting in their legs famously known as *kamatia chini* and training shoes, handmade Maasai loafers and simple open shoes. Others wore trousers or shorts that hung loosely above their knees with or without a belt. This style was commonly referred to as *mlegezo* or *kata k.* Other young men in my study area put on mostly unbuttoned and sleeveless shirts with a crown looking hair locally known as *kiduku* or *kijogoo* (the later is literally translated as a "rooster comb"). Hence, like what other researchers have documented on the importance of physical appearance (see Coffey 1999), my attempt to produce an image that looked like that of my field interlocutors involved wearing short trousers, jeans, T-shirts and simple open shoes. Whenever I wore a sleeved shirt, I rolled it up and untucked it. Though my interlcoutors did not comment on my appearance, such style facilitated to improve my accessibility and acceptability in the fieldwork.

Apart from presenting my personal style in the manner of my interlocutors, I also used nonstandard Kiswahili with slangs, street jargons and buzzwords that were common and in current use in daily interactions among young men in Mwanza City. For instance, in greetings with the youths, I often said, *mambo vipi?* for "how are you or how are things," *shwari*? for "are you okay," *freshi?* for "fresh," okey or "fine." Sometimes, I initiated the conversation among the youth by simply saying, *nipe habari!* for "give news!" or "*lete story!*" for "bring the story!" Also, I employed other phrases like *tupo pamoja*, meaning "we are together" and *mshikaji*, meaning a "friend." Such explicit attention to urban slangs often increased my access and eased my interaction with young people during the fieldwork. Thus, my physical presentation alongside with speech became central to how I understood and interacted in young men's daily activities. In fact, my physical appearance was the outcome of negotiation in relation to young men's dressing styles and their street slangs.

It is usual for educational background to be an important factor when conducting fieldwork, and particularly affecting ethnographic data collection. Moreover, I felt that my educational background, and especially doing a Doctor of Philosophy (Ph.D) was crucial to the success of this research. For instance, being a PhD student, and particularly in Germany was a useful attribute, as young men in my study imagined that most men in Europe have 'good' medications to overcome sexual performance concerns. This worked out even better because some of my interlcoutors thought I had sexual enhancement drugs from Germany and I would provide them with such drugs. However, as highlighted earlier in this chapter, I quite often reminded my interlocutors that I was not providing sexual drugs but rather learning how they interpreted and made sense of their sexual performace concerns.

Beyond the presented description of physical appearance and educational background in the fieldwork, I was self-reflexive about my preconceptions and beliefs in regard to gender and sexuality. For instance, when I began my fieldwork, I was almost 32 years old. I was married with two children. With the exception of a few interlocutors, I was a bit older than most young men I talked to. However, given that most of them were young

and unmarried, they did not hesitate to share their potentially sensitive sexual matters because they thought I had more sexual experience and they would learn a lot from me. Therefore, being older than my interlocutors did not become a problem during fieldwork. Similar to Sydor (2010) in her research on sexual health and masculinities among young men the United Kingdom (UK), I provided distance for my interlocutors so that they felt free, highly comfortable and willing to discuss their sexual experiences with me because I was not a "threat" to them. Again, for my interlocutors who were below my age, they were happier to share their experiences with older people than their own age group in belief that older people once went through such sexual experiences when they were young (or even had sexual performance concern). Other interlocutors who were older than or in similar age to me, also felt comfortable to talk about their lived experiences because I belonged to their peer group. Also, it is important to note that because of feeling free and comfortable, young men I requested to use their photos in my dissertation did not refuse.

The impact of the researcher's gender identity on the conduct of fieldwork on sensitive topics such as sexuality is well documented in anthropological studies (see Spronk, 2014; Sydor, 2010). From the beginning when I ventured into this sensitive topic, I felt that being a male researcher could act as an obstacle when asking my fellow men to discuss their sexual experiences with me. However, while some studies indicated that men preferred or were more comfortable to disclose to female researchers (see for example, Spronk, 2014) than fellow men about their sexual performance concerns, young men in my study were willing to discuss their concerns on sexual performance with me. Furthermore, in this study, being a male was an important feature of negotiating my acceptance because my interlocutors expressed verbally that every man has personally experienced sexual performance concerns during sexual intercourse. Therefore, with this assumption, my interlocutors believed that I would not disrespect them upon hearing their sexual concerns.

Finally, women were also open and willing to discuss with me their perceptions of male sexual performance concerns, a discussion that could hardly occur among couples themselves for feelings they had about this topic (e.g., shame). In all encounters with my

interlocutors, I constantly reflected myself on my own experiences as well as practices in relation to the interlocutors' experiences, which made me value and respect their understandings together with interpretations of the phenomenon in question. I suspended my pre-conceived ideas and beliefs on sexual performance. Even in a situation where young men wanted to know about my own sexual performance, I did not talk about it straightforward. On-going reflections of my experiences made my mind open to hearing and learning more from their own experiences as well as focus on their own perspectives.

Nevertheless, my gender identity as a heterosexual male researcher affected my ethnographic data collection in some ways, especially in regard to my female interlocutors. Some people interpreted my interaction and participation with women in the streets as creating an opportunity for seducing them. Furthermore, talking about sexual matters made it even more difficult to establish trust that I was only a researcher and not seducing women. To some extent, this created access barriers during my fieldwork and decided to hire a female research assistant. Unfortunately, she left a few weeks after getting a permanent position in the government. After my female research assistant left, I did not recruit another one, but rather, learnt to limit my interaction and participation to few occasions. In these encounters with women, I created distance, managed my bodily skills such as avoiding physical contacts and exchanging mobile numbers in order to stick to the research ethics, roles of the researcher and quality of field relations.

For instance, I still remember two scenarios: one occurred immediately after an informal conversation with a lady who was working in a customer care department in one of the telecommunication company. After our conversation, she asked me to accompany her to her friend's birthday party. I did not decline her request. I thought that could be another opportunity of meeting other people. However, on our way to the party, she received a phone call from a man. All of a sudden, the man arrived and warned me from talking to his girlfriend. He also rebuked her for allowing me to accompany her. The man was really angry with me. He thought I was after his girlfriend. However, after my extensive self-introduction, he relaxed a bit. Even after a change in his attitude, I had to limit my

interaction with his partner.

In contrast to the above scenario, I met another lady in the street who had a partner with sexual performance concerns. We met when I was hanging out with the herbal medicine street seller. She bought sexual enhancement medication and when I asked her about the person going to use them, she only smiled and laughed. I followed up with her for several times for a conversation but unfortunately she did not let me talk to her. One time we met in the street by chance. After exchanging greetings, she said that, "Don't you know the procedures of a man who wants to have a woman here in town? He must send her at least air time" (*Hujui utaratibu wa kumpata mwanamke hapa mjini? Ni lazima kwanza umtumie vocha*). When I realized that she thought I was after her sexually, I no longer followed her again. Unlike Burton (1995) (cited in Coffey, 1999) who was engaged in sexual activity in the course of fieldwork, I neither engaged nor entertained behaviours that could lead to sexual intercourse with my female interlocutors.

Besides the limitation associated with my positionality during fieldwork, the process of relocating petty traders to new places, which the city council had planned for them was another limitation of my study. In the process of relocation, the Mwanza City Council employed both police force and city askaris referred to as *mgambo* to evict petty traders from unauthorized areas in the city. During my fieldwork, especially the second phase of data collection, there was a tug-of-war between *machinga*, shop owners and armed policemen that led to riots. The source of riots was the City Council's intention of clearing up all *machinga* from unauthorised places in the city center near the Hindu Temple along Makoroboi Street. According to the *machinga* in the area, they believed that residents of Asian origin who worshipped in the temple falsely accused them and colluded with corrupt City Council Officials to evict them. The *machinga* resisted against eviction orders. Initially, the city askaris seemed to be in control of the situation and managed to restore peace. However, the askaris then failed to withstand pressure from the *machinga* such that it compelled the City Authorities resort to assistance from the Field Force Unit (FFU) of the Police Force. In several occasions, I observed Police Land Rovers with armed police chasing away the *machinga* from the streets, demolishing their kiosks/stalls,

carrying their stuff/goods and many more incidents than expected.

During the said conflicts, the *machinga* fought ruthlessly to rescue their properties from either being destroyed or taken away by the police. In most cases whenever the Land Rover appeared, the streets turned into a battlefield with ensuing violence often resulting in severe injuries on both sides. The situation was really threatening not only to the lives of *machinga* and safety of their properties but also to successful accomplishment of my fieldwork. The entire process of evicting *machinga* from the streets distracted my entry points that I had created in the first phase of fieldwork in the area. It became a challenge to my fieldwork because young men I used to interact with were evicted from the city center where they were conducting their informal businesses. Again, the relocation process affected the "informal youth corners" (*vijiwe*), and in the process, I lost physical contacts with some interlocutors who ran away from their original places such in Makoroboi. However, the tension between *machinga* stopped when the President of the United Republic of Tanzania, Dr. Joseph Pombe Magufuli, directed the City Council to stop evicting petty traders from their business sites.

Figure 2.4: *Machinga* fighting over the business location near Makoroboi (Photo by S. Mutebi).

2.7. Chapter conclusion

In this chapter, I have described the context of Mwanza City in which I conducted my study. I did so with the intention of situating the phenomenon of male sexual performance concerns within the wider demographic, social and economic context of urban Mwanza. Also, I explained in detail the epistemological and ethnographic procedures for studying male sexual performance concerns. Particularly, I have shown that ethnographic data collection methods used to study sexual concerns among men, marked a departure from biological studies on sexual dysfunctions. This approach and methods provided rich information in understanding the phenomenon under study from the individual point of view, and from young men's lived experiences themselves. Furthermore, I have outlined my positionality and ethical implications of my fieldwork. Being a man talking to men about men's sexual concerns demanded constant negotiations of the self in the research process. I have explained how my educational background, dressing styles and constant self-reflections aided the creation of rapport and ultimately, led to successful accomplishment of my fieldwork.

CHAPTER THREE

THE SOCIAL AND CULTURAL CONTEXT OF SEXUAL PERFORMANCE CONCERNS

3.1. Overview

The question I address in this chapter echoes a seminar discussion question during my second year of the bachelor degree program at the University of Dar es Salaam.[31] In 2007, in my first semester of the second year in the Introduction to Medical Sociology and Anthropology Course, the instructor asked us to critically discuss the contention that, "by choosing a certain way of life we are also choosing our way of death." Prior to the seminar, we had attended three lectures in the first module, namely, concepts of "society" and "culture" as well as sociological and cultural anthropological approaches to disease, illness and health. In preparation for the seminar, the course instructor provided us with some readings, one of which was Kleinman's (1980) book, "Patients and Healers in the Context of Culture." During the seminar session, we discussed with the help of examples of the social and cultural roots of various diseases and illnesses and the risks they presented for a particular kind of death.

During my doctoral fieldwork, the insights from this seminar seemed to be relevant again. Thus, a wide range of social and cultural contexts of men's sexual deficit, a condition that led to their loss of body image, self-esteem and identity, became central and vivid in young men's descriptions. For instance, young men in my study described a variety of contexts, such as the pressure of fulfilling male roles as sexual 'experts', provider/breadwinner in sexual relationships, economic difficulties, poverty, unemployment, and low income, as leading to their inability to perform 'well' sexually. Other young men in Mwanza related their sexual performance concerns to cultural idioms of food and drinks intake, modern family planning methods, allowing the baby boy's umbilical cord to fall on his penis, as well as religious and spiritual interpretations.

[31] My first degree program was Bachelor of Arts in Sociology from the Department of Sociology and Anthropology at the University of Dar es Salaam, Tanzania (2006-2009).

This chapter focuses on the variety of social and cultural contexts (circumstances or situations) leading to the (perceived) inability to perform 'well' sexually. Among such contexts that I address in the first section are: societal roles of sexuality and gender (e.g, hegemonic constructions of masculinity in terms of sexual performance and fulfilling male roles as provider/breadwinner). Secondly, the chapter focuses on socio-economic transformations that are leading to economic difficulties, poverty, unemployment and low incomes. Finally, the chapter deals with men's sexual performance concerns as an ideological cultural construct. These causations, which form the ordering of Figure 3.1 (see below), constituted multiple and complex social contexts, which explained, either directly or indirectly, the occurrence of sexual performance concerns among young men in urban Tanzania.

3.2. Ibra's perceived causes of sexual performance concerns

As indicated in the preceding chapters, particularly the methodology chapter, I accompanied Ibra, one of the herbal medicine street sellers who moved around the streets advertising and selling his herbal medicines for various illnesses including sexual health problems. This enabled me to conduct numerous informal conversations and discussions with people from across in the city. However, according to my observations, wherever we went, the most frequently reoccurring questions from young men were related to the perceived causes of sexual performance concerns. Many young men were preoccupied with changes in their sexual performance, particularly their perceptions of male sexual deficit and the loss of male sexual power. Many young men we met in the streets believed that Ibra and I had 'correct' explanations for these conditions and, therefore, they were anxious to know what 'really' caused such concerns among them.

However, Ibra's explanations, which I refer to as an expert's explanatory model of sexual performance concerns,[32] reflected very little about young men's assumptions of the condition. As a result, some men often interrupted him to suggest the social and cultural circumstances (or rather contexts), which could contribute or contributed to changes in their sexual performances. For example, while promoting his business in front of the people at the open market in Igoma center, Ibra claimed that changes in sexual performances, particularly "lacking firm erection during the (sexual) act" (*kutokusimamisha uume vizuri wakati wa tendo*), were a result of lack of sufficient blood circulation in the veins around the penis. According to him, this phenomenon could be caused by the damage done to blood vessels in the penis and the accumulation of fats in the blood vessels. In responding to a question asked by one man who wanted to know the causes of sexual concerns among young men in urban settings, Ibra insisted on the malfunctioning of the penis blood vessels. He explained that,

> The blood must flow into the penis to enable it to achieve its erection (*Lazima damu imwagike ya kutosha kwenye uume ili uweze kusimama*). If the blood vessels in the penis are damaged or blocked for whatever reason including an increase in cholesterol levels, the penis would neither firmly erect nor can it work properly during the act (*kama hii mirija imeziba labda kutokana na wingi wa mafuta kama cholesterol uume hauwezi kusimama na kufanya kazi vizuri wakati wa tendo*). The blood vessels in the penis are as small as body hair. When they become damaged or blocked, they cause a serious problem to the penis. It is not until you get the medication of flushing out the cholesterol in the body that the penis will be hard and strong when it erects (*unajua mishipa ile ni midogo mno kama vinyweleo vya ngozi vikiharibika au kuziba ni shida, hapo ni mpaka utumie dawa ya kuzibua mirifa na ku-flush mafuta kutoka kwenye mwili*).

While Ibra was still explaining the cause of lack of strong and hard erections, one young man from the audience interjected and said that, "Loss of sexual power is the product of

[32] Explanatory Models are notions about an episode of sickness and its treatment that are employed by all those engaged in the clinical process (Kleinman 1980 p.105). In the same understanding of this explanatory model framework, the healer Ibra's explanatory model of sexual performance concerns refers to how the healer understood sexual performance related illnesses in terms of etiology, time and mode of onset of symptoms, pathophysiology, course of illnesses and treatment.

people's lifestyles in urban settings" (*upungufu wa nguvu za kiume nikutokana na maisha ya mjini jinsi yalivyo*)." Although Ibra heard the statement, he ignored the speaker and his message. He continued with his explanations, which did not go beyond the individual male body in identifying how young men's specific context and the situation in which they found themselves contributed to changes in their sexual performances. In some very few instances, Ibra said, sexual performance concerns could be attributed to social circumstances such as changing gender relations. However, in most of his explanations, Ibra emphasized the physical and organic causes of sexual performance concerns. For instance, he attributed the condition to diseases such "ashernia" (*ngiri*), "colic" (*mchango*), "prostate cancer" (*tezi dume*), "Urinary Tract Infections" (UTI), "high blood pressure" (*shinikizo la damu*) and "diabetes" (*kisukari*).

Ibra's explanations seemed to be similar to the explanation of the former Deputy Minister of Health in Tanzania who commented on erectile difficulties in the parliament (see Chapter One). According to the Deputy Minister, lack of erection is a physical condition and the risk is high among men with old age (60 years and above); men experiencing various chronic diseases such as high blood pressure, diabetes, tuberculosis, cancer and HIV/AIDS; and also among people on long-term medications. The above explanations of erectile difficulties are also widely documented in the medical literature, which often reports on the physical and organic factors affecting sexual performance. For example, in the existing medical literature such as the Diagnostic and Statistical Manuals of Mental Disorders (DSM), male sexual performance concerns are loosely defined as disorders that may include erectile disorder, male hypoactive sexual desire disorder, premature (early) ejaculation, delayed ejaculation and substance/medications induced sexual dysfunction, other specified sexual dysfunction, and unspecified sexual dysfunction (see IsHak and Tobia, 2013). However, what is important to note is that since the first edition of the DSM in 1952, which listed 60 categories of 'abnormal' behaviour to the recent published DSM-5 in May 2013, male sexual concerns have been categorized as sexual pathological disorders with physical causes requiring physical treatments.

Although the above presented factors (such as poor blood flow and circulation, poor health, morbidities, old age, and long-term medications) were also thought of by my interlocutors as the major causes of changes in sexual performance, young people's claims about the influence of social factors such as urban pressures, social constructions of gender, and cultural messages or assumptions with regard to sexual functioning were also significant. From my fieldwork observations, particularly through accompanying Ibra in the streets and from close examinations of young men's stories about sexual performance concerns, I argue that changes in young men's sexual performance were also understood as the outcome of particular social and cultural contexts in which young men in my study found themselves. In fact, from the young men's perspectives, the causations of sexual performance concerns were highly complex and the condition was thought to evolve from an interplay of multiple social and cultural contexts. Therefore, following from how young men in Mwanza made sense of changes in their sexual performances, and building on the literature on sexual performance concerns in the social sciences (see for example Verma et. al., 2001; Phong, 2008; Wentzell, 2013; Zhang, 2015), this chapter explores the social and cultural contexts influencing the occurrence of sexual performance concerns among young men in urban Mwanza. In fact, this chapter offers an alternative explanation for the physical and organic factors associated with the phenomenon in question in the existing medical literature.

In this chapter, I build on the concept of "idioms of distress" (see Nichter, 1981: 379; Nichter, 2010: 405) in order to understand how young men in urban Mwanza viewed/expressed their sexual performance concerns in various ways both in physical and bodily symptoms.[33] For instance, Desai and Chaturvedi (2017:95) indicate that, "idioms of distress help us to get a complete picture of the suffering and distress, and how the person, family, and society view it." Thus, this concepts provides a wide range of how

[33] Nichter (1981:379) writes, "In any given culture a variety of ways exist to express distress. Expressive modes are culturally constituted in the sense that they initiate particular types of interaction and are associated with culturally pervasive values, norms, generative themes, and health concern." By definition, Nichter (2010:405) writes, "idioms of distress are socially and culturally resonant means of experiencing and expressing distress in local worlds."

sexual performance concerns are viewed by both men, potential partners, relatives and family members. I also connect this concept to "one thousand bodies of impotence" (Zhang, 2015: 71-100) in order to examine multiple aetiologies of sexual performance concerns. In his book, "The Impotence Epidemic, Men's Medicine and Sexual Desire in Contemporary China," Zhang (2015) presents a wide range of contexts and personal experiences in which impotence occurs. Such social contexts include: the changing political class system, increasing inequality, the rural-urban divide, *xiagang* (layoffs from state-owned enterprises), the loss of filial piety, and memories of the socialist era of starvation. According to him, these different social circumstances of bodily experiences resulted into male impotence epidemic in China. In this chapter, I employ these concepts in order to capture the variety of social and cultural contexts of sexual performance concerns as reported by young men in Mwanza City.

As mentioned above, such social contexts leading to sexual performance concerns (which are summarized in the Figure 3.1 below) included feelings of sadness and anxiety for the failure to live up to 'ideal' standards of being a 'real man' in urban Mwanza. These mentioned experiences were also related to economic difficulties, low income and unemployment opportunities in urban settings, women's "excessive" desire for money and gifts, as well as relational problems such as being bewitched for taking someone's wife/sexual partner, breaking the sexual relationship, and failure of paying the sexual partner the agreed amount of money. Other worries and anxieties, which led to sexual deficits, resulted from the failure to observe one's religious teachings on sexual instructions, rules, and dressing codes. Furthermore, other worries were derived from the excessive consumption of fats, processed/inorganic foods, alcohol drinking, using modern family planning methods, as well as letting the baby boy's umbilical cord fall onto the child's penis.

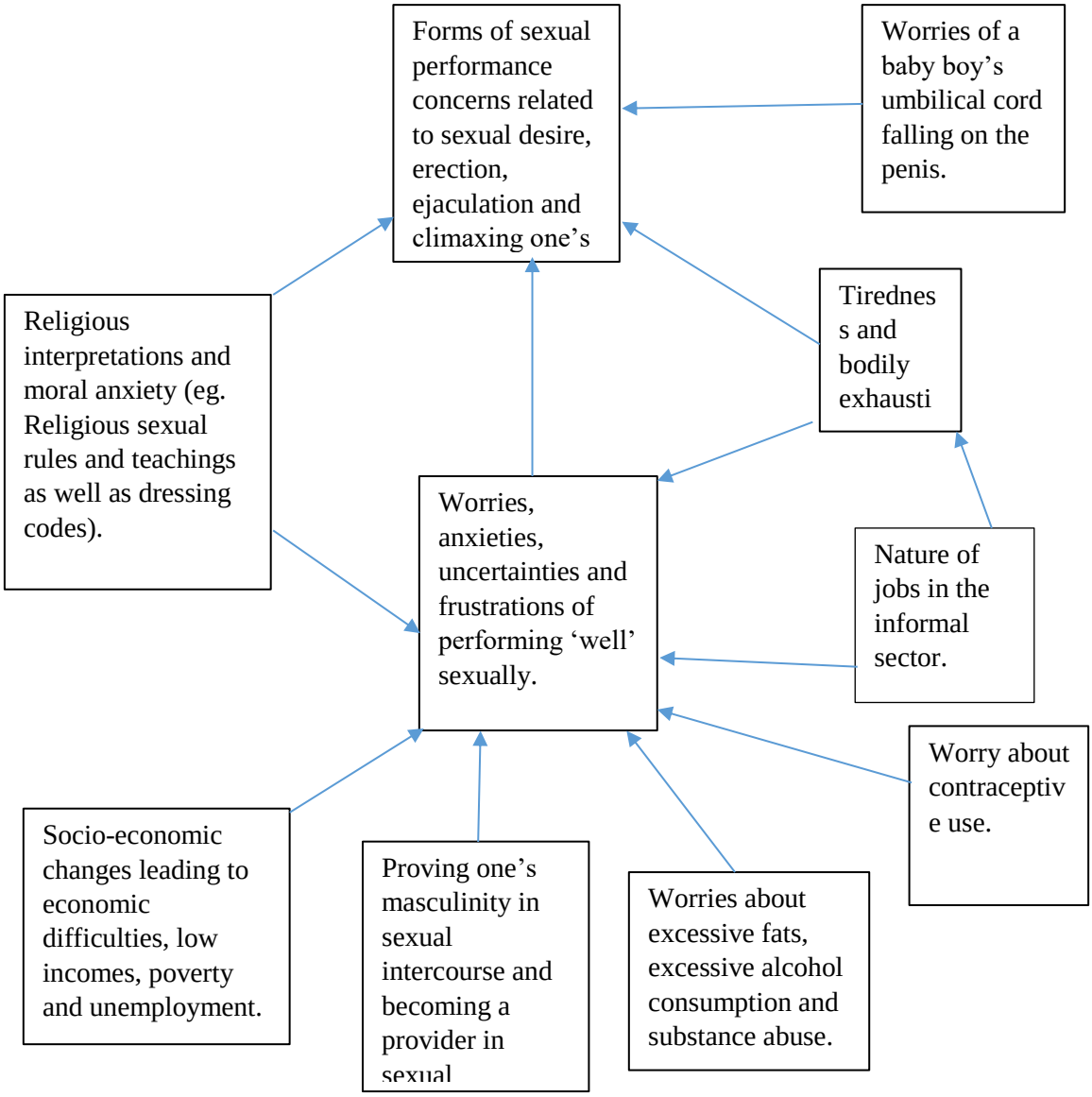


Figure 3.1: Causes of sexual performance concerns as mentioned by young men in Mwanza.

3.3. Masculinities and related origins of sexual performance concerns

In this section, I indicate how multiple notions of becoming a man influenced the occurrence of sexual performance concerns among young men in Mwanza City. In order to understand the constructions of multiple forms of masculinities, I often asked my interlocutors about the definition of what and who a "real young man" (*rijali*) was in contemporary Mwanza City. Based on the young men's responses as well as my field observations of young men in their daily lives, it was clear that young men's understandings of being a 'real man' involved achieving multiple qualities. For example, while some young men in my study described ways of achieving manhood through establishing an independent life, stable income, and material success like money as well as investments, the majority defined their manhood through 'performing well' during sexual intercourse. The former aspects were also linked with achieving the sense of manhood through engaging themselves in 'show off activities' such as increased financial expenditures (for their partners) by going for either lunch, dinner, drinking or shopping tours, staying out late (for example, by watching matches in bars, clubs or other venues until midnight), and many others (see Chapter Five). Yet, other constructions of young men's masculinities in the city revolved around emotional dimensions such as "not to loose hope" (*kutokata tamaa*) and a "high level of confidence in whatever they do" (*kujiamini katika kile wanachokifanya*).

Thus, young men of my study expressed multiple forms of becoming and being a 'real young man' in contemporary Mwanza City. As elaborated in the social science literature (e.g, Cornwall and Lindisfarne, 1994; Connell and Masserschimidt, 2005; Mane and Aggleton, 2001), masculinities are multiple, dynamic and fluid. They vary across and within cultures and subcultures and over time. For young men in my study, what it entailed to become a 'real young man' implied multiple definitions and became also manifest through their bodies. For instance, among young men who considered themselves as having a 'good' sexual performance, their functioning penis became a source of respect and honour among their peers and vice versa. As I will show later in the chapter, different constructions of masculinities among young men in Mwanza City revealed various social circumstances in which the pressure of achieving such

expectations or the failure of fulfilling them manifested themselves in stressful situations, which, in turn, ended up in sexual performance concerns. Furthermore, the constructions of masculinities influenced the way in which young men performed, and knew as, 'appropriate male (sexual) behaviour,' which, in turn, contributed to how they made sense of their condition.

3.3.1. Financial capacity: "I am afraid of being labeled as dume suruali"

From what young men told me during informal conversations, juxtaposed to what I observed in their daily urban life, most young men were working in the informal sector as "petty traders" (*wamachinga*), "motorbike riders" (*bodaboda*), "fishermen" (*wavuvi*), and "day labourers" (*vibarua*) in construction industries as well as companies for their livelihoods. In these informal activities, certain qualities of being a "hardworking young man" (*kujituma katika shughuli*), "putting efforts in earning a living" (*kuwa mpiganaji*) and a "show of courage" (*kuonesha ujasiri*) in taking risks became important features of a young man. Many young men believed that the more hard-working a man was, the more successful he became in terms of financial security and securing a livelihood. Becoming financially and economically stable were highly important for young men in urban areas. Regardless of the type of their employment, if one was able to establish an economic and financially stable life within a relatively short period of time, one was regarded as "a man of substance" (*kijana wa maana*). As one young man put it, "A young man living in the city is always seeking for financial and economic achievements. He wants a gainful job, so that he can earn income within a short period of time and sustain a living in the urban life" (*Kijana anayeishi mjini yeye anachohitaji ni kipato na kuwa na mafanikio ya kiuchumi. Kijana anahitaji kazi yenye kumpa kipato ndani ya muda mfupi ili aweze kukidhi mahitaji ya kuendelea kuishi mjini*).

The ability to become economically independent and stable was socially valued among young urban men. It was a sign of success and was celebrated among peers and their family members as a positive achievement of a young man in the city. Young men demonstrated how investing in these forms of urban masculinity characterized by material achievements helped to position themselves in relation to other young men in the city.

For example, with financial resources (money), young men living in the city could manage to support their parents and relatives in the rural areas and/or enabled them to provide for their families and sexual partners. According to my interlocutors, social connections and dependency ratio increased as they immigrated into the city in "search for a living" (*kutafuta maisha*). While some men provided financial support to their relatives in their rural homes, others who lived with their parents felt the same pressure of proving their masculinity financially by becoming the breadwinner in the family. For some young men, the pressure of displaying masculinities through financial expenditures with the family or in sexual relationships was connected to their experience of erectile difficulties or lack of sexual desire to engage in sexual intercourse, particularly when they failed to become financially stable.

For example, Amani (20 years old) who worked as a fisherman described how he dropped out of secondary school in order to find gainful employment to help his father and young sisters. The ability to provide for the family at his early twenties was judged by his peers and relatives as an expression of manhood. According to Amani who was not married yet, his peers and relatives were proud of him for taking full responsibilities of maintaining the family due to his father's financial limitations. Amani explained further that his father who was the "head and provider of the family" (*kichwa cha familia*) got sick and stopped working when he was in Form One (first year of ordinary secondary school level). His father consulted several doctors at Bugando Zonal Referral Hospital for examination and was diagnosed suffering from a liver problem. At one point, Amani said that, "My father went to Bugando hospital several times and later, the doctors found out that water was filling up inside his liver" (*mzee wangu alienda Bugando mara nyingi sana, mwishowe ikaonekana ini linajaa maji*).

Amani explained further that his father had an operation but failed to recover from the disease and his condition got worse, making him unable to continue providing for the family. The family had to rely temporarily on his uncle, who was a truck driver, for financial support. However, according to Amani, the economic situation turned worse when his uncle died in a car accident in Sirari in Kenya. It became very difficult for Amani

to continue with his education. Being the only son in his family, he had no choice but to stop school and seek for employment as a casual labourer in the fishing industries for the sake of taking his father's responsibilities of being the breadwinner. When we met in 2017, he was very happy and proud of his support to his father and young sister. Although in our conversations he stated that he could sometimes not get an immediate erection when he wanted to have sex with female partners, especially when he came from his fishing activities, he was happy with the money he earned, which enabled him to take care of his father. Until his father died, Amani was happy because he felt that he did what his peers and relatives expected him as the only son in the family. As he summed up: "In most Tanzanian families, things have changed. Children no longer depend on their parents. Instead, parents depend on their children for survival" (*siku hizi mambo yamegeuka katika familia zetu za kitanzania. Badala ya watoto kuwategemea wazazi, wazazi wanawategemea watoto katika maisha yao*).

Amani's experiences of dropping out from school and engaging in fishing activities in order to become the family provider elicited mindful explanations of sexual performance concerns among young men. His experience proves to be a source of anxiety and distress arising from the pressure of taking over his father's role of being the family provider seemed to be expressed through his bodily loss of sexual desires and immediate erections during sexual intercourse. In our conversation, Amani expressed that, "I saw such conditions [loss of sexual desires and the failure of erecting very quickly] as resulting from the desire of taking care of my father. You know, if you want to earn more money you need to stay longer fishing in the islands (*kwenye visiwa*), and if it rains there, the whole body freezes (*mwili mzima unaganda*). " As I will show in forthcoming case materials, Amani's social circumstances seem to offer an understanding of sexual performance concerns as an idiom of distress. Contextualized within young men's lives in the urban context, changes in young men's experiences, particularly those related to financial instabilities and economic difficulties, became a major source of their perceived inability to perform sexually.

According to the young men in Mwanza, without money, life in the city became difficult because they could neither support their own or their families' lives nor their sexual partner's lives. For example, Khan (2004) as well as Nyanzi and Kalina (2009) indicate the importance of money in supporting one's life in terms of fulfilling the demands of manhood, particularly supporting and maintaining the family, maintaining sexual partners, getting multiple partners or marrying women of their choice, and living an independent life in general. Similarly, other young men in my study said that financial resources were an important factor, which could help them to appear or look like "a modern young man who moves with time" (*kijana wa kisasa anayekwenda na wakati*). For example, young men in Mwanza said that they needed to wear trendy and fashionable clothes in order to look presentable and be recognized among their peers and sexual partners. While some young men invested in wearing stylish clothes like branded T-shirts with various messages and pictures, tight-fitting trousers, and simple open shoes, others wore short pants and unbuttoned and sleeveless shirts. Dressing codes among young men in my study were a way of expressing themselves and communicating with other people. For instance, among my interlocutors in Mwanza City, dressing communicated young men's social identity and economic status. As Ivanescu (2013: 31) indicates, "Through dress, the body acquires the possibility to express itself socially, to communicate and enter into an active relationship with its environment." Similar observations are reported by Ragnarsson et al. (2010) who revealed that items such as cellular telephones, sunglasses and trendy clothes are important for overtly expressing economic status and they are used to position men in relation to other men in South African townships. These items usually cost a lot of money. For instance, in many of the shops I visited in Mwanza City, the price for one pair of jeans ranged from 20,000 Tanzanian shillings (Tsh) to 50,000 Tsh (equivalent to 8 EUR and 20 EUR respectively) and a fashionable T-shirt would be around 30,000 Tsh (equivalent to 12 EUR at the time).

However, failure of displaying one's economic status in terms of dressing with fashionable items and trendy clothes was a source of conflict among young men. As indicated in the following sections, people who seemed to deviate or fail to display their economic status were considered 'inferior' by other peers and potential female partners,

and could not compete for affection from female sexual partners. In fact, in the realms of sexuality, they had difficulties in finding sexual partners at all and they would usually be shunned by female partners who were particularly after money or gifts or who fell for male partners on the basis of physical appearance or personality. Being rejected on the grounds of lack of financial resources evoked feelings among some young men of my study thought of by my interlocutors as the cause of erectile difficulties. Similar findings are reported by Zhang (2015) who shows how feelings of rejection relate to impotence. According to him (Ibid.), stratification of people according to family background (revolutionary and counterrevolutionary family origins) determined one's work unit and hence, one's economic position. People from poor family backgrounds would harbour feelings of being an outcast in terms of sexual relationships. According to Zhang (2015: 73-80), this led to loss of sexual desires (libido), difficulties in controlling erections, and wishing to become women themselves because it was much easier for them to get partners.

Figure 3.2: Young men dressing in trendy and fashionable clothes (Photo by S. Mutebi).

Furthermore, another aspect of economic status was overtly expressed through the ability 'to handle' (*kutunza*) female partners. My male interlocutors claimed that providing money and gifts (*zawadi*) helped men to maintain sexual relationships both in terms of longevity and exclusivity. Within the context of sexuality, the importance of money and presents has been widely addressed in Tanzania (see for example Nnko and Pool, 1997; Silberschmidt and Rasch, 2001; Dilger, 2003; Masanja et al., 2007; Wamoyi et al., 2010; Stark, 2013, 2018). These studies show how men use money or other forms of presents such as mobile phones, jewellery or clothes as a way of keeping their sexual partners committed to sexual relations. For instance, in his research on young people's sexualities in Mara, Dilger (2003: 38) reports that Luo boys use money as a strategy of convincing their girlfriends to agree to their sexual desires. While the young men in my study held similar views, many others reported that the provision of such items to female partners was as a way of "showing off" (*vitu vya kujioneshea*) among young men regarding their economic endowments and was mainly a result of peer pressure in daily urban interactions. As one married man in his late twenties remarked that,

> Sometimes we behave to please people around us. We live up to other peers' expectations that a man must provide for his partner. This makes us not being in the position of protecting our health for fear from being despised by peers and sexual partners themselves. You know, a good soldier is the one who first, protects himself before protecting others (*Unajua askari mzuri ni yule anayejilinda kwanza kabla ya kuwalinda wengine*). Most young men here including me do not protect our health. Instead, we give priority to our partners' health. Imagine today a young man is able to buy costly foods such as chips and eggs to his partner(s) just to be seen as a financially stable person (*kijana mwenye nazo*). This makes us work in hard labour jobs but instead of eating well and enough (*kula vizuri na kushiba*), we save the balance for buying expensive and precious items to our partners. If we take care of our partners, we receive fame (*sifa*) from people around us but when we go for sex one is more likely to underperform (*tukienda ndani kwenye tendo lenyewe linatushinda*). Partly it is because we forget to eat enough food.

Besides the pressure imposed by cultural norms that 'real men' should provide and meet all financial expenses alone in sexual relationships, other men believed that female partners in the city were "money mongers" (*wasaka pesa*). They claimed that "true love" (*mapenzi ya kweli*) no longer existed because female partners fell in love with men who had money. As one young man put it, "nowadays women are after men with money" (*siku hizi anatafutwa mwanaume mwenye pesa*). What emerged from most of my interlocutors' statements was a clear picture of changes in social relations. Under the influence of socio-economic changes in Tanzania, women have increasingly engaged themselves in various income generating activities to take care of themselves and their families (Dilger, 2003; Silberschmidt, 2001). Some women, especially those under economic difficulties, were engaged in sexual relations as a means for generating incomes. While this remained true in my field setting, many of my interlocutors complained that women's desire for money from their potential sexual partners and/or taking an active part in the formal or informal sector often resulted into men's sexual performance concerns in several ways.

Women's entrance into sexual relations primarily as a source of expecting money, rewards or presents from men created a sense of inferiority and weakness among men who were unable to provide for such women, which was, in turn, more likely to transform into the loss of sexual interest. Lack of enough income as well as unemployment made some young men have nothing or little to offer in exchange for sex (see Stark, 2013) and hence, "preventing men from fulfilling their male roles as head of household and breadwinner" (Silberschmidt, 2001: 657). Men came to see themselves as victims of not being able to fulfil women's monetary and material demands. For instance, in many cases, some young men in my study reported examples of women who abandoned their male partners because of poverty. For example, Juma (19 years, unmarried bodaboda rider) narrated the following during an informal conversation:

> In the existing economic situation, a woman cannot agree to stay with a man who has no money (*kwa mazingira ya liuchumi yalivyosasa mwananke ni vigumu kukaa na mwanaume ambaye hana pesa*). You see how hard our life is in our towns. It takes much time to raise the balance of ten thousand shillings. Sometimes it takes a week to get that balance. So, if a woman comes and asks for

> five thousand shillings, you cannot give it simply because the remaining five thousand won't be enough for you to pay the bills or the rent (*maisha ya mjini ni magumu unatumia nguvu nyingi kupata ka elfu kumi. Muda mwingine unachukua hata wiki kupata hiyo elfu kumi. Sasa umeipata kwa shida kisha mwanamke anakuomba elfu tano huwezi kuitoa maana itakayobaki haitoshi kulipa bill*). But now look, when you tell her that you don't have money, she will follow other men who can provide her with money. If she goes to such men, she gets money and engages in sexual intercourse such that she is likely to end the relationship with you, no matter how hard you try to build the relationship (*ila sasa ukimwambia hauna mmekosana atawafuata wanaume wengine na huko lazima atapata vyote pesa na kutoa uchi na hapo lazima akusahau wewe usiye na pesa haijalishi utakavyomtafuta hatakubali tena*).

Other young men in my study emphasized that the lack of income forced them to deceive their partners that they would provide whatever materials or money they demanded in sexual relations. This generated stress, not least in relations to sexual intercourse, leading into 'poor' sexual performances. As one young man put it, "a man who deceives his partner because of not having enough money to meet his partner's wants, once he reaches the climax (*akifika kileleni tu*), he immediately starts thinking about how to run away from his partner (*atanza kufikiria namna ya kumtoroka demu*)." This clearly points out how young men's economic difficulties in even covering the costs in sexual relationships were stressful situations, which were experienced and made corporeal through sexual performance concerns.

Locating young men's (sexual) bodies in relation to economic instabilities in Mwanza generated variations in which the body was received and understood in the context of its 'failure' to perform sexually. For instance, Abdu (34 years old) married with three children, described in detail how social context, particularly the lack of enough income, often led to stress during sexual intercourse. Before declaring that he was talking from his own experience, he explained that the majority of young men in Mwanza City had unreliable sources of income. According to him, it made them miss their breakfast and even lunch. At the beginning of our conversation, he did not refer to himself as being among such young men who had no money. Although we had met for several times in the street hanging around with other men, he hardly admitted that he himself had failed

to perform sexually because of the lack of money in his pocket. Instead, Abdu talked about sexual concerns in a socio-economic context with regard to *other* people, particularly his friends. However, on one day we met at one of the sports betting centres in the city and during our conversation, he admitted that life was increasingly becoming difficult to him. He reported that he earned less than what he spent, a condition that caused stress and frustration due to not knowing how he was going to take care of his family and his casual sexual partners. According to him, the latter needed more money expenditure than his own family.

In describing sexual concerns as a result of particular social context, Abu elaborated that "casual partners" (*mademu*) expected rewards (money or other material benefits) after sexual intercourse, a condition that created stress for him. He said that,

> Imagine, you get a sexual partner and, in your conversation, she orders beer and chips. Because you don't want to let yourself down, you will buy beers and also order maybe one or two beers for yourself, no matter how much money you have. At the same time, you know for sure that after having sexual intercourse, she will demand money as her fare back home. Do you know what happens here? You will not be able to erect for a long-time during sex. This is because the memory of having no money to give her will come immediately in the mind after "hitting her first sexual round" (*ukishamgonga bao la kwanza*). You begin to think of what to give her. At that particular moment, no matter how she might try to stimulate you, the penis will no longer erect again (*hata akuchezee vipi haisimami tena*).

As we continued talking about the topic every time we met, Abdu changed his approach from "talking about others" (*kuwaongelea wengine*) to talking about his own experience and revealed how unstable economic incomes manifested themselves in his body. In accounting for his lived body in relation to economic circumstances, he said,

> Ooh… that happened to me in a bar where I had gone to relax after working for the entire night. I had a balance of forty thousand shillings [about 16 Euro], which I had earned from loading soft drinks in the trucks. Being in the bar, two women came and sat on the table nearby. As I got attracted to one of them, I initiated conversations with them and later on, I joined them. I ordered rounds of beers. On top of those rounds, I also ordered boiled fish soup and banana (*mchemsho wa samaki na ndizi*) for them because they claimed that they had not eaten during the

> day. I knew that my balance was not enough to continue paying for more beers. So, I stepped aside and made a call to my friend. I told him to call me back in 30 minutes and pretend that there was an emergency at home. This was a 'trick' of escaping them without noticing that I did not have enough money, a situation that could have tarnished my image as a man. However, before my plan materialized, one woman received a phone call and she left. By that time, I remained with almost fifteen thousand shillings [equivalent to 6 Euro]. After doing a quick calculation in my head, I knew the amount was more than enough to pay for the other woman in case she agreed to have sex with me. I ordered once again one round of drinks and then proposed to spend the entire night with her. She agreed but again asked, how much will you give me? Knowing that I had no money to offer her, I deceived her that "because we have already spent much money, I will then give you ten thousand shillings (about 4 Euro)." We went to the guest house and as I already told you, your mind needs to be there during sexual intercourse. It must not be thinking about something else during that time. However, when I reached the climax for the first sexual round, which lasted less than five minutes, my mind shifted (*akili ikaruka*). I began to think about my economic status, how much money I had spent and planning another deception. Without knowing what I was thinking about, she started stories like, "ooh I love you so much, you look to be a nice guy, you seem not to be like other hooligans who don't offer drinks or foods and sometimes they don't even give out money after having sexual intercourse with them." Her stories made me lose interest in sex (*zilinikata stimu kabisa*). She started caressing me for another sexual round but my penis didn't respond. I told her that 'by the time you were eating mchemsho I was just smoking and drinking only. I didn't eat anything. So, in order to avoid dying while being on your chest (*nisije nikakufia kifuani mwako*) let me first go out and get at least chips or soup and then come back.' She agreed and I went once and for all. I never got back to the guest house again.

The above account clearly indicates how Abdu's lack of money to pay the female partner catalysed his inability to erect after getting the first sexual round. Related to this was the fact that women's demand for money or gifts during romantic relations was a source of stress to some of my male interlocutors who were partly in long-term sexual relationships. It was likely to result in breaking the relationship because some men claimed that such female partners, especially those who earned more money than their male partners, could not express humbleness and obedience to their partners (*hawabembelezi wala kubembelezwa*). Although earning more money seemed to empower women, it was a cause of generating conflict, anxiety and stress among themselves including their potential husbands. In turn, I argue that antisocial behaviours caused frustration and stress among young men who thought that women should not earn more or actively take part in

the business. According to my interlocutors, frustration and stress led to the loss of interest in sex. For instance, one married young man remarked that,

> You may be in need of sexual intercourse but if you ask for it, she will say 'wait until tomorrow or after tomorrow.' Don't you see that this is already a cause of stress to her husband? It is not like in the past when because someone is your wife whenever you want sex, she would comply without problems. But nowadays, she would give you her timetable (*anakupangia ratiba*). Sometimes she would tell you that her businesses are not running well so you need to wait until they are okay. Therefore, while the man gets stress, which may cause him lose interest in sexual desires/feelings because of his partner's decision on when to have or not to have sex, the woman may also be having the stress of her businesses not running smoothly.

Furthermore, in young people's view, "sex was about feelings" (*mapenzi ni hisia*). They argued that in the absence of sexual feelings, there could be no 'good' sex. My interlocutors pointed out that for men when they got sexual feelings, their sexual organs became stiff and the erection was the response of such sexual feelings. Although most young men I interviewed agreed that economic hardships made them loose interest in sex, others blamed women's desire for money and material benefits in sexual relations as a cause of men's loss of sexual desires. These observations are in line with Dilger's (2003: 33) findings that revealed that both Luo young men and women were apprehensive of women's excessive interest in money, especially if the women earned more money than their husbands thereby causing neglect of their "traditional responsibilities." In some of my interviews, both men and women reported that women increasingly viewed sexual relations as one of their sources of income. This resulted in having sex for economic gains and not for carrying out their "traditional" marital responsibilities of taking care of their male partners.

Such perceived social transformations also shaped the nature of sexual relations that my study participants entered into. For instance, in establishing sexual relationships, my male interlocutors said it was common to be asked the following questions from a female partner: "what will you give me?" (*unanipa nini?*), "How much will I get?" (*utanipa shilingi ngapi?*), While some women were said to enter into sexual relations primarily for

economic benefits, some men entered into sexual relations just for fulfilling their sexual desires (*kwa ajili ya kumaliza hamu tu*). One young man put it this way, "…eh but when you are hungry you will eat whatever comes in front of you. There is a high percentage of men who do sexual intercourse for meeting their biological needs only. But for others, they do it in order to give each other pleasure (*kustareheshana*)." This discrepancy (sex for economic benefits against sex for fulfilling bodily desires) was more likely to result in the failure of bringing a female partner to orgasm, a condition my interlocutors labelled as one of the dimensions of sexual performance concerns. Under such a situation, it might be possible that neither the man nor the female partner was willing to entertain the other, something which might lead to a mismatch of their bodies. Everyone wanted to finish up and leave as quickly as possible. As one young man said,

> A man who has gone there (having sexual intercourse) for meeting his sexual desires, he will interpret women's prowess during the sexual intercourse as a wastage of time and a tactic of earning more money for him. The man will be interested in getting one sexual round with her and then take his time. He will not be thinking about satisfying his partner sexually.

Again, young men in my study expressed their desires of being economically stable. The desire for financial capacity as a symbol of manhood reflected the normative norms in Tanzanian society in which the masculine identity is defined strongly through economic success and the ability to provide for the family (see for example Silberschmidt, 2001, Callaci, 2017). In a heterosexual relationship, other scholars have indicated also that an 'ideal' (young) man is the material provider in a relationship (see Khan, 2004; Gilmore, 1990; Gutmann, 1996; Nyanzi and Kalina, 2009; Ragnarsson et al., 2010; Reihling 2014). Young men who strongly harnessed the mentality that genuine manhood had to do with the provision of money and material goods for their families and/or sexual partners faced a strong challenge when they failed to meet such milestones. Not all young men I came across were passive victims of the dominant discourse of manhood related to the provision of material things in a sexual relationship. However, young men who deliberately resisted or failed to display a strong financial position in a sexual relationship were subject to being associated with negative attributes. As such, they were judged and despised by their

peers and potential partners for failing to live up to these ideals, leading to the likelihood of loosing sexual potency as I explain in the following paragraphs.

As I indicated elsewhere in this dissertation (see the case of Danfold in Chapter Six), fear from social labelling, being judged and despised increased the social pressure of achieving and displaying economic status in sexual relationships. For example, in the case of Danfold, he thought that if he was unable to meet the costs of his heterosexual relationships, his partners and peers would look at him as *dume suruali* that is, someone who was marginalised and worthless.[34] In numerous conversations with both women and peers, they said that a financially challenged man who failed to meet his obligations as a provider was referred to as *dume suruali* (literally referring to a man who only wears trousers but has no economic qualities of being a man). As I will show later, social pressures for achieving an economic ideal form of masculinity through working hard in order to become a successful provider resulted into further anxieties, worries, physical tiredness, and lack of sexual desires, which, in turn, affected men's sexual performance during sexual intercourse.

In this section, I emphasized that evaluating men in terms of financial capacity revealed social circumstances under which sexual performance concerns occurred among young men in Mwanza City. For example, according to some young men in my study, having economic ability made them sexually powerful and the opposite if this ability was lacking. Whilst some men reported to experience 'weak' or 'failed' sexual performance due to lack of economic stability, others reported that the ability to perform sexually was enough to earn social reputation and prestige. In the following sub-section, I draw upon dominant discourses on masculinities and relate them to sexual performance before I turn to the effects of poverty on changes in sexual performance among young men in Mwanza City.

[34] Dume suruali is a Swahili Bongo Flava Song by Mwana FA ft. Vanessa Mdee. The lyrics of the song talk about girls insulting, stigmatizing or downgrading men because of being unable to provide material (money) in a sexual relationship. Therefore, when my interlocutors used the term they referred to men who cannot cover the costs and/or expenses in sexual relationships.

3.3.2. Sexual capacity: "I better be poor but with the capacity to perform sexually"

For some young men in my study, sexual potency had a greater importance for achieving masculinity than financial achievements. For example, during my conversations with young men in the streets, one 20 years old unmarried man asked me the following rather startling question "Okay now, you (researcher), if someone asks you to exchange your sexual potency with money would you agree? (*sasa wewe mtafiti mtu akikuuliza mbadilishane yaani umpe nguvu zako za kiume na yeye akupe pesa, je utakubali*?)" Though I had an immediate answer to that interesting and puzzling question, I could not respond immediately as I was pondering on how he would react to my response. However, before I responded, he quickly interjected, "For me I can't agree, I would rather be poor because life is meaningless if one's sexual organ is inactive *(mimi siwezi kukubali. Ni bora niwe masikini maana maisha hayana maana kama chini hapafanyi kazi*)."

The preference of the ability to perform sexually over financial success was reflected in many of my informal discussions among young men and with their partners. Through participating in young men's daily activities in the streets, I noted some informal statements that rationalized the importance of proving masculinity in terms of sexual performance. For example, some young men claimed that, "better miss money than sex power" (*bora kukosa pesa kuliko nguvu za kiume*), "It's better that someone assists you in anything else (like money) rather than assisting to satisfy your wife sexually" (*ni bora ukasaidiwa vitu vingine kuliko kusaidiwa kufanya tendo la ndoa kwa mke wako*). "As long as you don't sexually satisfy your partner, she will treat you with contempt" (*kama humlidhishi kimapenzi atakudharau*). Other informal statements, which reflected this emphasis on sexual vitality, included the following: "the female partner gets married not because of money but rather, to have satisfying sex and children" (*mwanamke haolewi kisa pesa bali kufurahia tendo la ndoa na kupata watoto*). "Women have two sets of ears, natural ears and her vagina, but the latter is more sensitive than the former" *(mwanamke ana masikio mawili ila sikio la chini linasikia zaidi kuliko masikio ya kawaida*). All these informal statements explicitly and implicitly expressed the expectation of young men having to be "sexual experts" (*wataalamu*) within a heterosexual matrix.

As I will show later in this dissertation, some young men evaluated their manhood not only in terms of economic capacity but also through the expression of sexual power, conquest, achievement, sexual prowess and standards of sexual performance. Some young men in my study believed that a 'real young man' must display strong sexual abilities such as becoming "sexually competent" (*kuwa mtaalamu kwenye ngono*), "lasting long during sex" (*kuchelewa kufika kileleni*), "having multiple, successive as well as forceful ejaculations" (*kupata mabao mengi, kuunga mabao yenye mshindo mkubwa*), "climaxing female partners" (*kuweza kumfikisha mpenzi wako kileleni*), "having multiple partners" (*kuwa na wapenzi wengi*), and "the ability to impregnate a woman" (*kutungisha mimba*). The ability to achieve such qualities during sexual intercourse was cultivated as a social virtue among some young men. As one young man put it, "delayed ejaculation is worthy of praise from other young men" (*kuchelewa kufika ni ulaji kwa vijana*). Young men often talked about a *rijali* young man in a positive way such as being an 'expert' sexual performer capable of "hitting the stage" (*kupiga show*), "managing the show" (*kusimamia show*), and "standing on toenails" (*kusimamia kucha*). A *rijali* young man was often referred to as a *jembe* (literally translated as "a farm hoe") and "clever" (*mjanja*). According to most young men, these forms of masculinities were very important sources for gaining respect (*kujenga heshima*) and fame (*sifa*) among one's peers and with female partners rather than economic status.

For instance, Hamidu's case demonstrates how gaining respect and fame became the main focus of this young man's sexual relationships. Hamidu (24 years old) was a petty trader in the city. In particular, he was selling a wide range of alternative medicines and was among the early petty traders that I established contact with during the first phase of my fieldwork. Throughout my study, he was of great assistance in terms of linking me to other young men, particularly those who bought sexual enhancement products. Because of his business, he had a lot of stories to tell about people who went to get sexual enhancement products from him. He believed that as much as sexual health concerns were the result of multiple biological and social factors, the medications should be multidimensional too.

In my day-to-day interactions with Hamidu, I saw him offering a variety of products for enhancing male sexual potency. Hamidu had medicine for rubbing or massaging a penis to increase its size and firm erection. He had syrup as an alternative to this, for "cleaning blood vessels" (*kusafisha mirija ya damu*) of the entire body. Similarly, he had another type of syrup, which was made out of dried varieties of powders that he said would enhance sexual performance. In his kit, I never saw nutritional supplements, which I saw in other herbal and nutritional clinics. However, during our informal conversations, he often said that he never used any sexual enhancement products because he had "natural sexual power" (*nguvu za asili*). He said that following his sexual performance, one of his recent (casual) partners "became too clingy on him" (*alimg'ang'ania*).

Hamidu had his first sexual intercourse when he was 18 years old. Since then he had several sexual partners and he was proud of having slept with many partners because besides engaging in sex for satisfaction, he said to have benefitted from acquiring sexual experience and techniques of "handling" (*kumudu*) sexual partners. However, from the time I knew him in February 2016 until I left the fieldwork, he reported having only one sexual partner. According to Hamidu, his partner was clinging to him like a "leech" (*anamganda kama ruba*). When I asked for the reasons, he confidently stated, "…my sexual performance is okay" (*uwezo wangu uko sawa*). He said further that if his sexual performance had been poor, his sexual partner would have already left him a long time ago. He considered his sexual ability as "being very good" (*niko vizuri sana*). On several occasions, Hamidu evaluated his sense of being "super" in the eyes of his sexual partner. The fact that his partner was clinging on him gave Hamidu the sense of being a good sexual performer or "expert." In elaborating his point, he said that,

> For example, right now, my girlfriend lives in Arusha but she cannot let two weeks pass without coming to visit me (in Mwanza). She will do whatever she can to come to me. This does not mean that in Arusha there are no men. I believe they are there but maybe if she falls in love with them, they don't perform as I do with her. That is why she keeps travelling to Mwanza quite often. For example, one time she wanted to stay longer than a week. It was not until her parents interfered that she went back. In all her trips to Mwanza, I don't incur any costs. She pays for everything by herself and sometimes she comes with enough balance

> of money for us to spend. You know, for sure she is not coming for money but rather, she comes because I am doing a good job in bed…I spend more than 20 minutes before I ejaculate, regardless of whether it is the first sexual round or not. My penis erects immediately after ejaculation and more importantly, I know how to play with my partner's sexual zones (*najua kucheza na sehemu zinazompa nyege*). These are 'sexual standards' (*viwango*) that young men here in Mwanza are struggling to meet.

In several discussions with Hamidu, he usually compared himself to "an investor" (*mwekezaji*) in which his main capital was his sexual performance in the bedroom. He equated doing sex to "any form of investment or business" (*uwekezaji wowote au biashara*) such as buying a plot, engaging in agriculture, or building up a storey house. According to Hamidu, once the investment became successful, the investor got the sense of authority, power, and achievement and everyone respected him or her or the opposite if the investment was unsuccessful. Thus, when a young man such as Hamidu was expected to perform sexually well, the absence or difficulties in erections including lasting too short were consequently more likely to be interpreted as sexual performance concerns. I argue that sexual performance concerns resulted from normative constructions of male sexuality as being 'goal-oriented'. For instance, many young men I interviewed shared the views that the sexual act was an important domain of attaining "social acceptance" (*kukubalika*), "social respectability" (*kuheshimika*), "social worth" (*kuthaminika*), and "social reputation/fame" (*kusifika*). It was the domain in which young men sought and expressed their masculine identity (see also Welsh 2001; Garlick, 2003; Ochendu, 2007; Sommer et al., 2014). It was also the site in which some young men in my study evaluated their manhood not only by being able to engage in sexual acts but also through an expression of sexual power, conquest, achievement, sexual prowess and 'high standards' of sexual performance. They held the assumption that the higher the level of a man's sexual performance was, the more masculine (*rijali*) he became and vice versa.

In these constructions of becoming a man through heterosexual sexual performance, some young men in my research associated their male identity with sexual ability, virility, and power (vigor). In view of the above, my study found that such constructions had a

significant impact on young men's perceptions of sexuality and gender. As such, their constructions of male sexuality seemed to create a lot of pressures among young men and they often felt they lost sexual power or potency if they were unable to display standard ideals during sexual intercourse. Sexual performance concerns (whether real or perceived) resulted partly from definitions of a 'real man' in heterosexual sex. For instance, arguments such as 'a young man must last long during sex,' 'maintains an erection until the woman reaches orgasm,' 'achieves multiple and sometimes successive ejaculation,' 'erects immediately after ejaculating' and 'maintains sexual desire/interest throughout sexual intercourse' pressurized young men in my research since the failure of meeting such standards was interpreted as lack of sexual power. As Lavender (1985: 133) argues, "Concerns over such issues can take away spontaneity, intellectualize love-making and lead to dysfunctions."

In the following case, I show further how sexual performance concerns resulted from men's notions of proving their masculinities through sexual capacity and ability to perform with satisfaction. Marwa (23 years old, unmarried and a petty trader) told me that his friend avoided engaging in a sexual relationship for fear from not being able to maintain an erection until the woman reached orgasm. As some young men were apprehensive of admitting that they were having sexual concerns, perhaps Marwa might be referring to himself. Marwa described young men's arguments in numerous social avenues in the streets that it was a "man's responsibility to make his partner reach a climax" (*ni wajibu wa msingi wa mwanaume kumfikisha kileleni mwanamke*) had affected his friend who believed to be unable to live up to that standard. As he had not experienced his penis erecting for a long time, he was afraid of being compared with other young men. Through his interactions with peers in the city who emphasized the value of female satisfaction (making women reach orgasm), strong and long erections as the proof of being a 'real young man,' Marwa's friend perceived himself as experiencing sexual performance concerns or to use Zhang's (2015: 101-107) terms, Marwa's friend had developed "imagined impotence."

Marwa's friend had immigrated to the city in search for greener pastures. After his arrival in the city, he stayed with Marwa. They lived and worked together as petty traders in the streets. According to Marwa, despite working together and sharing the same room, he had never seen him seducing or talking to a woman. "He knew my girlfriends but he never showed me his girlfriend" (*aliwajua ma-girlfriends wangu wote ila hakuwahi kunitambulisha wa kwake*), said Marwa during our conversation. He further said that lacking a sexual partner seemed to be unusual for the majority of petty traders who had opportunities of meeting a lot of women in the trading business. This seemingly unusual behaviour led to an immediate question in his mind, "is my friend really okay?" (*huyu rafiki yangu yupo sawa kweli*?) One night before they went to bed, he found himself asking him: "why don't I know my sister in-law?" (*mbona shemeji simjui*?)[35]

Marwa did not trust the response from his friend that he had no sexual partner in the city. He thought his friend was just lying to him. However, it did not take long to realize that his friend was suffering from perceived performance concerns, which occurred from hegemonic notions of masculinities. He tried to connect his friend to several women in the streets but he did not succeed to have sexual intercourse with any of them. For example, he reported that he convinced his friend to enter into a relationship with Tina, a young lady who worked as a "house girl" in the neighbouring house. Despite several efforts to invite Tina to their room and leaving his friend and Tina to themselves, his friend feared to engage in sexual intercourse. Not surprisingly, Tina shared with Marwa, who acted as a go-between in their relationship what was happening between her and Marwa's friend. Tina complained, "I don't understand your friend. Maybe he is afraid of me because when I sit nearby him, he moves aside and keeps himself away. When I attempt to touch his hand, he takes it away. I don't understand him. It is as if I am a man and he is a woman" (*mbona simuelewi rafiki yako? Labda ananiogopa au la maana kila nikijaribu kukaa karibu naye kama hataki. Nikijaribu kumshika mkono anautoa. Yaani ni kama mimi ni mwanaume halafu yeye mwanamke*).

[35] During field work observations, I noted that it was common among friends to know each other's sexual partner whom they commonly referred as *shemeji* (sister in law).

Marwa reported that he communicated all these complaints from Tina to his friend. As usual, his friend insisted that he was not interested in women. He could not reveal the reasons for his lack of interest in women until the pressure from Marwa and Tina became too much for him to continue keeping silent. One night he opened up to Marwa and said that, "frankly speaking my penis is not as strong as peers describe in our conversations (*kiukweli uume wangu hauna nguvu kama vijana wanavyozungumza*). That is why I have no interest in initiating sex with Tina because I won't satisfy her sexually. She will compare my performance with other men and finally, they will laugh at me if they know that I am sexually weak (*ndiyo maana naogopa kumlala Tina maana nikishindwa kumlidhisha ataanza kunicheka bure na kunilinganisha na watu wake wa zamani*)."

Although the information came from Marwa (who neither admitted nor showed me his friend he was talking about), it was a revelation about the social circumstances under which sexual performance concerns occurred. Like the story of a young man who identified himself as having *Kibamia* (a small sized-penis, see Chapter Four), conversations among young male peers influenced some of them into imagining that they were suffering from sexual performance concerns. I build on the work of Zhang (2015), which suggests that the intervention of natal family members such as a father in a son's marriage or sexual relationship was a cause to the son's loss of potency. His (ibid.) work shows how parental powers in early times of post-Maoist China had a great impact on their son's potency. However, while the influence of the family members on their son's sexual life cannot be denounced, other socializing agents such as peers had adverse effects on young men's sexual lives in Mwanza. From my analysis, pressures from peers in my study provided a major social context in which imagined impotence occurred besides the family members.

While numerous studies documented the influence of peers on young men's sexual lives in the Tanzanian context (see Dilger, 2003; Wight et al., 2006; Sambaigha, 2013), much emphasis has been put on how peer pressure as an agent of socialization facilitates and encourages rather than discourages and limits sexual engagements or sexual performance

among young people. For instance, in the stated case, it is very clear that young men's speaking of 'ideal' sexual performance discouraged Marwa's friend from engaging in sexual intercourse, and made him believe he was suffering from sexual performance deficits. In my study, some young men such as Marwa's friend were exposed to cultural constructions or discourses of the male body from their peers in the streets who talked a lot about sexuality. As one man said, "…we are mostly talking about skirts" (*mara nyingi tunaongelea sketi tu*). Meaning that they were talking about female sexual partners. In discussing sexuality in their mundane life, some other young men drew on the normative constructions of masculinities, which were circulating in the mass media (see Chapter Five).

In all these social contexts, the male body was largely presented as an idiom and a symbol of structuring as well as representing gender relations. In particular, young men's bodies, which displayed long lasting erections, sexual stamina and prowess were highly valued and respected as superior, and vice versa. Using Scheper-Hughes and Lock's (1987) analysis of the three bodies, the presented description indicates how the "individual body" became entangled with "the social body" prevalent among peers in urban Mwanza. In Marwa's case, the peers were more likely to view Marwa's friend's body's (the social body) as not worthy for sexual intercourse. It was from such categorization of bodies that men who did not live up to the normative ideals during sexual intercourse created fear, worries and personal troubles, which finally constrained one's sexual relations or fostered feelings of loss of one's sexual abilities.

3.4. Loss of sexual power: "it's an epidemic in contemporary urbanizing cities"

While interacting with young men from different streets in Mwanza City, they frequently told me that sexual performance concerns were not only the product of constructions of masculinities but also the product of young men's everyday lives in the urban settings. Particularly, young men described how urban environments (*mazingira ya mijini*) contributed either directly or indirectly to their changes in sexual performances. "For us [young men] living in the city, our sexual capacity is weak" (*mara nyingi kwa watu tunao ishi mjini uwezo wa nguvu za kiume ni mdogo*), said one man during our informal

conversation. Another young man added: “There are a lot of young men in urban settings experiencing sexual weakness/deficit more than in rural areas” (*Mjini kuna wimbi kubwa la vijana walioathiriwa na upungufu wa nguvu za kiume kuliko ilivyo vijijini*). Probing for more explanations on how the urban social context contributed to the inability to perform ‘well’ during sexual intercourse, I found that men in Mwanza City suffered from sexual performance concerns due to ill effects of everyday urban pressures in their daily life. For example, economic hardships associated with living in the city and unemployment created significant social and economic constraints against sexual performance with regard to satisfaction, leading to sexual performance concerns.

Previous studies (see such as Tiefer et al., 2002; Althof et al., 2005; Phong, 2008) indicate that there is a correlation between contextual factors (such as economic factors, political factors and environmental obstacles) and sexual concerns. In my study, the ways in which some young men described sexual performance concerns supported the findings from the cited studies. For example, Benjamin’s scenario provided a good picture of how the urban context, and particularly economic worries, influenced sexual performance concerns among young men in Mwanza City. Benjamin, a twenty-seven-year-old unmarried young man, joined our conversations with other young men in Mabatini during my second phase of fieldwork in 2016. He came to say hello to us in a mango tree shade where we had sat for our conversation. After greeting us, his friends invited him to take part in our conversation. Unlike other young men who were at the *kijiwe*, a place where young men usually met for chatting, exchanging views and stories, Benjamin emphasized on the loss of sexual power as a result of urban insecurities. On the basis of his responses, I took his contacts and scheduled a further meeting.

When we met for the second time three weeks later, Benjamin reported that unemployment and low incomes, which are associated with living and working in Mwanza City were the core causes of his problem. He said that Mwanza attracts a lot of young men who went in search for better social and economic opportunities. However, their social and economic expectations were hardly met, leaving the majority of men in economic stress, worries, and poverty. The effects of urban economic hardships,

unemployment and low incomes on the sexual lives of urban men are widely described in the existing literature on masculinity (see for example Groes-Green, 2009; Silberschmidt, 2001; Abdalla, 2015). However, like some other young men, Benjamin's description indicated that loss of sexual power during the sexual act was associated with stress and worries related to economic hardships of establishing an independent life in the city. His description, particularly of his first sexual experience, revealed much about the social contexts under which sexual performance concerns occurred among young men in contemporary urban Tanzania.

Benjamin reported that he had his first sexual intercourse when he was 16 years old. Before that, he had had a number of relationships, which ended before they resulted in sexual intercourse. Benjamin had completed ordinary level but unfortunately, he did not qualify for further studies. His uncle who worked as a Police Officer promised him a job in the police force. As his uncle lived and worked in Arusha, Benjamin had to travel from Tabora where he was living to Arusha City, the third largest city after Dar as Salaam and Mwanza. His uncle hosted and provided him with his basic needs without charge. As they were waiting for the police post to open, Benjamin joined a computer course where he met Bettina who became his sexual partner and later became pregnant. Although their sexual relationship resulted in unintended pregnancy, they did not marry. Instead, fearing from being accused (by Bettina's parents) of impregnating their daughter, Benjamin could no longer continue living in Arusha with his uncle. Without even telling his uncle what had happened, he moved to Mwanza City to establish his own new life.

In reflecting on the past, Benjamin considered his sexual experience with Bettina as "the best successful sexual experience" (*uzoefu wa kingono uliokuwa nzuri*) of his life so far. Basically, his explanation relied on the fact that he had no economic worries, a condition that influenced him to have 'good' sexual performance. According to Benjamin, he did not think of where and what he would eat and where he would sleep because everything at that time was provided for by his host family. Therefore, he said he had no "worries in his life" (*wasiwasi wa maisha*). For example, he claimed that during his stay in Arusha, he had the ability of achieving "many sexual rounds" (*bao nyinigi*) and erect immediately

again after ejaculation. In one moment, Benjamin recalled:

> I still remember occasions where I got six sexual rounds. I felt manly. The penis was sharp to erect even after ejaculating. When I had the first ejaculation, the penis would erect again within three to five minutes. Sometimes, I stayed long on sex to the extent that the penis got abrasions and my sexual desire never came down before my partner (Bettina) who often got tired and exhausted early. She couldn't withstand my performance (*asingeweza kucheza mziki wangu*) although she used to be active in the bed. I was more powerful than her. In most occasions when we met for sex, we could spend more hours in the guest house than we planned. I was very happy with such performance. I really trusted in myself (*nilikuwa najikubali mwenyewe*).

However, he reported that since he moved to Mwanza City to establish his independent life, he never achieved again such sexual performance. He said during our conversation that no matter how much he tried, he got two sexual rounds and hardly three rounds if the partner was new to him. Benjamin described that he aspired to return to his past sexual performance where he had control of his body but he thought he could not make it anymore under the economic difficulties he was going through in Mwanza City. He said that what he earned was not enough to support his new life in the city. As was the case with other young men, Benjamin had not yet rented his own room. He shared a room with his friends. He never lasted long on the informal job he secured in the city, a condition that increased his economic worries and instability of establishing his own independent life. According to him, the longest time he had stayed in a job was three months when he worked as a storekeeper in a Chinese company in the city. For example, for the first time we met, he said he was working with a local organization, which dealt with waste management disposal in Mabatini. However, during my last phase of fieldwork, he had lost the job.

Benjamin attributed his failure to achieve 'good' sexual performance to worries of economic hardship. He also wondered whether or not that could happen again since he started struggling in the city. Like Benjamin, many young men blamed urban insecurities, particularly economic hardships, for sexual performance concerns. For example, Danfold

aged 24 years, a bodaboda rider[36] and a married man with two children in Mwanza City (see the detailed description of this case in Chapter Six) explained how economic difficulties contributed to his sexual performance concerns particularly "early ejaculation" (*kuwahi kufika kileleni*) and "erectile difficulties after ejaculation" (*uume kushindwa kusimama haraka baada ya kufika kileleni*). Danfold's account revealed that there were moments when he felt sexually powerful because of having financial security. He believed that having financial resources (money) made him more focused and relaxed during sexual intercourse and vice versa. As he explained that,

> Sometimes the loss of sexual power can be the result of life circumstances, particularly when life becomes difficult (*maisha yakiwa magumu*). For example, I owe one person fifty thousand shillings, another person twenty thousand shillings and the other person fifteen thousand shillings. The balance at home is not enough for shopping or maybe one has a weekly payment on a loan. These circumstances are more likely to affect our performance during sexual intercourse. Personally, I have proven this on myself. On occasions when I have money, for example, I have taken money from our money circle group (*nimechukua hela kutoka kwenye mchezo wa kuchangiana pesa*). I have paid all the debts and left enough money at home for shopping and I have extra balance for eating, drinking and paying (*kumhonga*) for the sexual partner. My sexual capacity improves when I meet them. When I don't have stress, I usually go for more than three sexual rounds.

Similar to the above accounts (Benjamin and Danfold), which indicate urban pressures, particularly resulting from economic worries, was the excerpt from another young man in my study who was employed as a "casual day labourer" (*kibarua*). Nyehunge (27 years old), married and working as a porter at Lake Ferries Terminal shared a similar understanding of the perceived causes of sexual performance concerns. His description suggested that young men's lack of financial security created worries of not being able to meet economic needs in sexual relationships, which, in turn, affected their sexual

[36] The term bodaboda refers to motorcycle which is used particularly in urban cities like Mwanza for the sake of profit making by carrying passengers or transporting goods from one location to another. The bodaboda riders in Mwanza city mostly are young men (see Bishop and Amend 2015).

performances. For example, in one of my last visits to his work place, Nyehunge insisted that during sexual intercourse, a man needs to have a "relaxed mind" (*akili iwe imetulia*), which increased one's sexual concentration and sexual desires. However, Nyehunge explained that this was hardly possible for most young urban men because of the economic difficulties they faced in the cities. He explained,

> In one way or another, difficulties in life (*ugumu wa maisha*) contribute to young men's lack of sexual power. I believe that during sex, you must not think of anything apart from the activity itself. You must think of what you went for (sexual intercourse). However, that is difficult for many men here because they don't have enough money to support them. Assume the young man who has not eaten for a whole day but still goes for sexual intercourse in the night. For sure, he won't be able to perform with satisfaction as he will be thinking of eating, or if he has eaten, he will be thinking about where to get money for the next day.

These three cases reflect how urban economic hardships are associated with 'poor' sexual performances among young men in urban Tanzania. As the provided descriptions, many interlocutors in my study reported similar findings that sexual desire and performance could change in the context of urban difficulties, which were associated with worries of economic hardships as well as stress. To many interlocutors, the urban context seemed to provide unfavourable conditions for young men to be able to perform during sex as they had an unrelaxed mind. For instance, some young men pointed out that they could not be at ease if they were "hungry" (*amenusurika kulala njaa*) and "the landlord was demanding for rent" (*unadaiwa kodi na mwenye nyumba*), "electricity as well as water bill" (*bili ya umeme, maji*) or the children were sick. Young men reported that such stressful conditions weakened sexual feelings and hence increased their inability to perform with satisfaction during sex. Young men's urban insecurities became inscribed into their physical bodies. This also indicated the mutual relationship between young men's bodies and urban society. In fact, as young men argued, cities in Tanzania shaped experiences of bodies during sexual intercourse. Therefore, young men's everyday struggles for a living in Mwanza City were a cause of the lack of relaxed mind and stress which, in turn, contributed to their sexual performance concerns.

Kleinman and Kleinman (1994) indicated how bodies remember political oppression, torture, atrocity and turmoil of societal breakdown following China's Cultural Revolution between 1966 and 1976. Their (ibid.) study highlights the relationship between bodies and society. For instance, through examining narratives of sickness, especially of neurasthenia,[37] they (ibid., 714) found that their informants' narratives authorized social memory of political turmoil thereby enabling oblique criticism of the Cultural Revolution and the political process generally, which their informants regarded as the origin of their complaints. Similarly, in another study in China, Zhang (2015) emphasized on the consistency between body and society. He (ibid., 24) examined how the Maoist political system of sexual repression later manifested itself in impotence and even "the rise of impotence epidemic (rise of desires) in post-Mao China."

In the same vein, in the context of economic hardships in urban Tanzania, male sexual performance concerns became a phenomenon largely shaped and determined by broader socio-economic changes that were affecting contemporary society. For example, since Tanzania adopted the economic reforms in 1986 following the deep economic crises in the late 1970s, the living conditions of the urban poor have worsened. For instance, Lugalla (1997: 19) summarized the impact of economic reforms in Tanzania that contributed to the deterioration of health conditions, negatively affected the development of the urban environment, and destroyed the environmental conditions on which the poor depended for existence and survival, and impacted on the provision of urban health services and raised living costs, which exacerbated poverty. The responses to severe economic crises of the time, which led to the adoption of Structural Adjustment Programmes (SAPs) dismantled what Ngowi (2007: 10) refers to as "state-owned, centrally planned and controlled economy hence opening the doors to the capitalist mode of production." As many scholars have indicated, the impact of SAPs constrained the emphasis on rural development based on principles of Ujamaa, self-reliance, egalitarianism and social policies, hence opening doors to a dramatic increase in poverty,

[37] According to Kleinman and Kleinman (1994: 714), neurasthenia is a common syndrome of chronic pain, sleeplessness, fatigue, dizziness, and related physical symptoms, as well as sadness, anxiety, and anger.

economic difficulties, unemployment, and low incomes. According to Silberschmidt (2001:657), unemployment and low incomes in rural as well as urban East Africa prevent men from fulfilling their responsibilities as heads of household and breadwinners.

These consequences of socioeconomic changes constrained young men's transition into becoming financially stable and successful, a condition that generated distress, notably, and uncertainties, feelings of dissatisfaction as well as inadequacy, worries and anxieties of living in the city (see also Tapias, 2006; Shamchiyeva et al., 2014; Banks, 2016). For example, during my fieldwork in Mwanza City, I observed and interviewed young men who had migrated into the city and started working as bodaboda riders, petty traders as well as day labourers. It was clear that they had a lot of worries because of lacking stable income-earning opportunities, facing unemployment, and engaging in "hard-work" (*kazi ngumu*) but they were paid little. Like Good (1977) who used an example of heart distress in Iran to show how illness and disease are deeply rooted in the structure of the society, young men in my study area associated their "loss of sexual desire" (*kukosa hamu ya kufanya mapenzi*), "early ejaculation" (*kuwahi kufika kileleni*), "failure to achieve erection" (*kutosimamisha*) and/or "re-engaging in sexual intercourse after ejaculation" (*kushindwa kurudia tendo*) to distress arising from urban poverty, and particularly resulting from socioeconomic changes.

A similar finding related to worries about poverty was the nature of job activities. Young men reported to have been engaged in jobs that require a significant amount of physical strength, leaving men's bodies tired, worn out and exhausted thereby leading to poor performance during sex. Most young men I interviewed admitted that jobs such as "concrete mixing by hand during construction process" (*kukoroga na kumwaga zege kwa mikono*), "offloading cargo from trucks" (*kushusha mizigo kwenye magari*) and "walking a whole day with push carts" (*kusukuma mikokoteni*), riding bicycles or bodaboda to ferry goods and people from one street to another made young men get tired and lose interest in sex. For example, during my fieldwork, I observed young men offloading over-packed sacks locally known as *lumbesa* of potatoes, onions and sardines. Other jobs such as bodaboda riding required riders (most were young men) to work 24 hours in order to earn

a significant amount of money (see for example the case study of Robert in Chapter Four). From the young men's perspective, such forms of activities consumed a lot of physical energy and if a man engaged in sex after doing such works, he would hardly achieve a single sexual round.

For example, when I visited Nyehunge at his work place at Lake Ferries Terminal, he reported the consequences of offloading heavy cargos over their heads and shoulders. He described that "their work environment was unfriendly" (*mazingira ya kazi sio rafiki*) to their sexual performance. He gave further details as follows,

> We carry cargos brought by ships from the harbour for the whole day (*tunabeba mizigo kwenye meli siku nzima*). We leave for home around 7:00 pm or 7:30 pm in the evening when every part of our bodies aches. If you go for sex, you will lack sexual power (*tunarudi nyumbani saa moja au saa moja na nusu jioni wakati miili imechoka na inauma kila sehemu, sasa kwenye tendo hilo lazima tuishiwe nguvu mapema*). Therefore, while the mind may be willing for sex, the body may be weak and powerless (*sawa na kusema wakati roho inapenda mwili hauwezi*). Our activities here are not friendly. Young men spend the entire day doing hard jobs such as carrying heavy sacks of sardines (*magunia ya dagaa*), which contributes to lack of endurance during sexual intercourse.

3.4.1. "Sleeping like a log:" negative effects of *viroba* on sexual performance

Similar to worries of economic hardship, excessive alcohol consumption constituted another concern of young men's daily life in the urban environment. As already indicated in the previous section, some young men in my study consumed alcohol to "show off" their manhood to their peers. They expressed their manhood by staying out late in bars, clubs or other joints drinking until midnight. Peer pressure had a huge influence on young men's behaviour in urban settings. As one young man said: "If you hear your fellow saying that he was drunk, you will always ask yourself why was he drunk and how does it feel like to get drunk? Then, you would want to have a similar feeling and taste alcohol. If the taste is pleasant, you end up becoming a drunkard."

In addition, while some young men in my study got drunk for "show off," (*kujionesha*) others engaged in alcohol consumption as escapism against thinking about the economic difficulties of living in the city. Some young men in Mwanza indicated that they opted for excessive drinking in order to cope with stress and worries of urban pressures in their daily lives, particularly regarding lack of gainful employment and stable incomes. It was common to hear young men saying that drinking reduced stress and tensions in their lives. As one young man put it, "…and young men's cure for stress is opting for *viroba*"[38] (…*na dawa ya vijana wakiwa na stress za maisha wanaenda kwenye viroba*). Hence, in the context of young men's struggles for establishing a new life in the city, drinking was not only a source of recreation and showing off maleness, but also a strategy for coping with economic and financial instabilities.

According to the young men, *viroba* and locally brewed beverages were often consumed because they were more affordable and effective than it was the case with beer. In numerous informal conversations, many young men admitted that unlike *viroba*, beer was consumed mostly among high-income earners. During my fieldwork, however, the government intervened to institute tighter control and regulations on alcohol consumption among the population. Such interventions included a ban to *viroba* and tightened regulations on alcohol business outlets by restricting their opening and closing hours. Despite all these efforts to restrict alcohol consumption, it was not surprising to find a few young men in the streets drunk during working hours or carrying packets of *viroba* in their pockets.

A large proportion of alcohol consumption has side effects on one's health (see for example Kilonzo et al., 2004; Mbatia et al., 2009; Francis et al., 2015). With regard to sexual health, however, young men cited alcohol consumption, and particularly *viroba* as having negative effects on their sexual performance. For example, after moving to Mwanza City, Benjamin turned to alcohol abuse. He attributed the lack of multiple sexual

[38] The common name for alcoholic drinks in the form of liquor, spirits and other alcohol beverages packed in plastic sachets.

rounds during sex to excessive alcohol consumption as well as smoking. Explaining what he perceived to be the cause of negative changes in his sexual performance, Benjamin said that at first when he was in Arusha, he neither smoked nor used alcohol. According to him, since he started smoking and consuming alcohol, his sexual performance seemed to have dropped. Similar observations were made by other men who reported that substance abuse such as "khats" (*mirungi*), "marijuana" (*bangi*), locally brewed alocohol (*gongo*) as well as *viroba* and excessive alcohol consumption had negative side effects on their sexual lives. For instance, some young men in my study reported that after drinking *viroba,* they were more likely to "sleep like a log" for the entire night (*akilala hajitambui usiku mzima*), and that greatly reduced chances for engaging in sex. Another young man had the following to say,

> *Kiroba* reduces the functioning capacity of the liver. It causes the blood to clot (*kiroba kinapunguza utendajikazi wa ini na kina kausha damu mwilini*) and it makes the brain lose sexual feelings of the sexual partner… viroba and other types of 'hard drinks' (*pombe kali*) weaken the body and hence, make one become unfit for sexual performance.

Young men's accounts of negative effects of alcohol consumption seem to confirm the existing anecdotal evidence in the literature that excessive drinking and substance abuse have negative effects on sexual intercourse such that they deny women their conjugal rights and sexual satisfaction. For instance, Phong (2008) indicates that after excessive drinking, men in Vietnam went quickly to sleep, failed to satisfy their partners sexually and that sometimes women refused to have sex due to an unpleasant odour, untidiness and smell. However, it is very important to note that while some young men in Mwanza City reported that excessive drinking interfered with their sexual performance, others thought that alcohol consumption had a positive effect on sex. The latter considered alcohol as a sexual stimulant. As one young man put it, "It is true when you drink konyagi, the iron [penis] becomes hot indeed. But when konyagi is no longer in your body, it sleeps under the bed, you turn towards the wall as a painter" (…*na kweli ukinywa konyagi chuma kinakuwa cha moto kweli kweli ila konyagi ikiisha na hapo mzee analala uvunguni, unageukia ukutani kama fundi rangi*). These conflicting views reflect how young men in

my study lived in multiple and contradictory social contexts in which they received different messages with regards to drinking alcohol and sexual performances. The situation enabled young men to move back and forth as well as engage in multiple and contradictory messages of alcohol consumption.

Figure 3.3: A young man (bodaboda rider) with a bottle of konyagi (Photo by S.Mutebi).

3.5. Sexual performance concerns as an ideological cultural construct

As already indicated, according to the young men in my study, the loss of sexual power was regarded as a "national catastrophe" (*janga la kitaifa*) and "the daily talk of the town" (*ndiyo habari ya mjini*). For example, most young men admitted that sexual performance concerns were commonly expressed in everyday talks between young men, among female partners and with healers. In particular, one young man, eighteen years old, unmarried and working in a barbershop pointed out that during informal chats between young men,

it was very common to hear one of them saying: "I have a problem whenever I engage in sexual intercourse, I reach the climax earlier than desired. The moment I enter a woman, I spend about five minutes, I don't spend about ten minutes for the first sexual round. I hate coming too soon. I wish to stay longer than that." (*nina tatizo mimi kila ninapofanya mapenzi nafiki kileleni mapema tofauti na jinsi ninavyotaka. Kila ninapomwingilia mwanamke natumia dakika kama tano hivi. Kwa bao la kwanza siwezi kufika hata dakika kumi. Hii hali siipendi kabisa natamani kutumia muda mwingi zaidi*).

Similarly, another young man (Musa) aged 21 years who worked as an actor in Tanzanian movies reported to have heard a lot of young men in the city complaining about "reaching the climax too early" (*kufika kileleni mapema*), "erectile difficulties" (*matatizo ya kusimamisha uume*) and "loss of sexual desires" (*kukosa hamu ya kufanya mapenzi*). With regard to early ejaculation, he said that young men lasted less than 5 minutes during sex, a condition thought to be embedded in wider social and cultural beliefs about the ideal male body. As already indicated, few young men who admitted to have experienced either premature ejaculation, erectile difficulties, lack of sexual desires, or lack of achieving forceful and multiple sexual rounds, culturally expressed their distress in terms of masturbation, food intake beliefs, family planning methods, male baby boys' umbilical cords, religious or spiritual beliefs, and moral anxieties. For instance, some of my interlocutors claimed that masturbation had negative effects on sexual performance. According to their perception, it was clear that masturbation was a cultural discourse, and not a biological fact. This has also been pointed out in studies such as by Verma et al. (2001, 2003) who associate masturbation at young age with gradual loss of quantity and quality of semen (thinning of semen).

In my study, young men's expressions about masturbation revealed that the practice "weakens and damages penis muscles" (*inapunguza nguvu na kuharibu mishipa ya uume*) and "consumed extra energy" (*inatumia nguvu za ziada*). These conditions were thought of a cause of erectile difficulties or early ejaculation and lack of sexual desires at a later stage in life. However, the young men's beliefs about masturbation were two-sided. Not all the young men shared the same assumptions. Although some young men believed that

kujichua or *kupiga punyeto* (other local words for masturbation) were the main sources of sexual performance concerns, others had contrastive views. They believed that masturbating a few minutes before sexual intercourse helped to release the first sexual round, which they believed came very soon at the beginning of the sexual act. The first ejaculation, which came very early was referred to as *bao kiherehere*[39] and hence, engaging in sex after releasing it out increased the possibilities of staying long on sex without ejaculating. In the following subsections, I demonstrate, in detail, how young men's sexual performance concerns resulted from cultural beliefs or discourses, which seemed to construct and regulate bodies in terms of how they should behave in everyday lives.

3.5.1. Food intake distress: "Half of what you eat is dangerous to the body"

Although some young men in Musa's networks thought of excessive masturbation as the cause of premature ejaculation, Musa himself believed early ejaculation and lack of erection were due to "lack of physical exercises" (*kutofanya mazoezi*) and food intake, particularly the "excessive consumption of fats" (*kula vyakula vyenye mafuta*). Similarly, other young men reported that a lot of young men in urban areas experienced loss of sexual power due to "toxins" (*sumu*) thought to accumulate in the body through food intake and drinks. It seemed to be a common belief among my interlocutors that the loss of sexual power had its roots in the body's failure to discharge toxins. To most young men, such imbalance of toxin's intake and discharge was exacerbated by not only the lack of regular bodily physical activities, which would strengthen the immune system and get rid of toxic substances from the body but also the consumption of "inorganic or processed foods" (*vyakula vilivyo kobolewa*). For example, in elaborating on what he believed to cause sexual performance concerns, Musa claimed that most people in Mwanza did not engage in physical exercises. He said that young men including himself did not jog or walk and instead, they relied on boarding daladala and/or bodaboda even for relatively short distances. Like other young men who believed in physical exercises in improving

[39] According to my interlocutors, the term referred to ejaculating too rapidly (shooting too rapidly) or "haste ejaculation". This was dominantly applied to the first ejaculation which they thought of happening too quickly without their control.

the physiological functioning of their body and sexual performance, Musa said that,

> I believe that increased consumptions of fats pave the way for cholesterol accumulation in our blood vessels. This means that blood flow in the entire body does not go in large amounts. Flow is blocked out from reaching the genital organs. The possibility of "blood to boil up" (*kuchemka*) and flowing without restriction in the body is very small due to excessive fats in the blood vessels. Young men in town and I included prefer using processed maize flour (*unga wa sembe*) and eating fried chips mixed with non-bio eggs (locally known as chips mayai) and other foods rich in fats as well as sugar. It means that we take in foods rich in fats and calories, which increase the risks of cholesterol in the body. Again, young men here have no habit of jogging, which could help remove toxins from the body. Nevertheless, it is the routine for some young men to take alcohol before returning home, the state that increases toxins in their bodies rather than discharging them. Finally, when toxicity level becomes high, the brain stops working properly, the body systems become sluggish, one starts feeling numb and burning sensation of body organs. Above all, the ability to perform with satisfaction drops and one fails to climax one's partner and/or have several sexual rounds.

In line with the above description of the influence of food intake, lacking physical exercises and sexual performance concerns, Husseni aged 20 years and an informal petty trader, emphasized that,

> In the past, during the times of our grandparents, I don't think that they ate processed foods in large amounts like young men do nowadays. For instance, one old man in his mid-sixties told me that when they were young, they often ate red millet (*mtama mwekundu*) and they never cooked vegetables or meat with cooking oil. Instead, they relied on ghee from milk (*samli*). However, nowadays, eating habits and food production have changed. Even food production has changed too as farmers use poisonous chemicals in their farms to kill insects. Some fishermen employ poison to catch more fish from the lake. Others are said to use poisonous chemicals in storing farm products. Such poisonous chemicals do not go away, no matter how much you wash or clean the products such as tomatoes, onions or fish. Therefore, such chemicals when taken in the body contribute to lower one's sexual capacity.

Other young men in my study said that female bodies in contrast to male bodies were thought to need foods, which are not rich in fats locally described as *chukuchuku*, conventional foods such as "unprocessed maize flour" (*dona*), "millet" (*mtama*), and "cassava" (*mihogo*) in order to become healthy for sexual performance. Young men in my study argued that conventional foods provided favourable nutritional contents, which made them healthy and strong, reliable and stable in heterosexual intercourse. Food intake, which had unfavourable nutritional contents was considered 'unhealthy' for sexual performance. Being 'healthy' for sexual performance seemed to be achievable through consuming 'appropriate' or conventional foods regularly. As such, food intake became an idiom where young men in urban Mwanza communicated their distress in regard to sexual performance.

It became apparent from young men's accounts that what they preferred to eat in order to have 'good health' for sexual performance was influenced by the medical discourse of food, which encouraged health related choices. For instance, some young men reported to change their food intakes after receiving counselling from nutritional clinics in the city. Other young men said that they had heard and read food messages from a variety of sources such as online media, newspapers and booklets, which largely emphasized on the use of conventional and inorganic foods for their good health, particularly staying 'healthy' for sexual performance. In that case, young men's bodies became regulated through self-control of eating recommended foods in order to perform well sexually. Failure to maintain one's self-control of food intake and lifestyle in general, could result into having an 'unreliable' body, which was unable to perform with satisfaction during sexual intercourse. As indicated by Oljans et al. (2018: 41), the medical discourse on food focuses on

> The body's physical dimension and specific health effects between food and body are seen as linked. The concept of food is described through dichotomies of right and wrong, where a certain diet, the 'right' food, is presented as an efficient way of strengthening the body's performance. This is in contrast with the portrayal of food with the opposite effect, which is seen to result in certain risk factors and negative consequences on the body.

Various studies have indicated the association of food intake with health problems. For example, Robertson et al. (2004) label diet-related diseases as cardiovascular and cancer diseases; high blood pressure, type 2 diabetes mellitus, serum cholesterol, overweight and obesity. Liu (2013) demonstrates how obesity and some dietary related diseases among Chinese immigrants and their children in developed countries are closely related to food intake. Menotti et al.'s (1999) findings on food intake patterns reveal the association of dietary patterns and coronary heart diseases in seven countries (USA, Finland, The Netherlands, Italy, former Yugoslavia, Greece and Japan). Equally, young men in my study associated food intakes particularly processed foods and those with excessive fats to an increase in the risk factors of being unable to perform sexually. Specifically, they argued that such food intakes interfered with the biological functioning of the male body, which, in turn, contributed to sexual performance concerns, particularly achieving "one sexual round" (*kupiga goli moja*), "reaching at climax too early" (*kuwahi kufika kileleni)*, "erectile difficulties" (*uume kushindwa kusimama vizuri*) and "becoming worn out during the act" (*kukosa nguvu wakati wa tendo*).

For example, one young man in his twenties, working as a kiosk attendant said that based on his observations and experience of living in Mwanza City, young men ate foods, which did not help to gain physical strength and power. He said that foods such as *sembe* (processed maize flour) and *chips mayai* did not give the male body enough energy to engage in sex. According to him, this was the reason young men complained about getting tired after the first ejaculation. He went further by saying that excessive intake of *chips mayai,* especially "modern eggs" (*mayai ya kuku wa kisasa*) caused obesity and enlargement of male breasts (*kuwa na manyonyo makubwa*) like in female bodies. According to him, when a young man developed such conditions, chemicals from such eggs had interfered with his reproductive functioning.

Another important point from young men's accounts on perceptions of food intake revealed how food intake functioned to solidify male identity in the sexual domain. As Strakosha (2017) indicates, sexual desire is impacted by food intake, from the young men's perspectives, regular intake of cassava, groundnuts, "water melon" (*tikiti maji*),

"pumpkin seeds" (*mbegu za maboga*), octopus soup (*supu ya pweza*) and Nile perch soup improved sexual desires during sex (see Figure 3.4 below). Furthermore, young men's perceptions of "foods that gave them more energy" (*vyakula vya kuleta nguvu mwilini*) such as unrefined maize flour meals (*ugali wa dona*),[40] millet flour meals and fish were associated with one's sexual performance. These food intakes were considered as natural aphrodisiacs because they helped to minimize the risks of loss of sexual desires, early ejaculation, and lack of erections. Besides the symbolic significance of food intakes, young men's food beliefs and sexual performance concerns revealed how sexual identities were reproduced from cultural discourses on food. For example, staying a *rijali* man (a real man), which was closely linked to one's sexual abilities, power, conquest, achievement, sexual prowess, and 'good standards' of sexual performance entailed taking specific foods that made a man strong as well as powerful and have more sexual energy. To put it clearly, male sexual performance was thought to be embodied through conventional/organic food intakes, which were believed to be the source of physical strength, sexual power, and large and muscular bodies.

LISHE

DONDOO

Huu ndio umuhimu wa tikiti maji kwa wanaume

Watu wanaotaka kupunguza uzito, hawashauri kula tikiti maji kwasababu lina sukari

Hadija Jumanne, Mwananchi
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Tikiti maji ni tunda kama yalivyo matunda mengine na moja ya faida yake ni kuongeza hamu ya tendo la ndoa kwa wanaume.

Huenda watu wanakula tikiti maji hasa katika kila mlo kwa kulipenda bila kujua faida zake mwilini.

Mtaalamu wa lishe kutoka Dodoma, Heriet Nyange anasema ili upate matokeo mazuri, mlaji anatakiwa ale tikiti na kutafuna na mbegu zake.

Anasema asilimia 92 ya tikiti ni maji ni chanzo kikuu cha protini, wanga, mafuta, nyuzinyuzi ,calcium, phosphorus, chuma,vitamin A, B6, C. Pia, lina potasium, magnesium, carotene, anthocyanins na virutubisho vingine vingi.

"Tunda hili linasaidia kuimarika kwa misuli na mfumo wa fahamu kufanya kazi zake vizuri, huboresha afya ya macho, huboresha afya ya meno na fizi, lakini hushusha shinikizo la juu la damu."

"Pia, huzuia uharibifu wa seli, hurahisisha mtiririko wa damu mwilini na huondoa sumu mwilini," anasema Nyange.

Pia, anasema fidia nyingine husaidia ubongo kufanya kazi vizuri kwa sababu ya kuwapo wa vitamini B6 na kikubwa zaidi, huongeza hamu ya tendo la ndoa kwa wanaume.

Mtaalamu huyo wa lishe anaonya kwa wale wanaotaka kupunguza uzito akisema hawashauriwi kutumia tikiti kwa sababu lina sukari nyingi.

Makala haya yameandikwa na mwandishi wa gazeti hili

Figure 3.4: Article advocating the importance of water melon to men (Mwananchi, Friday, November 8, 2019)

[40] Popular dish in many African societies. It is prepared from unprocessed maize flour and boiling water. One continues stirring and then adding more flour to the boiling water until it becomes stiff or thick.

3.5.2. Contraceptive worries and the loss men's sexual power

Some young men reported side effects of contraceptive use as the cause of male sexual performance concerns, in particular, loss of sexual desire and failure to achieve several sexual rounds. Similar to McLaren (2007), Phong (2008), Chipeta et al. (2010) as well as Hardee et al. (2016) who show sexual concerns relating to contraceptive use, this study found that young men in Mwanza had strong beliefs about the effect of women's contraceptive use on male sexual health. In fact, modern family planning methods encompassed an idiom through which young men expressed their anxiety and worries of sexual performance. For instance, Ibariki aged 26 years who was a daladala conductor said that,

> The cause is modern family planning methods. You know, when the woman takes contraceptive pills, the pills will stay in the ovaries where its function is to destroy ripening eggs for each month. The myriad of toxins that pills produce to destroy the eggs will then spread to the entire body, in particular, the toxins will travel to genital parts. That is why sperms fail to survive and fertilize the egg under such circumstances of toxins in the genital parts. During ejaculation, sperms 'get killed' (*mbegu zinauwawa*) the moment they enter the vagina. After ejaculating, when the penis muscles contract, they usually pull in the toxins (already available in the female genital parts) in the penis through the urethra or sperm channel. Finally, that leads to the malfunctioning of the urethra channel and muscles that control erection.

In another conversation, two young men (both married) who identified themselves as young theatre artists reported that due to the use of modern family planning methods, women were indirectly contributing to male sexual performance concerns. One young man (aged 25 years) claimed to have heard many side effects of contraceptives when his wife wanted to use them. He mentioned the following common side effects of contraceptives: "prolonged menstruation for twice or thrice a month" (*kuingia kwenye hedhi muda wote hata mara mbili au tatu kwa mwezi*), "excessive weight loss similar to a person suffering from HIV" (*kukonda kama mwathirika wa UKIMWI*), "losing body shape through obesity and/or enlargement of hips" (*kubadilika kwa maumbile ya mwili na kuwa na tumbo na hips kubwa*) and "loss of sexual desire" (*kukosa hamu ya tendo*).

Referring to other men's complaints about women's contraceptives, my interlocutor said that one of his friends no longer felt sexual pleasure from his wife who had just begun using contraceptives. Although he did not want to admit that he lacked sexual pleasure from his wife who was using contraceptive "pills" (*vidonge*), he just insisted that "whatever is being said exists and if it does not, then it will happen or come into being soon" (Swahili proverb: *lisemwalo lipo kama halipo laja*).

Another interlocutor had the same belief that modern family planning methods affected men's sexual performance. Katibu aged 23 years related 'poor' sexual performance with the use of a condom. He said that when he used condoms, he "lacked sexual desires" (*hamu ya mapenzi inakata kabisa*), particularly after the first ejaculation. He believed that it was caused by oily substance in the condom. In our conversation, he said that, "…when oily substances in the male condom start getting into my body [via the urethra], this makes me lack sexual desire. On top of that, the oily substances make me feel lower abdominal pains and feeling gassy in my stomach. These affect my performance, causing me to lack sexual power and sexual desire."

The findings on lack of sexual desires, sexual pleasure and, in particular, lacking "sexual taste" (*ladha*) due to the use of contraceptives reveal the relational context under which sexual performance concerns occurred. The side effects of women's contraceptive use generated the sense of unhappiness and lack of attraction in sexual relationships among some young men due to prolonged bleeding and the perceived deformation of the women's body shape. My findings on the effects of family planning methods on men's sexual lives are similar to the findings by Phong's (2008) in Vietnam. He (ibid., 143) indicated that, "some men in Vietnam believed that contraceptives such as condoms reduced the quality of sexual intercourse and made some men in his study feel uncomfortable due to the heat from contraceptive pills and being hurt by the intra-uterine device in one's partner." Negative attitudes, myths and beliefs surrounding the use of modern family planning methods are widely reported in the literature (see Chipeta et al., 2010; Thummalachetty et al., 2017). However, young men's accounts in Mwanza City cited the effect of women's contraceptive use as going beyond female bodies to affect

bodies of males in terms of perception and sensual feelings.

This relationship between men's bodies and women's bodies refers to the notion of intercoporeality (see Weiss, 1999; Csordas, 2008) or to what Orbach (2003: 11) suggests, "There is only a body in relationship with another body." Young men's bodies, which experienced sexual performance concerns come from bodies of the other people, particularly women who were reported to be using modern family planning methods. For instance, through bodily relationships, it became possible for some young men to see and feel their partner's body as not being 'sexually palatable' or 'sexually tasteful' and attractive due to the side effects of contraceptives. Hence, the loss of sexual desires or sexual performance concerns in general, become an intercoporeal reality in sexual relationships as young bodies appeared to be in a mismatch or failed to adjust to one another during sexual intercourse. Understanding sexual performance concerns as a result of the relationship with women's bodies has been documented in Zhang's (2015) study in contemporary China. Although his study did not indicate the effect of women's contraceptives use on male sexual health, the author indicated that, "impotence could be a glimpse of intercoporeal failures" (ibid., 119). Zhang (ibid., 185) writes,

> Impotence can be examined from the perspective of sexual intercorporeality[41], where two bodies come to intertwine and gear themselves to one another. In situations of impotence, bodily contact is forged with reluctance or hesitation, and the carnal space is passively filled. The most common sign of fragile sexual intercorporeality is the lack of touching. Other things being equal, men in this situation-in a thin state of sexual intercorporeality-tend to be more vulnerable to erectile failure and experience more difficulties in recovering potency than those in a thicker state.

[41]According to Zhang (2015:184-5), sexual intercorporeality refers to as the mutual gearing and intertwining of the bodies in sex. He mentions three aspects of the bodily intertwining. The first is through touching, kissing, licking, rubbing, and so on. The second is the use of carnal space so two bodies are geared toward one other and pace each other in positioning and concomitant rhythms. The third aspect is the intensification of sensory input, which may include stimulation of all five senses.

Hence, from this perspective, men's descriptions on the effect of contraceptive use revealed lack of sexual tasting, a state of sexual intercoporeality that resulted into loss of sexual pleasure, sexual desires, feeling gassy, and abdominal pains, which ultimately, led to erectile difficulties.

3.5.3. New-born's umbilical cord stories: "if it drops on the penis you become impotent"

Another idiom of distress among my interlocutors was the association of sexual performance concerns with the falling of the "baby's umbilical cord" (*kitovu cha mtoto*) on genital parts at infancy. Some young men believed that unlike female newborn babies, a male baby boy needed more care and attention of not letting his umbilical cord drop on his penis when it got dry. As one young man put it, "…when a baby boy is born the family members must take precautionary measures until the umbilical cord falls off. For baby girls, it doesn't matter where her cord falls" (*mtoto wa kiume anapozaliwa familia lazima imtunze vizuri mpaka kile kitovu kianguke, tofauti na mtoto wa kike, yeye kikanguka vyovyote ni sawa*). It was believed among some young men that letting the umbilical cord fall on the genital parts of the male children affected the male reproductive organs, causing lack of erection to the boy and hence, hindering him to become a *rijali* man in his later sexual life. This belief was mostly held among people who equalled sex to sexual intercourse and/or penetration, a condition that was counted as a proof of manhood. The umbilical cord was not considered to be detrimental if it fell onto body parts other than the genitals. Although not all young urban men support this belief, most of them seemed to take the advice of "elders" (*wazee*) to protect the cord of their baby boys from falling on the penis. No one reported taking the risk of allowing the cord to fall on their new-born's genital parts.

This assumption refers to the male body as a social body, and particularly the penis as "good to think with" (Scheper-Hughes and Lock, 1987:18). In patrilineal societies in Tanzania, social values of reproduction are represented and justified through one's penis. My interlocutors' assumptions about the boy's umbilical cord functioned not only to confirm but also sustain cultural views of the erecting penis and the ability to reproduce,

to be virile, to be with superiority, to dominate, to control and to conquer. The non-erecting penis, which was said to result from letting the boy's umbilical cord falling onto his private parts, symbolized the inferior body, which could not express gender identity related to reproduction and virility. Most interviewed people viewed the male penis as the central male organ for the construction of gender identity.

For example, Mzee France (aged 57 years) who was a member of the ward tribunal and a Roman Catholic catechist in Mwanza City explained to me how he insisted that his married children observed the new baby's cord. During our conversations at the ward tribunal where we first met, he reported a number of cultural assumptions and practices relating to "new-borns' umbilical cords" (*vitovu ya watoto wachanga*) and the "placenta" (*makondo ya uzazi*). He particularly emphasized that umbilical cords and the placenta if not well taken care of could be detrimental to both the new-born and the mother. With particular reference to umbilical cord care and management, he said: "some people, especially we Christian believers throw them away or bury them while the Muslims wrap them in a piece of cloth and tie them [the umbilical cords] around the baby's wrist and/or waist" (see Figure 3.3).

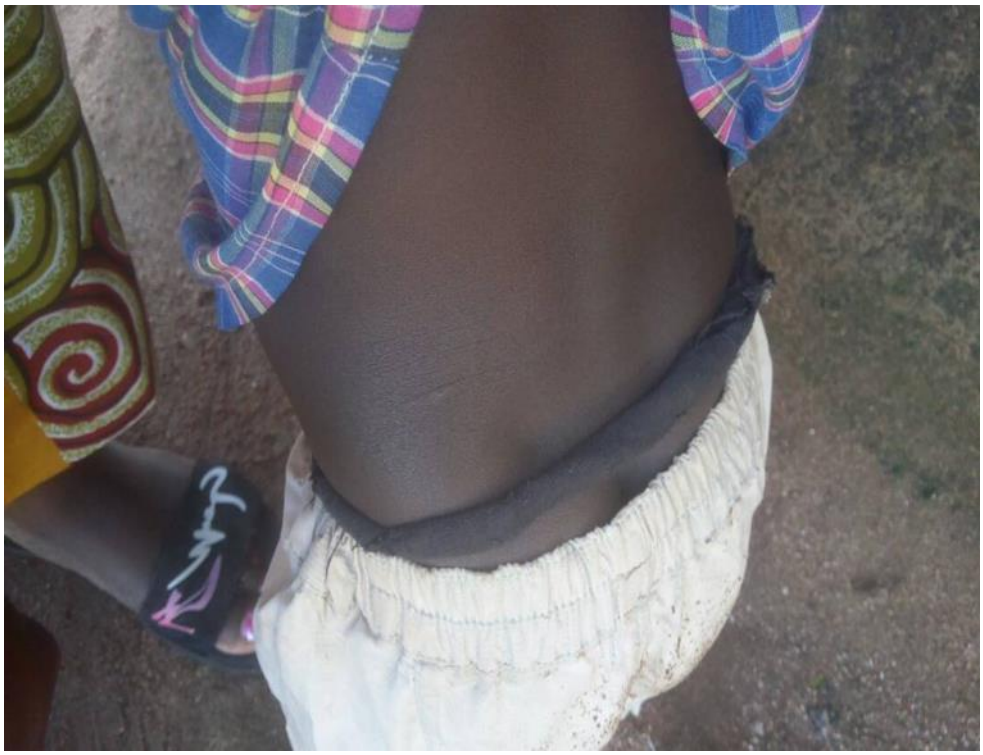

Figure 3.5: The umbilical cord in a piece of cloth tied around the baby's waist (Photo by S. Mutebi).

Like other young people who reported the cultural assumption of a male baby's umbilical cord, Mzee France insisted that mismanagement of the baby's cord could be harmful to the child (*kutokuwa makini na kitovu cha mtoto kunaweza kuleta madhara makubwa kwa mtoto*). According to him, unless the mother took precautionary measures and prevented the cord from dropping on the baby's private parts (*sehemu za siri za mtoto*), the child was unwelcomed in the family as a "curse" (*mkosi*). Ultimately, the curse made the male baby not only unable to achieve penile erection but also lose his presence and reception in the patrilineal society. In one of my visits to his home in Mecco area, Mzee France explained how he influenced his sons and daughter in-laws to be sensitive to caring and managing the new-borns' umbilical cords. It was like a coincidence that during my fieldwork, one of his sons who lived in Dar es Salaam had got a new baby boy. During my visit, he reported that he had insisted his son and daughter in-law (*mkamwana wake*) not to temper with the umbilical cord (*wasifanye utani na kitovu*) because it could cause his grandson "impotent" (*hanithi*), which could make one lose one's reproductive

capacity. To prove what he was telling me, Mzee France took up his phone and called his daughter in-law to confirm whether she took precautions or not. Although Mzee France did not inform her that I was present and wanted to hear the conversation via loudspeaker, he put the call on loudspeaker so that I could hear her response. The following was the conversation:

> *France: [The phone is calling] let's see if she picks up the phone.*
> *Daughter in law: [Greets] Shikamoo baba.*
> *France: Marahaba mama. How are you?*
> *Daughter in-law: I am fine baba.*
> *France: Is my grandson fine?*
> *Daughter in-law: He is fine baba.*
> *France: Okay, I told you to carefully take care of the baby's umbilical cord. Did you take care of it very carefully? I told you when it falls to be very careful so that it doesn't fall onto his private parts.*
> *Daughter in law: We were very careful to observe it.*
> *France: Who took care of it? Yourself alone? Or was it your mother?*
> *Daughter in-law: It's my mother who took care of it and its management.*
> *France: Your moher! Don't cheat me.*
> *Daughter in law: No, I am not cheating baba*
> *France: Okay. Thanks. Is my son Paul at home?*
> *Daughter in law: No. He is not at home right now.*
> *France: Okay. I will call him later.*

The conversation reveals how Mzee France imposed and pressured this cultural assumption to his son and daughter in-law by insisting that their baby boy would not achieve an erection and hence, become a man if they allowed the cord to drop on his private parts. This condition was perceived as unhealthy both to the male body and to the entire society. As already indicated, many young men reported the influence of elder members in their social networks who emphasized on the precautionary measures in caring and managing the cords. Even a few women I interviewed admitted to have been protecting their new-born baby boys from becoming impotent in future by either "tying a piece of cloth around the male baby's umbilical cord" (*wana mfunga nguo kwenye kitovu il ikikikatika kibanwe na nguo*) or "avoiding making the baby sleep on his back until the cord fell off" (*kutomlaza mtoto chali mpaka kitovu kikatike*).

This cultural assumption of relating the umbilical cord to impotence is congruent with the findings by Herlihy et al. (2013) and Sacks et al. (2015) in the Southern part of Zambia; Mukunya (2017) in Uganda; and Dhingra et al. (2014) in Pemba, Tanzania. These studies identify local perceptions and beliefs of care practices of the new-born umbilical cord, especially of the baby boy, which is believed to have powers rendering the male sexual organ dysfunctional. Although the participants in the above quoted studies were mothers and community health workers, young men, both married and unmarried, in my study seemed to hold similar assumptions of the body, particularly that the penis was a symbol of expressing one's gender identity. As the excerpt from Mzee France's conversation with his daughter in-law indicates, this might be due to the influence of the elder members in the society (as part of the larger social system) imposing perceptions, beliefs and practices on young men's minds (and bodies) regarding umbilical cords.

Again, most people I interviewed were aware of this cultural assumption and it was interesting that even some young men, who did not support the belief actively, took precautions to prevent the cord from falling on their new-borns' penis. If accidentally the umbilical cord fell on the penis, the mother and all people around were prone to blames for not being extra careful to the new-born. However, some interlocutors believed that the new-born's mother could still play an important role in the healing process. For instance, some interlocutors claimed that the baby could be healed by allowing the boy's penis to come into contact with his mother's genital parts (*kugusisha uume wa mtoto kwenye sehemu zake za siri za mama yake*) or let the boy at puberty age see his mother's nakedness (*mtoto akibarehe inabidi auone utupu wa mama yake kama tiba ya tatizo).*

3.5.4. Functions of religious/moral anxieties and sexual concerns

As indicated in the preceding subsections, the role of culture and society in explaining sexual performance concerns was acknowledged by my research participants. Cultural factors such as religious beliefs as well as values and moral interpretations were also shown in the literature from outside Tanzania. For example, Atallah et al. (2016:597) indicate, "one's religious beliefs may directly influence sexual functioning." The scholars

(ibid.) propose that clinicians should be mindful of specific religious influences such as restrictions on pre-marital sex, masturbation, extra-vaginal ejaculation and sexual positions and practices when evaluating sexual function and dysfunction among their clients. Sungur and Bez (2016: 57) observe that in Turkey, "the restrictive nature of Islamic rules regarding sexual issues are more likely to give rise to contextual sexual problems." Similarly, they (ibid.) point out further that religious beliefs may have a significant impact on the presentation of sexual dysfunction among Muslim clients of Turkey. In this subsection, I build on this existing literature to provide a detailed account of the connection between sexual performance concerns and religious beliefs, spiritual interpretations and moral anxieties in Mwanza City.

To some of my interlocutors in Mwanza City, sexual performance concerns were often associated with the breach of religious beliefs, values and moral standards in contemporary urban Tanzania. The belief that sexual concerns were "God's will" (*matakwa ya Mungu*) and/or supernatural powers dominated our conversations. As one man in his late twenties, unmarried and college student put it,

> The illness [referring to sexual performance illnesses] has two aetiologies. The illness may be caused by either lack of sexual drives (*kupoteza hisia za mapenzi*) or God's will. That is God has decided it on His will to happen on that person (*Mungu kaamua tu kumtunuku huyo mtu*). You know, God may sometimes make you lack sexual power in order to save you from more disastrous illness, which one might acquire because of possessing extra sexual powers.

Another 28 years old married man, whose work was copying Compact Discs (CDs), Digital Video Discs (DVDs) and adding music to smartphones explained that,

> Mmm according to what I know, I can say that loss of sexual power is so wide, but sometimes it is due to God's creation (*uumbaji wa Mungu*). God has given some people enough sexual powers, others very little sex power (*mwingine amempa nguvu nyingi mwingine amempa nguvu kidogo*). Others are impotent (*mahanithi*). In the Bible they are referred to as eunuchs (*matowashi*). They have been so for God's plan, but others have been made so because of a certain problem in life. He starts well with his wife [performs with satisfaction] but as life goes on, he gets that difficulty.

Whereas the above accounts seem to attribute male sexual weakness to the will of God, others described the effects of "not observing religious teachings" (*kutozingati amafundisho ya dini*), which advocate sexual purity, sexual abstinence and proper dressing codes. For example, Abubakari (31 years old, peer educator and leader of a madrasa centre in Buzuruga) reported that sexual performance concerns, in particular, lack of erections, were the result of sexual "impurity" (*uchafu*), particularly "not washing the penis after each sexual round" (*kutokwenda kutawadha kila baada ya tendo la ndoa*). In our conversation that was held in one of the rooms at the madrasa center, he said that after ejaculation, it was obligatory for Muslim men to wash their penises before they continued with sexual intercourse. This was an obligatory practice to purify one's body for another successful sexual penetration. From a religious point of view, Abubakari put it as follows: "…Prophet Mohamed says that if you wash your penis after ejaculation your sexual power remains unchanged, no decrease" (*Mtume Mohamed anasema ukinawa baada ya kutoamba nguvu za kiume zinabaki palepale, hazishuki*).

He explained further that young men's desire of having "successive ejaculations" (*kuunga mabao*) or the desire to achieve multiple sexual ejaculations accompanied by not washing the penis after each ejaculation was detrimental to male sexual health. Specifically, he said that sexual impurity could affect one's erection capacities during sexual intercourse. For example, emphasizing on the impact of failing to wash after ejaculation, he said:

> Male sexual weakness during intercourse is not a disease but it is all about sexual impurity (*uchafu*) occasioned by not washing the penis after ejaculation. This is what we [Muslims] believe. It is obligated that after you ejaculate, you wash the penis before you can penetrate her for the second time. However, once we penetrate female partners, we often forget to purify ourselves after ejaculation. Some even ejaculate three times without going to wash their penises. Ultimately, this affects the penis without one being aware.

In the same context of religious and spiritual interpretations, other people in my study still assumed that sin and sinful behaviours such as engaging in extramarital affairs and/or

premarital sexual intercourse could cause men to lose the capacity to perform with satisfaction particularly with their wives or when they got married. They claimed that the sexual act consumed more energy than any other activity. Symbolically, some young men demonstrated that "the energy spent during a single ejaculation equalled to running one hundred meters" (*nguvu ya bao moja ni sawa na kukimbia mita mia*). Similarly, another young man capitalized on the link between premarital and sexual performance concerns and said: "…engaging in sex before marriage is like eating uncooked food (*kuingia kwenye mahusiano kabla ya ndoa ni sawana kula chakula kibichi*). You waste most of your sexual power unnecessarily in sexual intercourse at a very early age and finally, you end up lacking such sexual powers when you get married." It was also a persistent assumption among some young men in Mwanza that immoral behaviours and adultery caused sexual performance concerns. According to such young men, sexual performance concerns were God's punishment for violating His commandments. Although my interlocutors who reported such religious beliefs came from different religious backgrounds, they seemed to agree that a young man, who was more often engaging in marital infidelity and premarital sex was more likely to be at risk of experiencing loss of sexual power later in his life.

Religious interpretations as an idiom related to the perceived side effects of extramarital and premarital sexual relationships offered an alternative explanation of the aetiology of male sexual performance concerns from what is conceptualized in the biomedical literature. Young men who supported such religious and moral interpretations argued that, "failure of a young man to take control of his body and make it his own slave" (*kushindwa kuumiliki/kuutawala mwili wake*) resulted in excessive sexual intercourse at a very young age and/or having extramarital affairs. These practices, which some people in my study considered as immoral and disobeying the sixth commandment of God, which says "*usizini"* (thou shall not commit adultery), were important reasons, which could lead to the loss of sexual desires that people interpreted as one form of young men's sexual performance concerns.

Related to the presented religious expressions, were sexual instructions and rules of arousing one's partner articulated in religious teachings. It was clear from my interlocutors' explanations that engaging in a successful sexual intercourse involved mutual agreement, self-giving and "sexual preparations" (*maandalizi ya tendo la ndoa*) of both sexes. According to my interlocutors, this could involve touching, licking, kissing, rubbing and verbal communication. For example, Najim aged 21 years, a bodaboda rider claimed that according to Islamic teachings, there were over 99 ways and 150 methods for sexual arousal before one engaged in sexual intercourse and they were recommended by Prophet Mohamed (A.S). Among the ways and methods, a man should "caress his partner's head" (*kumchezea kichwani*), "ears" (*masikio*), "neck" (*shingo*), "breasts" (*chuchu za matiti*), "thighs" (*kuchezea mapaja*) and "feet" (*nyao za miguu*) before penetrating her. Compliance with these instructions could enable one to perform with satisfaction and bring one's sexual partner to orgasm for several times. As one young man put it, "Sometimes we don't have sexual performance concerns but because we don't follow the rules of the game we end up complaining that we have sexual weaknesses." Other young men insisted that men who did not prepare their sexual partners and instead, "hastily rushed like hens" (*wanakurupuka kama kuku*), could not satisfy their partners. This indicates that forms of sexual performance concerns resulted from intercorporeal failures of not complying with one's religious teachings on the methods and techniques of sexually arousing one's partner.

Closer examination of the religious assumptions and spiritual interpretations revealed that young men's sexual performance concerns were also relational problems and were associated with negative experiences in sexual relationships (see also Laumann et al., 1999; Tiefer et al., 2002; Zhang, 2015). For example, some young men in Mwanza City considered the loss of sexual power to be the result of being bewitched locally described as *kulogwa* or *kufyatuliwa* by their sexual partners. Along the same lines, Lavee (1991) and Shah (2002) report that sexual dysfunction is associated with supernatural powers such as the curse by a powerful woman, the evil eye or a mysterious powder put in one's drink. Young men in this study not only reaffirmed such beliefs but also revealed that women's use of mysterious substances such as "hiding sliced pieces of onions in their

armpits" (*kuficha vitunguu kwenye kwapa*) or "fixing a needle in their hair" (*kuweka sindano kwenye nywele*) could be the source of losing sexual power during intercourse. Some young men told me that the loss of sexual power could be of supernatural origin, particularly in a context where the (young) man "took someone's wife" (*kumchukulia mtu mke wake*), breaking the relationship, abandoning his sexual partner and falling in love with someone else or "failing to pay the sexual partner the agreed money" (*kutomlipa demu hela yake*) in the context of transactional sex. All these were relational problems thought to cause dissatisfaction and distress in one part (particularly the female part), which could influence her resorting to witchcraft by making a man lose his penile erection during sex as revenge.

Like what Shah (2002) calls "the magic ligature,"[42] according to some young men in Mwanza City, in case a female partner takes the male semen through a tissue paper or piece of cloth used to wipe the penis after sex and mix it with "some medicines" (*dawa fulani fualani*) as well as recite some words (*kunuia*) and then put them into the bottle or under the bed, erection would not take place. Likewise, if a man slept with other sexual partners, he was said to loose his erection. My interlocutors believed that such practices weakened the penile erections of men and hence, denied them the opportunity of having sexual intercourse with the women other than the sexual partners who did so. A countermeasure against such practices included either consulting healers who were experts in restoring back the lost potency or persuading (and sometimes forcing) the suspect who bewitched someone to restore his erections. Although no one among my interlocutors admitted that he had been bewitched, they reported having heard and seen such cases happening to other men.

Not every young man who participated in the study connected supernatural powers to sexual performance concerns. Some disregarded them as backward and having no place

[42] Tying a knot into a ring or a key using cord or a strip of leather and then hiding it. This was believed to cause impotence of the groom at a weeding. The impotence would last until the knot was found and undone by the person who cast the spell (Shah, 2002:434-435).

in contemporary Mwanza. However, in-depth interviews with some religious leaders confirmed the findings from young men regarding the presence of religious beliefs, practices and supernatural powers about sexual performance concerns. Religious beliefs such as those concerning evil spirits were frequent among the religious leaders. For instance, one religious leader (serving at Tanzania Assemblies of God in Butimba, Mwanza) claimed that sexual concerns began with the "evil spirits" (*roho chafu*). He said that men may be possessed by evil and "ancestral spirits" (*mizimu ya mababu*) from their clan, which begun to put them under "lockup." As a result, they lost sexual interests, felt sexually weak, became unable to father children and, above all, they "discharged semen during sleep" (*kutoa shahawa wakati umelala usiku*). The possession of "evil spirits and/or evil covenants" (*maagano ya kishetani*) appeared central to sexual performance concerns. Also, according to most religious leaders and some traditional healers interviewed in m study, male sexual concerns were the result of the "evil spirits' plan" (*mpangowa shetani*) to destroy men's sexual potency.

Within these moral discourses, it was interesting to note that some young men interpreted their sexual performance concerns as the result of modern lifestyles and anxieties, particularly in terms of dressing codes. For instance, although Abubakari reported to have been adhering to religious practice of purification, he claimed that his sexual performance was influenced by the "failure of both Islamic and non-Islamic women to cover their bodies in public" (*wanawake kujiacha wazi mbele ya wanaume*). In Islamic teachings, according to Abubakari, women were obligated to cover their bodies, particularly when they were in public. While Abukakari blamed women for not covering their bodies, many other interlocutors blamed the dressing style of some women of exposing a large part of their bodies, a condition they thought contributed to men's sexual weakness. Another young man in my study said that a Muslim woman's body had to be covered except her hands and face. According to some people, adhering to this dressing code helped "to stifle male sexual arousal" (*kuzuia matamanio ya mwanaume*). In indicating the relationship between dressing codes and young men's sexual performance concerns, young men reported that seeing women dressed in pants or other types of clothes, which exposed their thighs weakened sexual desires, led to overstimulation and increased the rate of

infidelity.

This moral anxiety can also be situated in the broader context of globalization. The processes that has given rise to numerous social transformations in urban life worlds. While on one hand, religious beliefs and values were increasingly contested under the pressures of globalization and modernity, on the other hand, there was flourishing of sexual information in mass media. The situation put young men in a "moral vacuum" (Dilger, 2003: 32), which contributed to the loss of sexual power due to increased desire of women to look modern. For example, in my conversation with Abubakari, he acknowledged that his sexual performance was at stake due to increasing female dressing in tops and low cuts, which exposed some of the private body parts. He said: "On my side, what affects me are women dressing in 'tight-fitting trousers' (*suruali za kubana*), 'low cuts' (*vipedo*) and 'tops' (*vitop*). When I look at these female dressing in such clothes my penis stiffens due to erection and finally, loses its power due to irregular overstimulation." Like Abubakari, other interlocutors frequently argued that women dressing in miniskirts, transparent and tight-fitting clothes and/or exposing their stomachs, breasts, waists and thighs were the outcome of "modernity" (*utandawazi/ukisasa*), resulting from their exposure to popular media. Young men perceived such dressing styles as a cause of lack of sexual interest among men in Mwanza City. From the young men's perspective, the more often a young man saw women's nakedness or thighs, breasts and abdominal parts, the less likely were the young man able to perform during sex with satisfaction.

3.6. Chapter conclusion

In a nutshell, it is important to note that I do not deny the physical and organic causes of sexual performance concerns which are identified in the biomedical literature. However, from an anthropological perspective, the young men's ethnographic vignettes and excerpts in this chapter reveal that neither physical nor organic aspects were the only determining factors. Capitalizing on the social and cultural contexts, I have identified various circumstances under which sexual performance concerns occurred among young men in urban Mwanza. I have shown that hegemonic notions of masculinities that is, the

characteristics of being a 'real young man,' which included being financially independent or economic stable, being a provider, and being sexually active, directly and indirectly influenced young men's sexual performance concerns in the sexual relationship, particularly in instances where such expectations were not met. Failure to meet such social expectations led to stressful situations, which later manifested itself via sexual deficits. For example, young men's failures to live up to peers' and partners' expectations with regard to such standards were interpreted as not being a *rijali* young man.

I have shown in this chapter that young men believed that the urban social context played a critical role with regard to sexual performance concerns. For example, accompanied by socioeconomic changes, young men indicated that the costs of living in the city were increasing and hence resulting into increased financial instabilities, low incomes, poverty and lack of gainful employment opportunities. These changes were reported to affect dominant notions of a provider or rather a breadwinner in the family and sexual relationships. As a result, such changes were believed to be the source of worries of economic hardships and distress to young men's lives. However, young men were not passive victims of the worries and stressful environment of living in the city. They indicated to have been engaged in excessive alcohol consumption, substance abuse, and engaging in "hard works" (*kazi ngumu*) as strategies for dealing with worries and stressful economic conditions. In turn, such coping strategies were reported as having negative effects on sex as they resulted into "sleeping like a log", tiredness, and loss of sexual interest. This chapter has made clear that besides being the product of social context, male performance concerns were the outcome of cultural discourses. Young men viewed/expressed causative factors in terms of idioms such as the nature of food intake, religious beliefs, modern family planning methods, baby boys' umbilical cord and supernatural powers. Therefore, sexual performance concerns seem to involve multiple and complex social, cultural and moral aetiologies. In the next chapter, I focus on how young men's inability to perform 'well' during sexual intercourse led to bodily disruptions of self-images of being a man.

CHAPTER FOUR

"THE DYS-APPEARING BODY": EVERYDAY LIVED EXPERIENCES OF SEXUAL PERFORMANCE CONCERNS

4.1. Overview

At the time of writing this chapter in June 2018, I saw a small article titled, "*Nina maumbile madogo ya uume (Kibamia), naogopa kutembea na wasichana*" (literally translated as: "I have a small penis (*Kibamia*), I am afraid of engaging in sexual relationships with girls"), which was posted on *Darasa la Mapenzi*,[43] an online forum on sexual matters in Tanzania. The word *Kibamia* (a Kiswahili word for okra) as it appeared in the title, was a metaphor for describing the small size of a penis that is compared to an "okra" (*bamia*). In that article, a young man aged 21 years, described himself as having a body that was "a bit skinny" (*mwembamba kiasi*), "relatively tall" (*mrefu kiasi*) and with "a brown skin colour" (*maji ya kunde*). He described himself further as a well-dressed and decent man. The young man who did not disclose his name, claimed that many girls were falling in love with him, and that some girls were fighting for his love so badly that police were needed to be called in order to restore peace. He explained further that while some girls quarreled and fought for him in the streets, others decided to approach his relatives directly to express their intention of being with him for either romantic relationships or giving their hand in marriage.

Because the young man could not establish sexual relationships with any of those girls, despite their desperate efforts to win him, his relatives and particularly his mother, started to question his manliness. According to him, his mother lost trust in him and assumed that her son was either gay (*shoga*) or impotent, that is "not functioning as a bull" (*hafanyi kazi kama dume*). However, according to the young man, the only obstacle that

[43] Darasa la Mapenzi is one of the Swahili apps on Google Play Store which focuses on sexual matters. The users of this app post, share or receive information on sexual relationships and/or learn various aspects of sexuality including the techniques of improving the capacity to perform sexually with satisfaction. It is not a dating app though.

constrained him from engaging in sexual intercourse, and which appeared to restrict his interactions with members of the opposite sex in the streets, was the size of his penis. As such, he was not afraid of falling in love, which could ultimately lead to sexual intercourse, but the size of his penis that not only disrupted his bodily image and self-esteem as a man but also made him refrain from falling in love with girls who might later comment on the size of his penis. Commenting on this perceived vulnerability, he wrote, "I often do think how I can manage to have sex with the girl when I know my penis is too short/small. When I put the ruler on my penis, it measures four inches long. So, can the girl feel it daaah…?" (*Nawaza nitafanya vipi mapenzi na msichana ikiwa mimi nina UUME MDOGO saana nilipoupima kwenye rula ni wa nchi 4 so hivi msichana anaweza kuhisi uume huu kweli daaah…?*)

This concern of having a very short or small penis size left this man in a great dilemma of not knowing what he should do to enlarge his penis size. Throughout the article, he was, in fact, requesting online media users to propose to him the best ways of getting rid of (or 'enlarging') his *kibamia*. He thought that his penis size was not only too small/short to satisfy a girl during sexual intercourse, but also that it was in contrast to his body-image as a man. The young man was unwilling to share this matter with his parents, and after all, he thought they would not help him to address the problem. Thus, he wrote,

> I am thinking of disclosing either to my mother or father but I don't know how I should start sharing this problem with them. My father is too strict (*ni mkali sana*) to the extent that he sometimes does not respond to my greetings. Also, all my elders in the family are women daaah! It pains me a lot when I see my mother shedding tears when she meets with girls who approach her directly for my sake.

As I read the article, it reminded me of similar patterns of embodied experiences of young men who had sexual performance concerns, particularly erectile difficulties and ejaculation concerns. Similar to this case, men's bodies (especially the size and appearance of the penis and seminal fluids) drew their attention and was problematized in their everyday lives. In this chapter, I focus on the phenomenological understanding of sexual performance concerns of those young men who identified themselves as

experiencing changes in their sexual performance. As I will further indicate in two selected cases, their communication of sexual performance concerns involved a variety of metaphors. Most young men involved in this research regularly used metaphoric descriptions in order to articulate their lived experiences of erectile difficulties and ejaculation concerns.[44]

As indicated elsewhere (see for example Wilson, 2012; Coker 2004; Kimmel, 2004; Csordas, 1994; Low, 1994; Kirmayer, 1992), anthropologists have examined peoples' metaphors to account for various phenomena. For example, in terms of understanding illness experiences, scholars (e.g., Wilson, 2012; Low, 1994; Kirmayer, 1992) have indicated the importance of metaphors in communicating corporeal experiences to others through common and polysemic expressions. Along similar lines, I show that metaphors in this study not only functioned to communicate bodily experiences through cultural representations, unique and meaningful expressions, but also facilitated the thematization and problematization of the body in a creative and depersonalized manner. As I will demonstrate, through metaphoric expressions, the body, in this case, the body experiencing sexual performance concerns were implicitly made aware of both their own self and of other people around them. Moreover, this self-awareness emerged out as detached from the body. In this chapter, I turn to young men's metaphoric descriptions in order to emphasize both corporeal expressivities of being-in-the-world (the communication of bodily experiences) and facilitating young men's awareness and action of their bodies, especially in relation to sexual performance.

[44] In this thesis, I follow Low's (1994: 143) understanding of metaphors that a "metaphor is a way to define the undefined and nascent identity of a person or group…It is also strategic; it is a plan for action and performance. It also allows one to move from the abstract and inchoate of lived experiences to the concrete and easily graspable". Moreover, according to Kirmayer (1992:332), "metaphor (A is B) is an invitation to think of A (the topic) as if it were sort of B (the vehicle)". Following the topic and vehicle relationship, I examine salient features of young men's metaphors of describing penile erections and ejaculations to understand "the concrete and easily graspable" experiences of erectile difficulties and ejaculations concerns.

It became also clear that young men's embodied narratives of living with sexual performance concerns affirmed experiences of the body, which according to Zeiler (2010: 333) is seldom a thematic discursive object of experience in everyday life and remains much of the time as a "corporeal absence" (Leder, 1990: 1). It is within this context of young men in my study grounding their experiences of the body and viewing their experiences as embodied, that I use Drew Leder's (1990: 69-99) concept of "the dys-appearing body" to examine lived experiences of young men with erectile difficulties and ejaculation concerns. Following Merleau-Ponty's theorization on the body, Leder (1990) argued that the body has a tendency to disappear from one's awareness and action when it is in a 'normal,' 'healthy' and ordinary functioning state. It is being forgotten about, taken for granted and not requiring one's direct and focal thematization. Leder (1990: 69) argued that in such moments of ordinary functioning, the body is placed in a "corporeal disappearance." The author uses the term "disappearance" to refer to structures of concealments, absence and in fact, a disappearing state in which the body is said to reside in a "corporeal background."[45] Nevertheless, at certain moments, especially those involving pain, disease and illness, and affective disturbances, the body "infects its presence from the very start" (Leder 1990:70). According to Leder (1990), it is from such moments of breakdown, problematic performance or affective disturbance that the body emerges out of the corporeal background, absence and 'appears.' This is what Leder (1990) terms as "dys-appearance," that is, "the body appears as a thematic focus, but precisely as in a dys-state." The prefix dys refers to 'bad,' 'hard' or 'ill, and is found in English words such as 'dysfunctional' (ibid., 84).

Drawing from Leder's conceptualization of "the dys-appearing body," I indicate how young men's bodies, which experienced erectile difficulties, premature ejaculation, unforceful ejaculations and fewer sexual rounds, lacking sexual desires as well as having small sized penises 'appeared', but in a dys-state. In so doing, young men became the

[45] Leder (1990:25) writes that "corporeal regions and powers are forgotten not because they are focal points from which I act and experience but because at this moment they are precisely not bodily foci".

medium of displaying not only the physical functioning and physical sensations of their bodies but also of the loss of body image, self-esteem and identity. As I will show in this chapter, feelings of mechanical 'breakdown,' 'defects,' 'malfunctioning' and 'inefficient' bodies in moments of sexual performance became the source of concerns about 'faulty,' frail bodies and images of social distractibility, weakness, irrationality, and less competitiveness in sexual activities.

I demonstrate in the case studies below that the dys-appearing body in the realms of sexual performance concerns was also shaped by the young men's peers, female partners and family members. Implicating more than one person in young men's narratives of sexual concerns implies that the dys-appearing body due to sexual performance concerns was intersubjective and relational to other bodies or people around them. Moreover, the incorporated gaze of 'the other' has been also pointed out in the work of Leder (1990: 96) as leading to "social dys-appearance." Leder (ibid.) indicates that, "social dys-appearance occurs when there is a split or a rupture between the self and the highly distant, antagonistic and objectifying gaze of the Other." I show in this chapter that young men's bodies were subject to definitions of peers, female partners and family members who, in turn, encouraged social images of distractibility, vulnerability, and insecurity.

In light of this argument, I analyze two detailed case studies and portraits of young men who identified themselves as experiencing sexual performance concerns. In each case study, I demonstrate how sexual performance concerns (which were communicated through metaphors) had devastating impacts, particularly in terms of what Leder (1990: 73) describes as "intentional disruptions" and "spatiotemporal constriction." In the first section of the chapter, I draw from the case study of Robert to describe metaphors of the morphological and physiological states of his penis and its functioning. In the second section, I focus on ejaculation concerns. The section draws strongly from John, another young man in Mwanza who experienced both unforceful ejaculations and could not manage to go several sexual rounds with his partner. In both cases, I present the narratives of living with sexual performance concerns whereby the use of metaphors was more than just communicating bodily experiences but also presenting the body in a 'disturbingly

present form.' Nevertheless, in both cases, young men seemed to be in constant struggles with self-images of their bodies and were in the quest for 'repair.'

4.2. The dys-appearing penis: The case study of Robert

I met Robert during my second phase of fieldwork in Mwanza City (August 2016 to February 2017). I recruited him into the study through Ruben, a peer youth educator in Buhongwa Ward working with the project *Mtandao wa Habari, Elimu na Mawasiliano Kuhusu Afya ya Uzazi kwa Vijana*, (literally translated as: "Information Network, Education and Communication on Reproductive Health among the Youth.") During our conversation with peer educators, Ruben provided me with the contact of Robert who had been experiencing erectile difficulties for over two and a half years. Both Ruben and Robert were young men in their late twenties. They worked together as "informal casual plumbers" (*mafundi bomba*) in Mwanza City.

Before Robert became engaged in informal casual plumbing activities, he had worked as a *bodaboda* rider in the city. His highest level of education was standard seven. Unlike other young men who lived with their families, parents/guardians and "close relatives" (*ndugu wa karibu*), Robert was sharing a room with his friend, Ruben. Although Robert was married with three children, his family was living in Shinyanga, about 160 kilometers away from Mwanza City. Initially, Robert lived with his family in Mwanza City. However, his family decided to go back to Shinyanga, where they had gone previously with Robert when he was seeking for "herbal remedies" (*mitishamba*) following his "chronic back pains" (*maumivu ya mgongo*).

As indicated in Chapter Two, since I met Robert for the first time, we had become good friends and he could freely confide his concerns to me. Upon knowing the focus of my study, he surmised that I was the right person to provide him with the best information on how he would solve his sexual performance concerns, particularly his lack of potency. Unfortunately, however, I could only sympathize with what had happened to him. In one of our conversations, which was carried out in Kamanga Garden along Lake Victoria

shores, I asked him for the details of his sexual performance concerns that seemed to have damaged his body self-image, self-esteem, and identity as a man. This is what Robert told me:

> On 19th June 2014, Thursday night around 5:00 pm, one male adult who looked a bit drunk hired my bodaboda (motorcycle). I ferried this man to his destination in Kiseke, about 7 kilometers away from my parking business area. On my way back, another man in a black over-sized coat waved at me, posing as if he was in need of a ride (*alinipiga mkono njiani*). I slowed down thinking that he was probably a passenger. But when I stopped to pick him up, he did not say anything and did not get on board. Instead and to my surprise, he suddenly drew a sword (*panga*) hidden under his black over-sized coat and struck my head with it. Had I not put on the helmet, the sword would have smashed my head into pieces! Fortunately, I had the helmet which prevented the sword from piercing my head. It was only then that I realized he was a robber and not a passenger whereupon I shoved the sword off my head and started pinning him down (*kumkwida*) in an attempt to prevent further attacks and possibly avenge for the blow. As we were locked in a fight, his fellow gang robbers invaded me from nowhere and started beating me up badly with clubs and stones. I was seriously injured, particularly on my back and around my waist.

In describing to me this event, Robert used the trending slogan in the Tanzanian media that robbers "beat him mercilessly like a stray dog" (*kipigo cha mbwa koko).* They threatened to kill him if he continued resisting them to take his bodaboda. Finally, he let them take his bodaboda, mobile phone and some money from his wallet, leaving him half dead. On the next day early in the morning, he went to the hospital where he was hospitalized for three days. Upon his discharge, he started using herbal medications because he had not yet fully recovered. To that moment, Robert had not yet known that the injuries he sustained from the robbers' attack destroyed the nerves in his spinal cord, which were responsible for his penis erection.

Although he had noticed that his penis "never erected" (*haisimami*) in the days after the robbers beat him, he thought it was just a temporary complication and that it would disappear when he fully recovered. His penis was yet to demand, in Leder's (1990)

conceptualization, a direct and focal thematization. It was still residing in the "corporeal background" (ibid., 26) because it did not draw his explicit attention. Robert took this situation for granted because he thought it was a matter of time that things would get back to normal. Ultimately though, he realized he had lost his potency when he went to the hospital some months later following persistent back pains. He reported that,

> I went to the hospital in order to treat the back pains (*maumivu ya mgongo*). In the hospital, the doctor asked me whether or not I had been experiencing erectile sensations since the robbers attacked me, I said 'no.' Then, the doctor recommended an X-ray examination. When the X-ray results came out, the doctor told me that some nerves in the spinal cord were broken (*mishipa ilikatika*) and could not be repaired anymore.

According to Robert, such medical results exacerbated his pain. He was shocked and completely upset. He said, "I felt like my back was disconnected from other parts of my body (*nilisikia kama mgongo wangu umekatika mazima*)." He blamed the robbers and imagined how his life would be without functioning sexually. From that moment, he became concerned with his penis because it failed to erect as he expected it to do. Unlike the young men in the presented online article who believed his penis was inappropriate for sexual intercourse because of its short size, Robert's penis lacked erection sensations, a situation that caused his body, and especially the penis to emerge out of "self-concealment" (Leder 1990: 69). As he thought about his future without erections, Robert came to think of his penis as an obstacle to his ideal body image, self-perception and identity formation. For example, he remarked, "when a man lacks that [referring to penile erection], no matter how wealthy or rich might be, richness bears nothing in one's entire life as a man (*mwanume ukiwa hauna kitu kile hata ukiwa na hela hauthaminiki na wala hauna umuhimu na hiyo hela yako*)."

In most of our informal conversations, he was overwhelmed by his lack of physical penile erection sensations. For example, on different occasions, he insisted that his own body had no sexual sensations at all. He remarked, "…*uume hata haushtuki, umelala muda wote"* (my penis doesn't start/get up. It sleeps all the times). His penis did not have signs of erecting even if he was in the presence of a naked woman. He compared his penis to

an electronic device which was not connected to power. He said, "*kama ni umeme basi kwangu umeme umekata kabisa"* (If it is an electrical power, then to me it is completely switched off). However, despite the fact that his 'penis power' was completely "turned off" or "switched off" (*umezima kabisa*), he never thought of consulting a doctor or healer or using remedies.

As described above, the feeling of not being a 'perfect' and 'ideal' man, the feelings of living with the disability (or the feeling of having a short penis as described in the quoted online article) often restricted one's disclosure. In Robert's case, for example, he felt ashamed of disclosing his condition not only to his family and peers but also to healers. He did not also trust the healers that they were able to 'repair' (or rather fix) his damaged spinal nerves. I recall one interesting story he narrated to me about his closest friend who had been using such remedies to boost/enhance his sexual power and capacity. He narrated that,

> Home remedies (*dawa za nyumbani*) cannot cure my lost erection. For example, one of my friends had 'weak' erections, but he had been using herbal remedies for quite a long time with no improvements. His penis did not get firm and strong erections during sex. He is now fed up with all herbal remedies, which traditional healers have been advertising. So, you can see from my friend's experience; he had weak erections, which could not be cured, what would be the case of my penis that sleeps (*imelala*) all times?

However, in our conversations, he acknowledged that as challenges of living with erectile difficulties increased, he started disclosing and looking for appropriate medication. He said that the pressure from both peers, female partners and partly from his wife on his non-erecting penis had weakened his sense of masculinity. It was due to such pressure from others that his dys-appearing penis became implicated in the social interactions with people around him. As I further indicate in this dissertation, Robert's dys-appearing penis was perceived, experienced and judged by the others' gaze. Finally, it became a target for medication. According to Robert, the incorporated gaze of male peers, female partners and partly from his wife made him conscious of his situation and he started seeking for appropriate medications to 'repair' his non-erecting penis, which seemed to be the source

of social disruption. He admitted that whenever people knew of his condition, they started "laughing at him" (*kumcheka*) and questioned his manliness. For instance, Robert said,

> This condition (inability to erect) makes me feel ashamed because it has now reached a stage where even my ex-girl friends or those I already attempted to have sexual intercourse with, want to test whether I am really erecting or not… a lot of girls tease me. Even in normal conversations with them in the streets, when they get my mobile number, they start calling me and propose that we could meet somewhere. I cannot tell a lie to you, my friend, this is happening to me at all the times. For instance, in one case, one girl called me for several times. I attempted to avoid her (*kukwepakwepa*) but it reached a point I could not avoid her anymore. I told her that I don't have money but she said she would pay everything including *bodaboda* fee and for the accommodation. I had no choice (*sikuwa na ujanja*), I agreed but when I got there my penis did not erect at all and the girl was there looking at me and laughing.

Consequently, Robert said that he decided to avoid engaging in any conversation with both his wife, other women and peers, which could result in sexual intercourse. Again, he reported that he was often returning home as soon as he finished his works and he kept silent if his peers talked about sexual issues in their daily conversations. These approaches of dealing with this concern were, in one way or another, alienating him from being-in-the-world thereby limiting his interactions. Robert believed that getting involved in informal sexual dialogue mostly with his peers and with women could further result in stress over the matter. He told me that he found no reason for joining his peers in the '*vijiwe*' because they would laugh at him if they realized that he was not sexually functioning.

In fact, Robert admitted that he was no longer a "man of substance" (*mimi sio tena mwanaume wa maana*) compared to his past experience. He became more angry and embarrassed with jokes regarding his impotence from his networks, particularly from young men and women who happened to know his physical condition. He said he was saddened by such jokes from his peers that he was bewitched by his wife so that he could not 'get up erections' with casual partners (*amelogwa na mke wake ili asisimamishe akiwa na wanawake wa nje*). Similarly, he also explained how female partners' jokes that they "could enjoy nothing from him except his money" (*hamna kitu pale labda umlie hela*

zake tu) inflicted more feelings of pain (*uchungu*) and social vulnerability, inadequacy and hopelessness in his body. Those jokes and many other metaphors that targeted his impotence made Robert bow his head, instigated the feeling of having a "weak body" (*kuwa mdhaifu*), feelings of being "worn out" (*kuwa mchovu*) and "betrayed by his own body" (*mwili unakusaliti*) for failing to display the ideal self-image and identity as a man during sexual intercourse.

4.2.1. Communicating erectile concerns: embodied metaphors of the penis

> *Umelala huo, umelala huo, umelala huo mtalimbo umelala doro* (literally translated: "the rod has laid down, the rod has laid down, and the rod has laid down idle.") Chorus of a Bongo Flava song Mtalimbo by Machozi Band.

Many young men who participated in my study talked about how they were experiencing erectile difficulties in different ways. They said that they felt as if their penises were becoming numb (*uume umepigwa ganzi*) when they failed to penetrate the genitals of a female partner during sex. Some described that they felt as if their penises were becoming useless or rather functionless (*uume haufanyi kazi*). As described in the above case study in section 4.1, Robert felt living with dis-ability in his body because he lacked erection sensations. Other young men in my study complained about the feeling of unusual physical erectile sensations such as "weak erections, particularly during the act of marriage" (*uume kusimama kwa kulegealegea wakati wa tendo la ndoa*), "lack of erections sensations during the act itself" (*uume kutokusimama wakati wa tendo lenyewe*) and "the penis sleeps or becoming flaccid in the mid of the act of marriage" (*uume kulala au kusinyaa katikati ya tendo la ndoa*). One married young man aged 26 years reporting his experience of erection during sex, said: "I don't erect well. Sometimes when it erects it is weak and sometimes it becomes flaccid while inside [the vagina] (*sisimamishi vizuri, muda mwingine hata ikisimama inakuwa legelege na pia muda wakati mwingine hulala ikiwa ndani*)." For most of my interlocutors, such physical erectile sensations were believed to be "symptoms" (*dalili*) of erectile concerns.

Although such metaphoric description of erectile difficulties appeared also in traditional healers' advertisements of medications for curing the problem (see Figure 1.1, 1.2 and

1.3 in Chapter One), they also communicated and expressed embodied experiences of living with erection concerns. Metaphoric description mostly expressed young men's bodily reappearances in a 'dys' state, that is the condition of erectile problems. A similar observation was made by Leder (1990) who discussed the ways in which bodies can emerge from a 'disappearance state' to become a thematic object of experience. At times of anguish and illnesses, young men through metaphoric language became aware of their dys-appearing penises during sexual intercourse. For example, Robert's testimony that his "penis could not erect" (*haisimami*) and "was not functioning" (*hafanyi kazi*) became a direct and explicit thematization of his penis, in contrast to his previous life that was characterized by ordinary penis functioning and unproblematic erections during sexual intercourse.

Nevertheless, it is important to note that young men's descriptions of bodily reappearance, that is, the condition of the dys-appearing of their penises, also reflected a disconnection of their selves and their bodies. Drawing on Low (1994:140), "the metaphoric language of symptoms and diagnosis removes the sensations from the body of the sufferer, or the sick, hence limiting and obscuring the person/body/experience relationship." In a similar way, young men's metaphors of erectile functioning and erectile difficulties seem to present the body as an 'alien or foreign thing' (see also Leder, 1990). However, despite presenting the body's suffering as an 'alien' and 'foreign' to themselves, they brought back experiences to the body. For example, Robert's case and the story presented at the beginning of this chapter, illustrate clearly that metaphoric language, and imagery evoked not only the mechanical and physical nature of erectile sensations but also embodied experiences including the experiential impact of such metaphors in the daily young men's social life.

Drawing from Robert's narrative of living with erectile dysfunction, I argue that his metaphoric language was grounded in his bodily experiences. Robert drew on the biomedical discourse of erectile dysfunction to understand his erectile difficulties in terms of "damaged nerves," which could neither be fixed nor repaired again. He described his penis as no longer displaying mechanical features of a "bolt," "cockpit," "engine,"

"hammer," "hand tool," "machine" or "crowbar" (see also Bordo, 1999: 48; Murphy, 2001: 17). For example, the descriptions of his penis as "not functioning" (*haifanyi kazi*), "not getting up/starting up" (*haisimami*), "sleeping" (*imelala*) and "switched off" (*imezima*) located his penis in the realms of mechanical and electronic devices, which could be repaired or fixed. Like many other cases of erectile difficulties, Robert described his lack of physical erectile sensations (erectile difficulties) as a mechanical breakdown and performative failure. This was reflected in the comparison of his penis to the electric device, which was not connected to power.

While the above descriptions of the penis reveal bodily experiences, which are often expressed in what Murphy (2001:17) refers to as "the mechanical tool, a cold, disembodied and efficacious piece of equipment," the young men in my study used such mechanical metaphors to thematize, problematize, and articulate their dys-appearing penis to others around them. For instance, in addition to Robert's expressions that his sexual power was "switched off" or "turned off," seemed to imply a direct relationship between mechanical or electrica devic s and embodied experiences of erectile difficulties. He equated the inability to function sexually or the physical experience of erectile sensations as an electrical device which was switched off. Besides Robert, other young men who participated in the study metaphorically described erectile remedies as "charger" (*chaji*), "jerk" (*jeki*), "booster" (*busta*) or "battery" (*betri*). These metaphoric descriptions entailed not only the envisioning of the penis as a mechanical and electrical device, which needed to be recharged or re-energized in order to keep it performing its tasks in an efficient and productive manner but also their sense of vulnerability and insecurity when the penis was not "charged." Young men believed that if their penises were fully "charged" or powerful, they could have firm/strong and long erections, which ultimately, functioned not only in sexual performance with satisfaction but also in satisfying their female partners.

Envisioning the (male) body as mechanical functioning machines, tools, or devices is central to the works of Kimbrell (1995), Loe (2001), Murphy (2001), Mwami et al. (2002), Gregory and Robert (2005) as well as Khan et al. (2008). For instance, Loe (2001:

110) writes, “Like the machine, the body is made of parts that can break down. An illness, therefore, refers to a broken body part. Fixing of this part ensures the functioning of the machine.” For Robert, the description of his body in terms of mechanical states such as ‘worn out,’ ‘not functioning’ and ‘not getting up/starting up’ represented the broken body part, in this case, his male organ. Furthermore, his complaints about inability of getting erections and his desire of getting cured revealed what Flowers et al. (2013:13) refer to as “the mechanics of a man’s equipment that may need to be assessed and fixed to continue with normative function.”

In respect of the above descriptions of mechanical and physical states, Robert felt disconnected from his penis. The same understanding of the mechanistic functioning can also be seen from how other young men besides Robert made sense of the perceived changes in erections. In most cases, young men believed that for any successful sexual intercourse, they required not only firm and strong (*uwezo wa uume kusimama imara/barabara*) but also long-lasting erections (*uwezo wa uume kusimama kwa muda mrefu*). Strong and long erections signaled a ‘good,’ ‘perfect,’ ‘efficient’ and ‘ideal’ body image. Young men problematized “flaccidity, weak erections, lacking of erections and speed (rhythm)” (*kulala, kulegea kutokusimamisha na kukosa kasi*) during sex as ‘defects’ in their bodies, and particularly their penises. As I indicated in Chapter Three, in order for the penis to ‘work’ or ‘function’ successfully, the blood vessels in the penis must be well-functioning to allow smooth flow of enough blood through the vessels. According to some of my interlocutors, the lack of strong and long erections was a result of “blockages of blood arteries” (*kuziba kwa mirija ya damu*), leading to insufficient blood flows in the penis. As one traditional healer put it, “It’s all about blood flows in the penis which helps the penis to get erections for about 15 minutes and above during sexual intercourse.”

Young men in my study discursively constructed the physiological process of an erection and the penis itself as a mechanical instrument, which is subject to fulfilling the (conjugal) duties of penetrating their female partners and “bringing them to climax” (*kuwafikisha kileleni*). This was constituted in metaphors, which young men used in describing male

sexuality. For example, young men's emphasis on the metaphorical expressions that the erect penis was the "nail" (*msumari*), "tower" (*mnara*) and "bone" (*uume uliosimama ni kama mfupa*) evoked a powerful and instrumental role of the penis in heterosexual relationships. Similar observations were made in other studies (e.g., Bordo, 1999; Khan et al., 2008; Murphy, 2001; Mwami et al., 2002), where the penis was metaphorically referred to as a tool or weaponry (such as power tools, machines, armor, harmer, stick, staff, club, whip and submarine). For instance, Murphy (2001: 20-33) on metaphors men live by indicates that the penis is equated to "a cock, nut/nuts, bolt, pen, pencil, hard-on, piece of ass, and pecker. These metaphors reveal the performative nature of male sexuality, which is measured against strong and long erections during sexual encounters. These scholars argue that the metaphoric language of the penis suggests a violent nature of men and offers a vision of the male body as a powerful, authoritative, dominant, highly effective and efficient tool in terms of tireless performance and productivity.

On the other hand, young men's use of metaphors and imagery of the physiological and morphological states of the flaccid, thin, short penis, evoked passivity as well as lack of vigor and control against hard, erecting, thick, strong penises. For example, young men's use of metaphors for small penis as "pygmy" (*mbilikimo*), "child's finger" (*kidole cha mtoto*), *mbilimbi*,[46] "okra" (*kibamia*) and *kibajaji*[47] displayed the dys-appearing penis, particularly in terms of its vulnerabilities, weakness, inefficiency, unproductiveness, softness, shortness and lack of control and power to engage in sexual intercourse. From young men's talks about their body self-image (and especially their penis), they valued "large and thick penises" (*maumbile makubwa na manene*). Most young men believed that the bigger the size of the penis, the higher the possibility in terms of adequately stimulating and bringing their female partners to orgasm. According to the young men's views, a small penis size signified being weak and having a poor sexual performance. The assumption was that a small sized penis was like a "floating buoy" (*uume utakuwa kama*

[46] Folk name of the fruit growing from Oxaliadaceae (tree family name) Averrhoa Mbilimbi (tree genus and specie) (Salinitro et al., 2017).
[47] Tricycles which are used as means of transport in the Tanzania. They are very small and short in nature.

boya linaloelea) or "hanging in the vagina" (*utakuwa unaninginia kwenye uke*).

In a similar way, metaphoric language for erectile difficulties as "no network signals," or "weak signals" (*mitambo haisomi, netwok haikamati*), "the penis cannot dive" (*mwana hapigi mbizi*), "the gun has no bullet" (*bunduki haina risasi*), "the rooster does not crow" (*jogoo hawiki*) and "the rooster doesn't climb the pitcher" (*jogoo hapandi mtungi*) describe not only the dys-appearing penis but also corporeal experiences of vulnerability, disability and weakness. Such metaphors articulated the young men's embodied experiences of living with erectile difficulties. For many young men in my study, such metaphors offered the opportunity of articulating the dynamics of their embodied lived experiences. They became real on their bodies and framed their embodied experiences of sexual performance concerns.

Another theme in Robert's case study and other young men as already illustrated in the foregoing discussion was the depersonalization of the penis from young men's selves. Robert's story evoked the desired mechanical and physiological functioning of the body which, in turn was cemented by his reliance on the medical doctor's statement that his broken/damaged spinal cord nerves could not be repaired. He framed all his experience in the story of his non-erecting and non-functioning penis around the failure of the mechanical tool. As I indicated, his metaphor that he was now like a "toothless dog" (*mbwa ambaye hana meno*), a "fake man" (*mwanaume hewa*), "effeminate man" (*mwanaume jike*) and other metaphors of equating a non-erecting penis to "a snake, which could not bite" (*Joka la kibisa/joka ambalo halina meno*) *Joka la Bujora*[48] provided clues to bodily experiences that lacked prowess during sexual intercourse.

[48] Literally *joka la Bujora* means "the snake of Bujora." Bujora is a Cultural Center/Museum located in Kisesa, Mwanza. The cultural center provides an overview of African culture and history, and particularly of the Sukuma people who among other things perform dance snakes. Therefore, "the snake of Bujora" refers to the non-dangerous snake which is used in the Sukuma Snake Dance at Bujora Cultural Center/Museum.

While non-erect, weak, soft and thin penises signified inappropriateness of the male bodily self-image, the sense of erecting, strong, hard, thick and large penises constituted what the young men referred to as a "male machine" (*mwanaume mashine*) (see also Bordo, 1999; Khan et al., 2008; Murphy, 2001). As Grace et al. (2006: 310) put it "virility and masculinity are confirmed through proper erection and functional performance." For example, Joshua a young man aged 22 years was proud of his functioning penis. He had his first sexual intercourse when he was 14 years old. Since then, his penis had never disappointed him during sex. He considered himself as a *mwanaume mashine*. His erect penis was allegedly pleasing and satisfying his sexual partners. According to him, *mwanaume mashine* was a man who achieved and maintained strong and long erections until his partner reached orgasm. His penis should never "get tired" or "worn out" during sexual intercourse (*uume wake haupaswi kuchoka hata kidogo wakati wa tendo la ndoa*).

In sharing his sexual experience, Joshua expressed how his penis remained firmly erect after orgasm. This made him feel being physically fit and with an appropriate bodily form, which enabled him to 'last long' during sexual intercourse. As he described it, "…during sexual intercourse with my partner, when I ejaculate the first round, I connect to the second round. Thereafter, I usually come on my partner's chest (*huwa nashuka kutoka kifuani*) and wipe my penis. I then continue because my penis remains as up-right as a mobile cellular tower (*uume unakuwa umesimama kama mnara wa simu).*"Another young man emphasized that having a long and large penis was a source of his self-esteem. He said: "My penis scratches (*unamkuna*) my sexual partner very well. It hits the cervix and the G-spot very well, and in the process of hitting these parts, my partner becomes hyper-aroused and finally, she reaches the climax very quickly (*anafika kileleni mapema*)."

However, apart from the above descriptions of successful sexual performance, other notions such as "a man's penis must 'get up' in the morning when he wakes up" (*uume unasimama asubuhi anapoamka*) to the extent that "he can urinate without his hands touching the penis" (*anaweza kukojoa bila kushika uume wake*), "can force his urine to go great lengths" (*anaweza kurusha mkojo wake mbali*) or "his penis can remain upright

when lying on his back in water" (*kulala chali kwenye maji na uume ukabaki umesimama wima*) suggested disappearing in contract to dys-appearing, that is to say, the 'healthy' or 'good/ideal' penis was upright, powerful, efficient and fit for sexual intercourse.

4.2.2. The body (penis) as the target of "intentional disruptions"

> "*Nimpende nani kati ya Roma au Stamina ohoo* (Whom should I love between Roma and Stamina) *huku ama kulee pananchanganya* (Here or there, I get really confused). *Nani anafaa na kwenye kitanda atanipa rahaa yea iyee* (Who will serve me better and will give me pleasure in the bed) *Sitaki kibamia yeah mwanaume mashinee yea* (I don't want Kibamia yeah male machine)." Chorus of a Bongo Flava song Kiba_100 by Rostam ft Maua Sam.

The above chorus illustrates how the male body (penis) is subject to social vulnerability when it fails to live up to the 'ideal' standards. For many young men in my study, failures of meeting such standards became a source of disrupting their self esteem and identity formation. For instance, in the case of Robert, he considered himself as "no longer a complete man" (*mimi sio tena mwanaume niliyekamilika*). He reported to have been living with a physical disability in his body (*naishi na kilema kwenye mwilini*). In explaining how the failure of erection changed his identity, he said,

> For now, I am no longer a complete human being because I do not function. I cannot say I am okay because I am incapable of performing sexual intercourse. If I am in the midst of women, the only difference I will have with them is putting on trousers. Otherwise, we are the same because even if I sleep with them, I can't erect and perform sexual intercourse. I can hardly do anything [sexual intercourse] to women (*siwezi kufanya lolote kwa wanawake*). I am like a toothless dog (*ni kama mbwa ambaye hana meno*).

From the young men's narrative of living with erectile difficulties, it was clear that their penises emerged as a "false testament, a target for unwanted attention and (…) a barrier to activity" (Gimlin, 2002: 707-711). Erectile difficulties misplaced the young men in my study in the social world. These difficulties were a source of shame or self-pity during sexual intercourse. These experiences reflected Leder's (1990) notion of organic and social dys-appearances whereby in the former, the dys-appearing body is oriented away from fulfilling the intended tasks or activities (ibid., 97). For example, worries about

erectile difficulties made young men afraid of engaging in sexual intercourse, like in the case of Robert, who claimed that his dys-appearing penis denied him the sense of displaying the desired *rijali* masculinity during sexual intercourse. As he could no longer erect, he considered his penis as a source of emasculation that was disrupting his sense of manhood. Furthermore, his description revealed that his sexuality as a whole was disrupted, a condition, which doubled the anguish in his daily life. His failure to erect at the moment of attempting to engage in a sexual act limited his interaction with his peers and sexual partners. In other words, his sexual intentions became disrupted as he could no longer achieve an erection. In fact, he considered himself as a "dog with no teeth," (*mbwa ambaye hana meno*) that is, he could not engage in sexual intercourse.

Several young men in my study described the dys-appearing penis as an obstacle towards performing like a machine or a powerful tool during sexual intercourse. For instance, while for other young men the dys-appearing penis became a barrier from having multiple sexual partners, others said that the condition denied them of getting 'good' reputation and "fame" (*sifa*) thereby forcing them into a limited sphere in their daily social interactions. My interlocutors described the image of a dys-appearing penis as a source of losing rewarding nicknames/labels such as being as "sharp as the hoe's edge or sword" *(jembe*), "sugar of the beautiful ladies" (*sukari ya warembo),* a "real man" (*rijali*), "an icon of sexual performance" (*bingwa wa kusimamia/ kupiga show)* or "Serengeti boys" (the name of the Tanzanian National Football under 17 team). The absence of such names indicated a source of naming and shaming. For instance, as indicated previously, metaphoric descriptions such as *fulani hasimamishi* (translated as, "his penis is not erecting") *mitambo haisomi/network haikamati* (translated as "the network signal is weak") and *bomba la kukojolea* (translated as, "the pipe for urinating") indicated how the dys-appearing penis was perceived as an obstacle to perform as required or expected during sexual activities.

Drawing from young men's descriptions of their bodies in the context of sexual performance concerns, it was clear that the penis was manifested as a problematic and disharmonious thing, and it was, therefore, experienced out of "corporeal absence"

(Leder, 1990:1). For example, the physiological and morphological states of the penis were no longer taken for granted among young men themselves and between female partners. As indicated, the failure to erect and having a small sized penis (*kibamia*) made young men turn to focus their attention explicitly to their bodies. As Leder (1990: 70) notes, "in so far as the body seizes our awareness particularly at times of disturbance, it can come to appear 'Other' and opposed to the self," young men's bodies at times of sexual performance concerns were in contrast to being a powerful tool or machine, a condition, which alienated them from having satisfying sexual and social relations. Thus, young men who reported having erectile difficulties and/or a small penis became the target of social vulnerability from the gaze of people around them, a condition that reflected Leder's (1990: 96) notion of "social dys-appearance," in which the thematization of the body was affected by the objectifying gaze of other people around them.

A girl in the presented chorus who sings, "I don't want *Kibamia*" seemed to prefer a man who performs like a machine. Like this girl, the vignette at the beginning of the chapter illustrates how having *Kibamia* restricted the young man in the online article from engaging in sexual relationships; and that his mother lost trust in him thinking that her son was either gay or not "functioning as a bull." In such instances, where the physiological state of the penis was considered as problematic and not ideal for engaging in successful sexual intercourse, these articulations revealed the interrelationship between the person-body-society in the social network. The interaction between person-body-society often reflected the view of experiences of sexual performance concerns from an integrated perspective (see also, Scheper-Hughes and Lock, 1987). For instance, while the small sized penis (*kibamia*) limited young men's engagement in love affairs, other cases such as that of Robert clearly described the fear from being stigmatized by their peers and female partners if they knew that they were not erecting for sexual intercourse. This pointed to the social relations of erectile difficulties and the penis with such difficulties as unwanted and undesirable by both peers and female partners.

The role of other people around them (such as peers, female partners and relatives) was critical in shaping their lived experiences of sexual performance concerns such as erectile difficulties and/or the size of the penis. From my interlocutors, it was quite clear that the influence of other people around them often led to the split between their self, their body and peers' expectations. Young men who identified themselves with sexual performance concerns became increasingly aware that their bodies were unable to live up to their ideal sense of selves. This was mainly because of the role of others around them who in most cases perceived bodies with sexual performance concerns as undesirable and unwanted. From my interlocutors' descriptions, the loss of erect sensation and feelings of a penis sleeping at all the times became the source of what Leder (1990) calls social disruptions.

Vulnerabilities such as the disruption of self-images, identity formation during sexual activity and restriction of one's movements in the social world seem to reflect the concept of "social dys-appearance in which the thematized body is effected through the incorporated gaze of the Other" (Leder 1990:96). From the young men's narratives, it was clear that their dys-the appearing bodies were evaluated and assessed by people around them leading to the "split between the self and an alienated Other" (ibid., 96). For example, in Robert's case, the objectifying gaze especially the jokes from the peers and female partners made him feel embarrassed and angry about his non-erecting penis. He said that the jokes from his peer and female partners that they could enjoy nothing from him except his money inflicted more pain and social vulnerability, inadequacy, and hopelessness in his body.

Like Robert, many other young men in this study reported a sense of being dishonored, disrespected, ridiculed, and given shameful labels by their social networks and families when they failed to perform during sexual intercourse. As Susie Orbach (2003: 11) argues, "there is no such thing as a body; there is only a body in relationship with another body" young men's narratives of erectile difficulties and the size of their genitals were the outcome of other bodies and constructions of a functioning penis around them. The case materials presented in the foregoing sections clearly indicate these intersubjective body relationships. All these examples illustrate that embodied experiences of sexual

performance concerns were "defined and delimited by a foreign gaze" (Leder, 1990: 96). For example, Robert's case illustrates the loss of physical erectile sensations made him lose his identity and self-perception as a powerful man. Robert's feelings of losing his personality resonate with what Suzan Bordo (1999: 59) writes on impotence, that, "Unlike other disorders, impotence implicates the whole man, not merely the body part. He is impotent. Would we ever say about a person with a headache, 'He is headache'?"

Being unable to achieve erection sensations, Robert like other young men in this study experienced their body (especially their penis) as "being-away" (Leder 1990:70) from their responsibility of performing with satisfaction during sexual intercourse. As Gimlin (2006) demonstrates how the body becomes a barrier to activity in the context of cosmetic surgery, some young men's bodies experiencing erectile difficulties and small penises became inactive in engaging in sexual acts or in refraining from searching for multiple sexual partners. As such, erectile difficulties or *kibamia* became a source of emasculation and the dys-appearing body was experienced as a form of betrayal as they occasioned 'failures' or 'poor' sexual performances. For example, paying close attention to the online article in which the young man wrote: "…how would I have sex while my penis measures four inches…can the girl feel satisfied with this penis?" or the girl in the chorus presented above who sings, "…who will serve me better and will give me pleasure in the bed. I don't want Kibamia yeah male machine" revealed how sexual concerns may disrupt intentions of engaging in sexual intercourse.

Similarly, many young men in my study complained of not having sexual power and capacity of engaging in sexual encounters. They indicated that due to such bodily sensations of the non-erect penis, they had no effect on women even if they slept in the same room. Other young men reported that the failure of achieving firm erections challenged their confidence of being men in the sense that they were no longer able to continue "chasing women" (*kufukuzia wanawake*). Most young men I interviewed were engrossed in worries and fear that in case their female partners were not sexually satisfied (that is bringing her to orgasm) they would either "cheat" (*wasaliti*) or "abandon them" (*kuwaacha*). In the light of this fear, other young men in my study said that if their partners

found other men who would satisfy them (female partners) sexually then, they would start being disrespectful to their current male partners. According to such young men, their female friends would no longer listen to whatever they would say to them and instead, they would to listen to the men who satisfied them sexually.

For instance, Baraka, another young man in his early twenties, complained about his penis not being able to bring his sexual partner to a climax (*kutomfikisha kileleni*). Baraka got married in April, 2015 but separated from his conjugal partner three months later following complaints that his (Baraka's) penis was not "functioning efficiently" (*haifanyi kazi sawasawa*) during sexual intercourse. He insisted that despite his ability to have an erection, his penis was not strong enough to go deeper into his wife's female organ, a condition which made him lose his sense of male identity. This hinted to vulnerabilities in terms of his body image, self-perception and identity formation. Similar to Baraka who felt being abandoned for not being able to satisfy his sexual partner, another young man in my study (31 years old) who admitted to having erectile difficulties and being unable to get multiple sexual rounds said,

> Okay on my side, I have broken several sexual relationships due to lack of sexual performance. When I realize that the female partner is not yet satisfied but I have no sexual power to satisfy her, then next time I don't go to her again for fear from being disrespected and degrading myself. Sometimes, when I think of going to a guest house, I feel like wasting the money for nothing…in the streets I am okay, I have sexual desire and I get aroused even by looking at women. My penis erects but when I think of going to the guest house and achieve only one sexual round, which also comes too fast, I end up not going there. I fear to lose my status in front of the sexual partner.

While some young men emphasized on being abandoned, breaking sexual relationships, and being engrossed in worries as well as fear of being disrespected, others who expressed fear for a failure to perform well during sexual intercourse chose to relocate to other parts of the city. For instance, one young man in my study, gave an example of a person who changed his place of residence because of the jokes from the people around him who knew of his inability to perform sexually. During our conversation, the young man said,

> There was a man here who really was like a bodybuilder (*pandikizi la mtu haswa*). He was working in the garage and he often lifted the car engine alone. He was very strong and tough by his appearance. He once used his body to prevent the saloon car from accelerating when one was pressing the gas pedal. He was really a strong person and he had a wide chest. But you know what happened? He entered into a sexual relationship with one casual partner who was a food vendor. Many female partners often rejected him assuming that they could not withstand his sexual performance. The casual sex partner who accepted him later came to destroy his reputation. After having sexual intercourse with him, she later disclosed that he had a thin penis (*kimbolo chake hivii kidogo*) and could only achieve one sexual round, which lasted less than five minutes. When she disclosed to her fellow friends, they did not trust what she told them because the man's body physique did not correspond to what they heard about his sexual performance. So, every food vendor in the area wanted to have sexual intercourse with him to prove what they heard. The man felt ashamed when he heard female partners saying *hamna kitu pale* (literally translated as "there is nothing there") and he ran away from the street. The man decided to relocate to a new street called Tanganyika.

From female partners' perspectives, it was also clear that they would prefer having a man with not only strong and firm erection but also thick sized penis. In the absence of such qualities, females were more likely to break up the relationship. For instance, in an in-depth interview with an unmarried female partner (aged 22 years), who was working as a nursing officer and living single said,

> You know…we women differ. There are women who want to have men with a thick sized penis (*maumbile makubwa na manene*) and others prefer men with long penises (*maumbile marefu*). There are also other women who would not be satisfied at all with men with short penises. They consider men with short penises as polluting them because they cannot bring their female partners to climax (*hawezi kumfikisha kileleni*). It is much easier for women to endure a man (*kumvumilia*) with a thick sized penis than a man with a thin sized penis. We often share these stories when we meet among ourselves. For instance, you hear one saying: "I don't want to have sexual intercourse with men who have thin penises or I don't want *mbilimbi*….he is having mbilimbi where would I take him?" (*huyo ana mbilimbi mi nitampeleka wapi*?).

From the above extract, having a thin penis was a source of vulnerability, particularly a source of estrangement from female partners who desired to have sexual intercourse with men who had thick penises. Other female partners I interviewed reported that once they

realized that a man was not performing very well, they could no longer continue him. As such, a man who did not erect or did not have a strong and long erection was not considered as being an 'ideal' man among some female partners. For instance, Dina aged 20 years said,

> It is really true if your penis can't erect, you are not in the category of being a real man (*rijal*i) in sexual matters. In my view, being a man is all about penis (*mwanaume ni uume*). Just imagine, you can't sexually satisfy your partner/wife and sometimes you are unable to father children, truly I tell you, such man misses respect and honour of being a real man in the society (*anakosa heshima*). Even if he provides each and everything in the household, he should remember that his partner left each and everything in her family. She came to you in order to build a new family with you. Now your penis doesn't erect, do you think you would be a real man? My answer is NO with capital letters (*Hapana kwa herefi kubwa*).

Furthermore, the narratives of living with sexual performance concerns in urban Mwanza revealed also emotional experiences of failure to perform during sexual intercourse. Most young men perceived sexual performance concerns as the "greatest liability" (*bonge la hasara*) in their social life. From young men's perspectives, the condition was not only the source of losing their social status as an 'expert performer' but also it was inappropriate to their youthful age. As such, sexual performance concerns made them "look older than their age" (*kuonekana wazee wakati ni vijana*). For instance, one young man (30 years old) explaining the 'dangers' associated with sexual performance concerns said that, "it lowered one's respect and it could lead to one committing suicide" (*hii hali ya kuwa na upungufu wa nguvu za kiume inamharibia mtu heshima yake na inaweza kumpelekea mtu kujiua*). Similarly, another peer educator aged 26 years capitalizing on emotional dimension associated with male sexual performance concerns, said that both partners would experience the "loss of happiness" (*kukosa furaha*) and "loss of peace of mind" (*kukosa amani*) when the male partner failed to perform sexually. Moreover, the young man stated that if the female partner was dissatisfied, she might start "lamenting in her heart" (*atajuta moyoni mwake*) for wasting her time with the man who could not sexually satisfy her. Like what other young men reported, he also said that sexual performance concerns were disadvantageous simply because they narrowed the possibilities of having sexual partners.

Both young men's narratives and female partners' accounts seem to be linked to what I described previously (see Chapter Three) that sexual performance was a symbol of manhood verifiable through hard erections, the provision and receipt of erotic pleasure, multiple sexual rounds, the objectification of sexually desired others and through competition with other men For example, writing from low income urban settings in Chicago and Rio de Jeneiro, Barker (2005:3) notes that "boys and young men are socialized to view themselves as having great need of sex, risky sex and as sexually dominating women." It was this kind of pressure to perform sexually that seemed to be disrupted among the young men in my study who reported to experience erectile difficulties. For example, the sexual performances of Robert and Baraka were no longer the symbol of masculinity but rather, a source of emasculation.

Therefore as indicated in the above cases, the loss of erectile functioning threatens masculine identities. Young men had a feeling that their bodies were lacking ideal images of sexual intercourse that they were unfit, weak, frail and betraying. Young men's views of their dys-appearing bodies as disrupting masculine identities are also documented Fergus et al. (2002) who explored the experiences of men with sexual dysfunction as a consequence of receiving treatment on prostate cancer in Toronto, Canada. Like my ethnographic data from Mwanza on men's dys-appearing bodies, the authors indicate that, "the loss of sexual functioning following the treatment of prostate cancer was the source of disruption for men owing to the centrality of sexuality in each man's life and person" (ibid., 314).

Similarly, Gurevich et al. (2004) indicate that young men (15 to 34 years) who experienced post-treatment of testicular cancer in Canada interpreted their bodies as a locus of gender disruption that was making young men feel less of a man and having performative failures during sexual intercourse. The authors demonstrate that although post-treatment was generally very good, the young men's perceptions of gender, sexuality and fertility were disrupted, inhibiting their sense of masculinity and sexuality. Like the young men in my study who were experiencing sexual performance concerns, the

concerns of Canadian young men with testicular cancer were related to sexual and reproductive performance making their bodies dys-appear and vulnerable to emasculation due to performative failures in sexual acts.

Drawing from my interlocutors' accounts on sexual performance concerns, it was clear that the penis which in Leder's (1990) view surfaces thematically is 'disrupted.' Such concerns seemed to compel young men not only lose interest in sexual intercourse as some of them became unable to erect but also it immobilized young men out of sexual encounters making them "frozen in agony" (Leder 1990: 74). While sexual performance concerns disrupted men's intentions of performing during sexual intercourse, they also became a hindrance against entering into sexual matters. In the following subsection, I explain more on how young men's sexual performance concerns in Mwanza acted as a barrier to interact with other people around them.

4.2.3. The body (penis) as the target of "spatiotemporal constriction"

Besides disrupting sexual performance intentions, sexual performance concerns seemed to constrain young men's movements in the social world. For example, both Robert and the young man in the online article found it 'useless' to interact with peers for fear from being challenged and looked down upon. Robert particularly admitted that he returned home as soon as he finished work. He was no longer interested in joining other peers in informal venues (*vijiwe*). He also said that he found no reason of joining his peers in the *vijiwe* because they would laugh at him if they knew he was "not functioning" (*hafanyi kazi*). With the jokes from his networks targeting his impotence, he isolated himself and restricted his interactions with both his peers and women in the streets. This effect of sexual performance concerns supports Leder's conceptualization that at times of pain or suffering "space loses its normal directionality as the world ceases to be the locus of purposeful action" (Leder, 1990:75).

The findings on embodied experiences of living with erectile difficulties are in line with the work of Wentzell (2013) who researched these qualities among the working class of urban Mexican men who were experiencing erectile difficulties. Most young men in my

study in Mwanza City embodied erectile difficulties as an impediment to both self-image, self-perception, identity formation as well as limiting young men's movement in the social world. According to the young men and the few women who participated in my study, erectile difficulties were not considered as a socially acceptable way of being a man. This made young men who experienced sexual performance concerns to have feelings of emasculation and fear from interacting with other people in the streets. Like Wentzell (2013) who highlights the importance of the social context for men's (sexual) construction, the role of peers, women, wives and family members shaped the context in which young men in Mwanza came to interpret erectile difficulties as synonymous to emasculating and barrier to men's movement in the social world. This pointed to the reality that the concept of the dys-appearing body (penis) is context specific and could be shaped by the social context such as people around the men.

Nevertheless, the young men I interviewed explained the context in which hard, strong erections and large sized penises became a source of identity formation and self-perception in the social world. Most of their explanations reflected Bordo's (1999: 37) conception that "the sense of having a wrong genital was produced, at least in part, by the culturally available framework for imagining the relationship between gender identity and one's body in terms of genital fit or mismatch." Young men often talked of living in a world, which was characterized by social media that produced performative notions of male sexuality. Young men in my study were of the view that "globalization" (*utandawaz*i), and especially the use of television, the Internet, smartphones and information technologies socialized young men into 'ideal' body images, which were supposed to function like a machine in sexual activity. For example, as presented earlier, the chorus of *Kiba_100 song* by Rostam ft Maua Sam and *Mtalimbo* by Machozi Band also seemed to confront men with constructions of the 'male machine' and power tool with hard, strong, and long-lasting erections.

In view of Zilbergeld's (1995) "Fantasy Model of Sex" and Tiefer's (1995) "Male Sexual Script," some young men in Mwanza City strived to achieve and/or live up to the idealized constructions of male sexuality stipulated in the social media, which seemed to bombard

men with varieties of sexual performance standards. Though not solely concerned with the impact of pornographic movies on male sexuality, Khan et al. (2008) indicate that such movies stipulate the association of ideal men with a big sized penis. As with online advertisements and messages on appropriate penis size and structure, Schneider et al. (2008: 136) argue that sexual health magazines, and particularly the South African publication Men's Health produce the content that "appears to confront men with, on the one hand, the construction of the ideal, potent phallus, and, on the other hand, the fallibility inherent in attempting to live up to this ideal." In line with these studies, young men in my research were preoccupied with images of hard, strong, firm and long erections during sexual intercourse as produced by the media particularly the healing messages of sexual performance concerns circulating in the internet, pornographic movies, popular music and online televisions (see also Chapter Six). For instance, one young man said: "…nowadays young men own smartphones. They can download different sexual styles; see different penis sizes and techniques of bringing their partner to a climax. If a man is unable to practice what he sees or downloads from the internet he would not be satisfied. He will consider himself as having a weakness." Another young man emphasized,

> Another aspect is that young men spend much time on Facebook watching women's nakedness (*utupu wa mwanamke*) and this makes them become familiar with women's sexual organs. The more one becomes familiar with watching one's sexual organs in the Internet, the more likely a man is to lose his sexual desire. It means that even if you get the sexual partner, nothing will be new to you because you are used to watching sexual movies (*picha za ngono*). Sometimes one does not erect until one first watches sexual movies and sometimes you reach orgasms by watching those movies (*unaangalia picha hizo unakuta umefika kileleni*).

Furthermore, I suggest that the broader context of the global market around sexual matters encourages performance-oriented notions of male sexuality. Young men come to define themselves within the frameworks of phallocentric and performative sexuality. Images of the penis such as hard, erect, thick, large and strong become a source of identity formation and self-perception in regard to sexual intercourse. For example, the works of Murphy (2001) as well as Grace et al. (2006) identify the impact of medicalization and pharmaceutical interventions of male sexuality, which facilitate the construction of the

men's penis to function as efficacious equipment during sex. While the above contexts may still be reflected in young men's accounts, the existing impotence remedies in Tanzania produce the message, which promises men of living up to the potent phallus and performative notions of male sexuality. Commercial healing advertisements and messages support Khan's et al. (2008:46) findings that "advertisements prey on men's fears of being sexually 'weak' and unable to perform multiple nightly acts of sexual intercourse while claiming 100% cure of this catastrophe."

However, I agree with Suzan Bordo (1999: 43) that, "most men are not fully one with cultural messages that tell them their power resides in their pants: even those cultural messages are not really unified but bark out contradictory orders to men all the time." Most young men who identified themselves as experiencing sexual performance concerns in my study had a precarious, unstable and dissatisfied view of their penises, which may not be generalized for all young men. There were a few men who believed that the size of the male genital did not really matter for pleasing their female partner. This was reflected in the available sexual materials such as advertisements, leaflets and pamphlets from traditional healers. In general, all the materials stated different sizes of the desirable penis. While some materials mentioned the desirable or normal penis length of 4-7 inches, 6-7 inches, and 6.5-7 inches, others mentioned the thickness of 4 centimeters (cm) as ideal. I suggest that different images of penises in terms of length and thickness displayed in numerous commercial healing advertisements (see Figures 1.1-1.3 in Chapter One) complicated embodied experiences of erectile difficulties.

4.3. The dys-appearing body: The case study of John

John was 31 years old when I first met him at Mahatma Gandhi memorial hall where he was on night duty as a security guard. On several occasions he allowed me to use the venue for interviews with young men, especially petty traders who were available for conversations or interviews in the late evenings. John became interested in participating in the study after knowing that I was talking with young men about their sexual performance experiences. As mentioned above, John worked as a "city militia" (*mgambo*

wa jiji). He lived with his partner out of wedlock and they had two children together, a girl and a boy aged six and three years, respectively. Together with his family, he lived with his young brother and his brother-in-law who were both in their early twenties. They all lived in a two-room rented apartment. His apartment like other apartments in Igogo area was built using unbaked bricks, roofed with rusted iron corrugated sheets. The two rooms were poorly furnished, and they lacked electricity.

John was the breadwinner of the household, despite the fact that he had supported his young brother and his brother-in-law with some capital to become petty traders (*machinga*). His wife was a housewife (*mama wa nyumbani*) and did not have any income generating activity. John seemed unhappy with his job. He complained about delays in monthly allowances and salaries. He also complained about Mwanza City Council's irresponsibility when the militias were injured particularly in the process of evicting petty traders from unauthorized streets. Locally, interlocutors like John described the process of evicting petty traders in the city as *zoezi la kusafisha jiji* (literally translated as, "the City cleaning exercise"). On several occasions during my fieldwork, I witnessed clashes between city militias and petty traders who were doing businesses in unauthorized areas in the city. It was not surprising that the clashes often resulted in injuries on both sides (see Chapter Two).

Juxtaposed to John's economic hardship and failure of the City Council to cater for their health insurance, he also complained about the "deficit of sexual power" (*upungufu* wa *nguvu za kiume*), a condition, which made him feel being 'nobody' and 'nothing' in the society. He stated: "…I achieve a single ejaculation and when the partner wants me to continue in order to please her, I can hardly do it …sometimes she may play with it (*ataichezea*) but when it erects it is not firm, strong and the muscles are loose and when the semen comes out it is not forceful, that is, the semen exits the penis with no force and speed." According to John, these sexual performance concerns made him pay more attention to his penile erections and ejaculation concerns. He said that the fear from side effects associated to one's loss of sexual power had increased his focus on sexual performance. For example, John attempted to have sexual intercourse with several casual

partners in order to see whether his sexual performance would be different from that with his regular partner (his wife) or would be the same regardless of the female partner. After realizing that he could not maintain an erection until the partner reached to her orgasm or achieve forceful and speedy semen during ejaculation, he stopped and avoided sexual intercourse with casual female partners.

It was from such moments of failure to perform to his satisfaction and avoiding sexual intercourse that made John's erection and ejaculation thematized. He also started reflecting what could be the possible causes for his sexual performance concerns. As indicated in the previous chapter on social and cultural contexts under which sexual performance concerns occurred, John thought of masturbation, which he reported to have practiced several years ago as the root cause of his problem. His bodily awareness, particularly in terms of making sense of his sexual concerns and seeking treatment also support what Leder (1990: 78) terms as "hermeneutical and pragmatic moments," which in John's case explains how his body emerged from its 'background mode.' It was from that mode of emerging out of the "background disappearance" (ibid., 25) that accounted for an embodiment of living with sexual performance concerns.

John described how he felt and perceived his lack of multiple, forceful ejaculations and weak erections during sexual intercourse. In responding to my question on how he felt, he answered, "…it pains and disappoints a lot" (*inauma sana na inanisikitisha mno*). For instance, in situations where he encountered such performance failures, he reported of feeling his body becoming "as tiny as piriton tablets" (*kuwa mdogo kama piritoni*) and "going numb" (*kusikia mwili kufa ganzi*). He said that in such circumstances of failing to erect immediately or of having multiple and forceful orgasms his body would die like an "unslaughtered animal" (*kufa kibudu*). Like in other case studies, such bodily feelings had an impact on John's social life, particularly in terms of "the manner of being-in-the-world" (Leder, 1990: 73). John's bodily feelings not only affected his sense of a complete self-image but also his social relations with his peers and with his female partners.

For John, the sense of ideal self-image and identity formation was grounded on having multiple and forceful ejaculations. For example, he said: "…the female must feel the semen hitting the vagina (…*ni lazima mwanamke azisikie shahawa zinapogonga kwenye kuta za uke wake*)." Although he did not want me to disclose his concerns to his wife, John said that his female partners (including his wife) were supposed to feel the semen whenever he reached orgasm. He metaphorically equated male semen with a table tennis ball, which bounces high when it hits the table. He also equated male ejaculation with the shooting of the ball with enough force to the net (*si ukirusha mpira wa tenesi unakwenda unagonga pale kwenye ukuta na kudunda sana sasa mimi hazifanyi hivyo. Au ni sawa na mtu anayefunga goli kwa shuti kali mimi za kwangu hazina kasi*). He also described that as a young man, he desired to last long during sexual intercourse and bring female partners to climax whenever he engaged in sex with them. According to John, such aspects of sexual performance were not only the source of getting multiple female partners but also prestige and reward with praiseful descriptions such as "this man is really expert or dangerous" (*jamaa huyu ni mtaalamu haswa au ni hatari*) from his peers.

John talked of his many worries regarding his ejaculation before getting married. He thought his unforceful ejaculations would not be able to break the egg coat and fertilize it, something he proved wrong after getting children. Yet, he said that he was more worried as to what would happen if he met a virgin partner because he believed he would not break her virginity. John's feelings denied him an ideal image of being a powerful man sexually. As I am going to demonstrate in the following paragraphs, John's perception of self-image and identity got disrupted at the moments of sexual performance concerns because his body acted as an obstacle against performing this 'ideal' image. For example, in capitalizing on how he experienced his body acting as an obstacle, he said: "…there are a lot of women who would want me to have sexual intercourse with them, but I often avoid them. This is not good for a man" (…*saa nyingine kuna wanawake wengi wanakuwa wananihitaji mimi lakini huwa nawakwepa sasa hii sio vizuri kwa mwanaume*).

Throughout our conversations with John, I regularly observed how his failure of having forceful ejaculations and getting several orgasms antagonized his eagerness to perform and his physical body performance. He became aware of his body. His sexual performance concerns captivated his attention. Similar to Leder's (1990) discussion on the dys-appearing body in moments of problematic or dysfunctional relations, John seemed to experience his body as not acting in the manner he thought it fit in the realms of sexual intercourse. The reality that his intentions of having sex with many women were not met put him into a vulnerable position of being stigmatized and prejudiced. For example, one evening when we were sitting in a bar for a short talk, he saw the barmaids and he said, "…For instance, if I seduce that barmaid [pointing at one of them] and agrees to have sex with her and ejaculate only once she will label me as 'weak' (*dhaifu*). Worse still, if my penis fails to immediately erect after the first ejaculation, it is like taking away or rather removing food from someone's mouth" (*ni sawa na kumnyanganya mtu tonge mdomoni*).

It was clear that his sexual performance concerns had limited John to engage in sex with casual partners simply because of his feelings of being insecure. As he said, "…if you take her and make her less satisfied than expected, she would automatically feel pity for you and other female partners might not tell you anything but she would say in her heart, I would better not have engaged in sex" (*sasa unampeleka na mwishowe hajaridhika atabaki anakuonea huruma tu…na mwingine anaweza asikuwambie ila atasemea moyoni mwake bora nisingekuja*). John believed that women could not be sexually pleased with a single (unforceful) 'shooting.' He stated, "…It's like when you have given food to a child, you don't ask the child if he or she wants more food while you see the child still wants more" (…*ni sawa na mtoto umempa chakula sio mpaka umuulize ukiona hajashiaba maana kwa mwonekano unakuwa unamwona kuwa huyu anadai chakula*).

Expressing on his insecurity when responding to my question as to whether he considered his sexual performance as an asset or a liability, he said, "…you see a house or a wall already developing cracks; then you ask whether cracks are assets or liabilities to the house/wall…" (...*wewe unaona ukuta au nyumba ina ufa halafu unasema ni faida au*

hasara). I still recall one of his remarks during our conversations that 'poor' sexual performance can make one commit suicide due to feelings of discomfort, alienation, emaciation and dissatisfaction with one's body. It was clear from his narrative that the descriptions of insecurity associated with the failure to perform well during sexual intercourse were shaped by his interactions with others in the city.

According to John, the objectification of most peers in the streets particularly pertaining to phallocentric and performative notions of male sexuality made him conceal his concerns from them. He said that peers in the streets frequently stigmatized and labeled other young men who failed to have multiple and successive orgasms or difficulty in maintaining an erection until their female partners reached orgasm. He remembered the times his co-workers blamed young men for 'poor' sexual performances. Such intersubjective relationship explained why John did not disclose his concerns to his peers. Imagining how his peers would feel about, judge and label him or how he would appear to them, he said, "…you know if you disclose to someone it's not going to help in solving the problem, instead the person will go out and spread the information to others" (*…unajua ukimwambia mtu si suala la kumaliza tatizo sababu badala akusaidie yeye anaanza kulikuza kwa kukutangaza kwa wenzake*).

John's narrative illustrates the intersubjective nature of sexual performance concerns. Most young men in my study talked about their sexual performance concerns in relation to immediate others especially their peers. This suggested that the dys-appearing body at times of changes in sexual performance emerged out of disruptions in intersubjective contexts leading into the separation between the self and the perceived gaze of the others. For example, the case studies of John and Robert described their embodied experiences of sexual concerns as deeply embedded in their peers' interactions. However, unlike Robert, John indirectly implicated his wife in his narrative. He argued that due to his wife's fidelity (*hana tabia ya kuonjaonja nje*), she was unaware of better sexual performances from other men, a situation that made John experience his body as functioning in the ordinary state before his wife.

However, although John seemed to experience his body as being in the "corporeal background" or "disappearing mode" (Leder, 1990:25) before his wife as opposed to his peers and casual partners, he was worried that relations with his wife would change if she started becoming unfaithful to their marriage. He indicated that he was less self-conscious to his wife than to his peers and casual partners. This suggests that different social interactions may result in different social dys-appearing bodies. As indicated in other studies (e.g., Sambaigha, 2013; Wight et. al., 2006; Dilger, 2003), young men in Tanzania live in multiple and partly contradictory norms as well as values of sexuality. Thus, it was not surprising for the young men in my study to experience varieties of social dys-appearing bodies in the domain of sexual performance concerns.

John's struggles to come to terms with his dissatisfying bodily performance were not yet actualized due to economic difficulties. Though he was quite aware of the existing varieties and forms of medications, he said the costs were too high to afford any of them. In one of our interviews, he requested me to pay for his medications. He was willing to pay back whatever amount of money I could spend on his medications. He said, "even if you spend five or four hundred thousand shillings (about 200 Euro or 160 euro), I would pay it back to you in installments, provided that when I meet the woman she really feels my presence and submission of being on top of her or when I walk in the street, peers reward me with 'good' names."

Finally, despite the economic difficulties, John contacted one traditional healer who used both herbal remedies and *majini*[49] in the treatment of men's loss of sexual power. He got his contacts through the flyers circulated in the city purporting that the healer could treat weak erections and the failure to achieve multiple orgasms. Unlike other young men who used allopathic pills (*dawa za kizungu*), John never trusted them on grounds that such medications were ineffective apart from providing a short-term relief. However, until the

[49] Referred to as the use of spirits in diagnosing the actual cause of the problem and suggesting appropriate solutions/treatment.

time I returned from fieldwork, John was complaining that the healer was a "fake healer" (*mganga feki*), who demanded 5000 T.sh (equivalent to 2 Euro at the time) as the diagnosis fee (*gharama yakupiga ramli*). According to John, the traditional healer stopped picking up his phone calls after he sent him the money.

4.3.1. Displaying a dys-appearing ejaculation

As indicated in the case study above (see section 4.1), difficulties in penile erections and ejaculation concerns featured in young men's daily narratives as two sides of a single coin. Both Robert's narrative and John's case illustrate the experience of living with ejaculation concerns, namely unforceful ejaculation, the failure of getting multiple ejaculations and immediate erections after ejaculation. These ejaculation concerns restricted John from displaying ideal forms of ejaculations that are forceful and attaining multiple (and successive) ejaculations. John's complaints were a reflection of his dys-appearing body ejaculation. As indicated in the previous section and drawing on Leder's (1990) understanding of "the dys-appearing body," John perceived his ejaculation as 'abnormal' and not ideal for a young man. He said that his concerns emasculated his sense of self as a man during sexual intercourse as he failed to express socially rewarded qualities of the ejaculation imperative. In the following paragraphs, I examine closely the description of the ejaculation imperative and the correlating positive image of the body.

According to Clement and Giuliano (2016: 18), "ejaculation is the final stage of coitus in mammalian males and is mandatory for natural procreation. Ejaculation is derived from the Latin term 'ejaculari' meaning 'to project', 'to throw forcefully' and can be defined as forceful propulsion of seminal fluid out of the body." The physiology and neuroanatomy of male ejaculation consists of two phases, namely, emission which refers to the movement of seminal liquid and its contents, from its various source into the prostatic urethra ready for discharge and second, strong expulsion of seminal fluids propelling from the tip of the penis (Morris 2008: 197; Sheu et al., 2014: 14-15; Alwaal et al., 2015: 4-5; Clement and Giuliano 2016: 18). In both cases, the male body's nervous systems such as the peripheral nervous system, central nervous system together with neurochemical transmitters and hormonal system play a central role in the ejaculation

process (see Alwaal et al., 2015: 5-10).

Closer examination of young men's talks about their ejaculations revealed that during sexual intercourse the body was described to be at work to coordinate all the physiological stages of sexual response cycle and stages of ejaculation. From young men's sexual experience, the manner in which ejaculation came out had an impact on the body image, self-perception and identity. For example, John reported being dissatisfied with the speed, force and timing of erection during sex. He felt his semen lacked enough force and speed (*mshindo na kasi*) when they came out. He felt his semen was not "hitting the vagina," (*kugonga kuta za uke*), a condition that denied him a positive image in the sexual arena.

John's case illustrates a close connection between ejaculating and his sense of manhood, self-perception and identity formation during sexual intercourse. For example, through the analysis of scientific language, Martin (1991) indicates a close linkage of masculinity and male sperm which is supposed to be active, speedy, strong and capable of penetrating the egg coat. John's description of the forces of ejaculation, particularly the unforceful ejaculations which made his seminal fluid lack energy of "hitting the vagina" was the source of his emasculation. According to him, his semen did not bounce as high as a table tennis ball does (*mpira wa tenesi*). Equating himself to a football player, John said he was unable to kick the ball hard or shoot the ball with enough energy in the net. This implies that his ejaculation and seminal fluids were less competitive and more passive during sexual intercourse. As described, his ejaculation problems had made him be labeled as a weak man and some women took pity on him.

John's description of his ejaculation concerns was located within the embodiment of physiological and mechanical processes of ejaculation in which the body was considered to be at work (in a journey) during sexual intercourse. Therefore, John's complaints about unforceful ejaculation may be seen as a 'failure' or 'defects' in the body to respond clearly to the physiological and mechanics of ejaculation. Furthermore, John's complaints indicated that his penis did not erect after the first ejaculation or orgasm. After ejaculation, his erect penis returned to its flaccid state (resolution stage) but it never started the cycle

again. For John, his penis never erected after the first ejaculation, however, for other young men this process took longer than the desired time. While time taken for the penis to regain erection varies from one person to another (see Morris, 2008: 198), most young men's talk and narratives revealed that the "quickest recovery" or "immediate re-erections" (*kusimamisha kwa haraka*) were socially valued and they symbolized proper functioning of the body nervous systems and vice versa.

Most young men mentioned 10 to 20 minutes as an ideal time of penis rest before regaining erection. However, a 'short rest' below 10 minutes was admired. For example, in our conversation, one young man who was aged 23 years insisted that a 'body rest' of more than 20 minutes meant that the 'systems in the body' were going wrong. He said,

> Therefore, when you finish the first round, in order to qualify to become a real man, the penis must erect within 15 to 20 minutes. Between 15 and 20 minutes, the penis must gain its erection ready for other rounds. If you spend more time than that, you reach 40 minutes or one hour before the penis regains an erection, then you know that something is wrong in your body. It is an indication that the body is malfunctioning. Therefore, you can test yourself with this time frame whether you function properly or not.

The question to be asked here is: why is shorter anatomical body rest after ejaculation socially valued and why is longer rest socially disapproved among young men? Whereas scholars who have examined the time spent during sexual intercourse such as Blair and Pukall (2004), Weiss and Brody (2009) as well as Nakajima et al., (2010) report the importance of long penile-vaginal penetration duration during sex, they ignore the 'admired' time for the penis to regain its erection after the ejaculation. As I will show, time was considered to be an important criterion against which young men in Mwanza evaluated themselves as having successful or unsuccessful sexual experiences. For example, young men's descriptions of premature ejaculations and the failure to regain erection immediate (or very quickly) after orgasm was linked to the symbolic representation of the male body as a "gas cooker" (*jiko la umeme*) or as a "metal cooking pot" (*sufuri*) and the female body as a "charcoal stove" (*jiko la mkaa*) or a "clay cooking

pot" (*chungu*). Symbolically, equating the male body with a gas cooker or metal cooking pots, which meant quick heating and cooking reflected how male bodies were expected to behave during sex, particularly after orgasm/ejaculation.

Short recovery after ejaculation meant that the male body was physiologically functioning properly. As young men stated, male bodies were like metal cooking pots, which get hot very quickly when heated and lose heat faster than clay cooking pots. This symbolic comparison implies that during sex male bodies were in the vicious cycle of getting sexual arousal very quickly, coming to orgasm very quickly and regaining the erection very quickly. Therefore, as the extract above indicates, shorter recovery of less than 15 minutes was attributed to a high social value of being more masculine. Alongside quick and immediate erection after ejaculation, other young men said that "double or successive ejaculations" (*kuunga mabao*) symbolically represented a sense of "youthfulness" (*ujana*) and masculine identity during sexual intercourse particularly in the context of merely being able to have sex as opposed to the context of man's ability to marry and have children.

While scholars like Pei et al., (2004), Yotov (2011) as well as Mayorga-Torres (2016) identify the effects of successive ejaculation as a decrease in the quantity of semen volume and total sperm count, many young men in this study indicated that double ejaculation was one of the vital components of masculinity and signified the ability and fitness of the male body. Inability to attain double/successive ejaculations was described as a failure of the male body and young men who had these concerns were considered as having weak bodies. While forceful ejaculation remained the hallmark of the ideal hegemonic masculinity in John's sexual life, other young men went further to evaluate the mechanics of timing during ejaculation. For many young men, the timing of ejaculation symbolically meant the ability of the body to listen to the mind and to have control over the anatomical and physiological functioning of the male body. Young men argued strongly that when the male partner experiences ejaculation sensations, he must be able to control, stop or delay the ejaculation and then release the seminal fluid whenever he wants. The young men were of the view that men should ejaculate

consciously as opposed to uncontrolled ejaculations, which occurred out of their control. Such ability to switch off and on with regard to ejaculation and have a delayed ejaculation implied having full control of the body in which the mind and the body were considered to work properly, and vice versa.

According to young men's perceptions, immediate ejaculation after penetration into the vagina signified poor control of the mind over one's sexual emotions and ejaculation sensations, in particular. Though there were variations in the timeframe for what they referred to as "immediate or early ejaculation" (*kuwahi kufika kileleni*), an ideal young man was expected to take the responsibility in planning for the time to ejaculate although such control was sometimes limited, depending on one's sexual desire. For instance, one young man said, "you become the hero of the house (*unakuwa jogoo wa nyumba*) if you are able to control your ejaculation." Another young man commented: "when you delay ejaculating …if you stay long in the sexual act for about 30 or 45 minutes before ejaculation, then your partner is likely to come to orgasm two or three times." These narratives of the timing of ejaculation during sexual intercourse seemed to mirror the mechanistic notions of male sexuality.

4.3.2. Communicating ejaculation concerns: embodied metaphors of male ejaculation

Having indicated the discursive construction of male ejaculation and its symbolic representation, I examine in detail the metaphors of expressing male ejaculation and ejaculation concerns. In numerous talks and narratives about ejaculation, young men described male ejaculation in metaphoric languages which evoked not only thematization of the body but also the diversity of bodily experiences. For example, young men's descriptions of ejaculations as "releasing a loud/mighty substance" (*mshindo*), "reaching at the climax" (*kufika kileleni),* "shooting, and kicking a ball" (*kupiga bao*) indicate the view of performative male sexuality, particularly the notions of sex as 'task' or 'duty/responsibility,' 'journey' and 'game.' Implicitly, such metaphorical descriptions seem to accelerate young men's embodied experiences of their dys-appearing bodies as alien, foreign, detached and depersonalized (see also Leder, 1990; Khan et al., 2008).

For example, young men's talk about ejaculation clearly indicated bodily achievement during sex. The length of time the male body took before ejaculation during sex culturally signifies bodily efficiency and perfection in moving through the sexual response cycle. Early ejaculation metaphorically expressed as *kuwahi kufika kileleni,* suggests the failure of the body to have prolonged sexual intercourse (staying long on sex). Young men's metaphoric description of *kufika kileleni* (which literally means "reaching at one's destination point or climax") implied that sexual activity was envisioned as a journey in which the ideal goal was to release seminal fluid into the vagina. It was imagined as a physical journey in which the longer the distance a man covered the worthier and manlier, he became and the more physically fit he was perceived. Young men's link of male ejaculation to a journey meant that young men perceived of themselves as sexual travellers who were seen as active participants in controlling the intensification of penis muscles, erect and ejaculation.

Young men's metaphoric descriptions of ejaculation as a physical journey supports the findings of Chiang and Chiang (2016) who showed that orgasm can generally be conceptualized as a physiological response, a psychological state, and an ideal goal. In their study of sexual orgasm in 27 languages, they identified conceptual metaphors such as "orgasm is a peak," "orgasm is fire," "orgasm is death," "orgasm is a destination" and "orgasm is the release of force/substance in a container" (ibid., 131). In my study, such metaphoric descriptions implied that significant measure of a successful journey was reaching to the destination point within the acceptable time limit. This was reflected in several occasions where young men described their sexual performance. For example, most young men said ejaculating within 5 minutes was not socially rewarding. On the other hand, young men described prolonged sexual intercourse for about 10 or 20 minutes before ejaculation as a manly achievement. From the young men's perspectives, failure to (cover long distances) and to 'last long' during sex was an indication that the man's body lacked enough energy (*mwili hauna nguvu za kutosha*) to withstand the task, duty, responsibility, and activity (sexual activities). As some young men put it, "…such types

of male bodies were perceived as impaired, disabled, old and frail."

Like many other young men, John's descriptions of his semen not bouncing as a table tennis ball and the description of ejaculation as analogous to "kicking the ball on the net" (*kupiga bao kwenye nyavu*) seem to be grounded on the game/match metaphor. In this metaphorical description, the sexual act is compared with playing a game where men were expert players, self-conscious players, competitive, strong and most importantly physically fit. Equating a man in the sexual act as a game player, Ching (1993: 46) describes a game player as follows: a man who is active (not passive), one who faces (rather than avoids) the opponent, one who competes or engages in physical and mental conflicts, one who uses skills, one who risks, one who finds excitement, one who seeks victory and one who finds enjoyment and self-esteem through superiority. As the game player is cheered up, young men's descriptions and narrative revealed that the more "sexual rounds/scores" (*mabao*) a young man got during sex, the more he proved his sexual competence, activeness, physical fitness and healthy male body. Although there was no agreed number of sexual rounds, a man who failed to achieve two or three sexual rounds/scores, his body was considered to be deteriorating, unskilful, unexperienced, weak and in short, a body, which lacked stamina.

Young men's use of ejaculation metaphors such as *mshindo*, *kufika kileleni* and *kupiga bao* reflected the cultural context (discourses) in which men consider the male body as being active and more powerful, and the loss of such qualities is socially sanctioned. In the contexts in which dominant phallocentric and performative discourses of male heterosexuality are valued and privileged as ideal sources of manhood, delayed ejaculations, and the number of "sexual round/shots" (*mabao*), make one feel more masculine. As already described in my dissertation, most young men in my study seemed to live under such a context where they often emphasized a phallocentric and sexually performative discourse. For example, in John's case study as well as among other young men who had ejaculation concerns, their dys-appearing bodies corresponded to the perceived failure of the body to perform according to these dominant discourses. This meant the failure of the body to stay long in sex, have delayed ejaculation, multiple,

successive and forceful ejaculations which could "hit the vagina." According to the young men, such men experienced unhealthy and weak bodies in contrast to 'superior' bodies which could complete the journey to the destination at a desired and expected time. This construction explicitly means that the descriptions of ejaculation concerns in terms of *kuwahi kufika kileleni*" (literally translated as "coming too early to the climax") are bodily experiences of failure to take control during sexual intercourse that is, ejaculating 'out of mind'. For example, young men's descriptions of "too rapid ejaculations" or "rushing to shoot in haste" especially for the first sexual round, which was locally describe as *bao kihererere* and "shooting with the less force" demonstrated 'poor' or 'failures' in bodily performances during sexual intercourse.

Although descriptions of ejaculation and/or orgasms were grounded in physical aspects, they communicated orgasmic experience during sexual intercourse. As for the case of erectile difficulties, young men's bodies experiencing ejaculation concerns became interpreted as being out of control, weak or having no stamina and power, a state that suggested vulnerability of not being able to perform like a machine.

4.4. Chapter conclusion

I have indicated throughout the chapter that at times the dys-appearing body of sexual performance concerns displayed social images of distractibility, inadequacy, vulnerability and negative connotations which are associated with changes in sexual performance. The body experiencing sexual performance concerns, especially erectile difficulties and ejaculation problems, was often interpreted as the source of losing or disrupting one's social reputation, self-perception and identity formation. For example, young men perceived strong, long erections, multiple, and forceful ejaculations as socially rewarding/acceptable, and failing to display such gender significant qualities made the body emerge out as dys-appearing and vulnerable, weak, less active and deteriorating. In fact, the inability to perform well during sexual intercourse became the object of social suffering, and particularly of perceived emasculation and the disruption of one's own body image.

The analysis of the two case studies of John and Robert provided an in-depth understanding of embodied experiences of erectile difficulties and ejaculation concerns. In both cases, I have shown how changes in sexual performance attracted young men's attention to their bodies making them emerge out of the corporeal background. Throughout these cases studies, I have demonstrated how the use of metaphoric language communicated everyday experiences embodied in living with sexual performance concerns in a unique, strategic and depersonalized manner. Robert's embodied narrative of living with erectile difficulties and John's narrative of living with ejaculation concerns have revealed that the dys-appearing body in the context of changes in the sexual performance disrupts not only intentions on sexual performance (particularly, *rijali* forms of masculinities) but also spatial constriction in terms of being-in-the-world. Their dys-appearing bodies at the moments of failure to perform according to the expected or required standards alienated them from social interactions and forced them into a liminal sphere.

However, as I show in the next chapters, young men's bodily (penis) dys-appearance compelled these young men to act towards their bodies. Young men's bodies, became what Leder (1990: 78) refers to "a target of hermeneutic and pragmatic efforts that are intended to re-establish its absent presence". In Chapter Five particularly, I show how young men renegotiated their dys-appearing bodies. The dys-appearing bodies in the context of sexual performance concerns challenge men's self-image of being a true man. However, young men in Mwanza City were not passive. They simultaneously enacted multiple and potentially contradictory forms of masculinities such as becoming very aggressive to their sexual partners, increasing their intimacy with their sexual partners, emotional expression, love and care. Furthermore, the inability to perform sexually encouraged young men in Mwanza to experiment with non-penetrative sex.

CHAPTER FIVE

RENEGOTIATING MASCULINITIES AND SEXUAL PRACTICES IN THE CONTEXT OF SEXUAL PERFORMANCE CONCERNS

5.1. Overview

During my fieldwork in Mwanza City, young men talked about the implications of being unable to perform sexually in connection to gender identity and sexuality. They indicated how changes in their sexual performance challenged the intentions of proving one's masculinity through sexual intercourse. For instance, in the previous chapter, I examined how the dys-appearing body in the moments of sexual failures or perceived failures during sexual intercourse occasioned bodily disruptions and limited young men's social interactions and reputation among peers, relatives and their sexual partners. 'Poor' or 'failures' of 'performing well' sexually denied or rather disrupted young men's ideal sexual disposition which was centred on 'performing well' during sexual intercourse. As a result of the inability to perform well during sexual intercourse as per their expectations, young men developed the belief that their bodies were unfit, frail, weak, betraying and unreliable for self-perception and identity formation. In this chapter, I explicate further the idea of disrupted young men's ideal of sexual performances and demonstrate how young men renegotiated their identities and sexual practices in the context of their perceived inability to perform sexually. The central questions, which I address are: how do young men renegotiate (or realign) their sense of selfhood? What are the new male identities (alternative forms of masculinities and sexual practices) emerging in the context of their perceived inability to perform sexually?

Drawing on young men's personal accounts, extracts/quotations and selected case studies, I argue that when young men's intentions of performing masculinities, which were centred on sexual aspects, were disrupted and their sense of being-in-the-world was constricted by the changes in their sexual performances, then the young men were

prompted to look for an alternative outlook and 'new' embodied feelings, thoughts and enactments of being a man. I show throughout this chapter that male sexual performance concerns such as erectile difficulties and ejaculation problems encouraged alternative masculine lifestyles and created pressures on young men to increase the renegotiation of their sexual and gender identity in other social spheres, practices and non-penetrative sex such as "playing with female genitals with fingers" (*kupiga vidole*), "deep kissing" (*kupiga denda*), "licking female genitalia" (*kuzama chumvini*) and sexual chatting over the phone or in Gurevich's et al. (2004: 1597) words "construal of anatomical superfluousness."[50] I suggest in this chapter that enacting alternative masculinities and non-coital sexual practices in the context of sexual performance concerns allowed young men in urban Mwanza to renegotiate their sense of identity, which was disrupted (or rather disturbed) by the changes in their bodily sexual performances.

The social practices that people engage in to renegotiate their identities when their sexual performances are disrupted by illnesses have been illustrated in literature on people's experiences of health and suffering (see Chamaz, 1995; Williams, 1996; Inhorn and Wentzell, 2011; Kvigne et al., 2014). Studies have also shown that men engage in various social practices to renegotiate their male identities as being men in the moments of their sufferings. For example, O'Brien et al. (2007) indicate that while some men from central Scotland suffered from depression, coronary heart diseases and prostate cancer became reluctant to accept their illness statuses, others accepted the illnesses but still clung to some aspects, which they thought confirmed their ways of being men. These aspects included the continued engaging in heavy works and engaging in 'old' practices (such as returning to work against doctor's advice) and fighting back if somebody did wrong to them (ibid., 185-186).

[50] Gurevich et al. (2004) use the phrase "construals of anatomical superfluousness" to refer to other bodily sites of sexuality and male identity which are emphasized as being more central following rupturing of sexuality in the context of men experiencing testicular cancer. Men in their study, implicated and disconnected their anatomy in the construction of masculinity. Hence, in negotiating their masculinity in the context of testicular cancer, they often relied on constructions of anatomical superfluousness, juxtaposed against construals of more central sites of gender identity and sexual pleasure (ibid., p. 1603).

Similarly, Robertson et al. (2010) indicate that in the context of cardiac rehabilitation, men's life attitudes in northwest England changed leading to thoughts of a "new outlook" and engaging in healthy lifestyle practices and exercises such as just "walking away," developing more "relaxed physicality" and participating in yoga exercises (ibid., 707). These scholars also emphasize that men's engagement in social practices to reconstruct their identity during times of illness is not a plain or straightforward move. For example, Robertson et al. (2010: 702) attest that,

> …there were contradictions found in the men's accounts between these new changes in attitude and practices and a desire to return to how they were before; what several men termed 'getting back to normal.' What seemed to be acceptable, indeed (morally and physically) necessary, were specific changes to diet, reductions in stress, and ensuring one gets adequate exercise, in line with the advice given at all stages of the cardiac rehabilitation programme.

In regard to gender-specific illnesses especially prostate cancer, scholars (e.g., Chapple and Ziebland, 2002; Oliffe, 2006; O'Brien et al. 2007; Kelly, 2009) have shown different actions, strategies and coping mechanisms which men take to realign or restore their identity of becoming a man. For instance, Chapple and Ziebland (2002: 820) show how men in the United Kingdom (UK) are reluctant of consulting doctors because 'men don't cry.' In other gender-specific illnesses such as male sexual performance concerns, the information on renegotiating masculinity is scarce and mainly limited to the older population (see Wentzell, 2013). Although there are relatively few studies on sexual performance concerns, enacting alternative forms of becoming men have been characterized as a key response to emasculating male sexual illnesses such as infertility and erectile difficulties. For example, the available ethnographic works (see Inhorn and Wentzell, 2011; Wentzell, 2013) indicate how Middle Eastern and Mexican men demonstrate "conjugal connectivity" and egalitarian sexual relationships both verbally and physically to their wives and children as they attempt to overcome infertility and decreases in sexual energy, particularly erectile difficulties.

In this chapter, I focus on the aforementioned ethnographic literature on men's experiences of health, illnesses, and suffering. Specifically, I employed the concept of "emergent masculinities" as proposed by Inhorn and Wentzell (2011) to account for alternative forms of male embodiment and enactments of masculinity and sexual practices particularly as young men encounter sexual performance concerns. According to these authors (ibid., 801), men enact emergent masculinities that are living up to new ways of being men in an attempt of countering the forms of manhood which are perceived as harmfully hegemonic. The authors (ibid., 803) emphasize that,

> The term *emergent masculinities*, intentionally plural, embraces social history, globalizing geographies, masculine embodiment, new masculine dynamics, and social movements in a way that hegemonic masculinity cannot…; *emergence* highlights the novel and transformative. When applied to manhood, *emergent masculinities* encapsulate change over the male's life course as men advance in age, change over the generations as males grow from youth to adulthood, and change in social history that involves men in transformative social processes. Finally, the *emergent masculinities* highlight new forms of everyday masculine practices that accompany these social trends.

With this analytical concept of emergent masculinities, I demonstrate how disruptions of ideal sexual performances and constricting young men's sense of social interactions, reputation and respectability interpolated with potentialities and/or possibilities of enacting alternative forms of male embodiment which were less centred on sexual performances. My findings suggest that many young men in Mwanza changed their behaviours in the context of their perceived inability to perform sexually. For instance, at a more practical level, while some young men in my study developed more intimate relationship with their partners by becoming very close, humble, polite and obedient, other young men relied more on enacting 'traditional' forms of masculinities characterized by control, dominance, aggressiveness and less emotional expression in their sexual relationships.

This chapter is composed of three sections. In the first section, I illustrate how young men in Mwanza City acted out of humility, gentleness, humbleness, politeness and obedience as an alternative outlook of becoming men when they either failed or were perceived to

have had ‘poor’ sexual performances. In this section, I also show that some young men in my study changed to what Wentzell (2011: 399) refers to as “modern” ways of being men that is showing compassionate love and close intimacy in their sexual relations. However, these “modern” ways of being men were sometimes not permanent but rather dependent on the social context and situation in which young men found themselves. I use the case study to indicate how the renegotiation of masculinities was neither permanent nor a liner process but rather simultaneous enactments of masculinities, depending on the situation. In section two, I demonstrate that whereas some young men accepted being humble and caring to their partners, others emphasized more on becoming responsible partners and especially increased financial expenditures in their sexual relationships. Finally, in the last section, I examine the emergent sexual practices in the context of sexual performance concerns. I show how young men in my study renegotiated their sexual practices through ‘learning’ various non-coital sexual practices and techniques of climaxing their partner which in turn, allowed the young men to have the sense of being ‘real men’ during sexual intercourse.

5.2. “Being more close and friendly”: Emerging alternative forms of being men

As indicated in this dissertation, the major gist of being a ‘real man’ in Mwanza revolved mainly around different aspects of sexual intercourse. For many young men in my study, sexual penetration and performing well sexually counted as a proof of manhood. As Silberschmidt (2001: 9) argues that men in East Africa idealize, respect, and honour a man whose sexuality has no modesty, no restraint, is extrovert and publicly talked about. Furthermore, she indicates that young men in Kisii and Dar es Salaam grow up believing that they are the superior gender and that their identity as men is defined through sexual ability, power, and accomplishment. Young men in my study strived towards achieving the image of a strong man who is characterized by superiority, dominance, control and pride which they associated with strong sexual performance and prowess. However, it was also noted among my interlocutors that changes in young men’s sexual performances left them with feelings of being “weak” (*dhaifu*) in regard to sexual intercourse. As indicated in the previous chapter, this sparked many metaphoric descriptions which not only communicated one’s loss of manhood but also changing behaviours.

Changes in young men's sexual performance became an important source of enacting masculinities in relation to a 'weak body' that was considered feminized, lacking control and dominance, powerless and inferior. Failures of performing well during sexual intercourse caused some men in Mwanza to reconstruct and renegotiate their male identity through becoming "humble" (*wapole*) and "obedient" (*watiifu*) to their sexual partners. Most young men, especially those in long term heterosexual relationships reported to have become very close, polite, and obedient to their partners when they experienced changes in their sexual performances. They believed that being "more close and friendly" (*kuwa karibu*) with their female partners would improve the couple's relationship, which, in turn would help to reduce worries about the implications of failing to perform well during sexual intercourse. For such young men, other aspects of life such as maintaining good relations seemed to constitute the most important aspect of quality life because it would normalize their perceived sexual performance concerns. For instance, one young man said: "…such man has no interest in expressing his sexual desires to female partners as he often did when he was able to function properly. He will occasionally talk about ladies. Most of his time he will opt being humble and listening to his sexual partner" (*hata kuzungumzia mabinti ni mara chache sana ila mara nyingi atakuwa mtu wa kunyenyekea na kumsikiliza mpenzi wake*).

Another married young man emphasized the realignment of men's selves through the expressing of love and peace with their wife and towards their children. During our conversation he stated,

> Once the man experiences male sexual power deficit (*upungufu wa nguvu za kiume*), he has no option rather than becoming the source of peace in the family (*chanzo cha amani kwenye familia*). When he returns back home from his daily activities, he must not quarrel with his wife. He must create good relations (*mahusiano mazuri*) to the extent that everyone in the house wants to have you at home. When your children hear you knocking at the door, they must all come to welcome you and not vice versa. This is how a man with the loss of sexual power ought to behave in the family.

Other young men expressed the idea of good relations within the couple in order to indicate that if they had good relations among the couple it would be much easier to "open up" (*kufunguka*) and accept their concerns. In so doing, they reported stopping clinging to hegemonic forms of masculinities which ware characterized by strong sexual performances. Some young men in my study opted to abandon superior gender ideals centred on displaying images of a 'real man' at the expense of displaying alternative behaviours, which were associated with feelings of being 'weak' during sexual intercourse. For instance, some young men who experienced such a loss of hegemonic masculinities enacted new ways of being men such as becoming "less restrictive" (*wanapunguza ukali*) towards their partners and children, as well as being non-coercive and humble in their sexual relationships. For many young men who lived with their partners, such ways of being men became a source of renegotiating their masculinities. As such, it appeared that emergent masculinities that followed changes in sexual performance were less centred on previously reported images of a 'real man'. For example, Adam (31 years old) married with 1 child, working as a primary school teacher stated:

> A man who lacks sexual power will always be humble (*atakuwa mpole*) in the house because he knows that he is weak (*ni dhaifu*). You cannot become strict (*huwezi kuwa mkali*) while the woman is shouting that she did not marry you only for the sake of eating but rather to have sexual intercourse (*mwanamke hajatoka kwao kuja kula tu amekuja kwa ajili ya mapenzi*). Through such woman's words though annoying, the man will keep silent and let life go on but for sure, this condition puts many men in difficulties.

Constructs of alternatives forms of masculinities that differ from hegemonic standards centred on sexual performances, the lack of emotional expression, control and dominance, were similar to Sand's et al. (2008) illustration of men's attitudes, with and without self-reported erectile dysfunction, concerning masculine identity and quality of life. These scholars (ibid.) indicate that the quality of life among these men is associated with having good health, a harmonious family life and a good relationship with their partners/wives. In my own study in Mwanza, young men's negotiations of new forms of masculinities in the context of 'poor' sexual performance were equally less centred on sexual aspects of

masculinity constructs. For such young men, sexual intercourse was no longer a field of expressing bodily sexual power, prowess, achievement, competitiveness and conquest. For example, some young men I interviewed in my study typically stated that they were engaging in sexual intercourse, not for the sake of proving and demonstrating their manhood, but rather, for fulfilling a conjugal duty within marriage or a sexual relationship.

For instance, drawing on Robert's description of the embodied narrative of living with erectile difficulties,[51] I illustrate alternative masculinities that followed his inability to achieve and/ or maintain an erection. Recalling for the first time I met Robert, he had already experienced erectile difficulties for over two and half years. He was married with three children although by the time we met in Mwanza, his family was living in Shinyanga. In all our conversations, it was clear that his "inability to erect" (*kutokusimamisha*), which was occasioned by severe injuries following robbers' attack necessitated the enactment of emergent masculinities that he never performed when he was satisfied with his erectile abilities. Like many other young men in my study, Robert negotiated and reconstructed his male identity through accepting "to live at his wife's mercy" (*kuishi kwa kutegemea huruma ya mke*). For instance, the following extract from one of our conversations supports changing to becoming less masculine in behaving as an alternative way of renegotiating his male identity.

> **Me:** How do you do as a man to protect your family?
> **Robert:** Within the family, my life is dependent on my wife's acceptance of this situation. If she tolerates me, I will live with her, but the day she gets tired of me (*siku akinichoka*) I will have no option (*sina ujanja*).
> **Me:** And what do you do to make your wife not getting tired of staying with you?
> **Robert:** I have not changed so much. I continue being the family breadwinner. I provide for my family as I used to do before experiencing erectile difficulties… again because I know that I am "malfunctioning" (*mbovu*) and "not a complete man" (*siyo mwanaume kamili*), I show happiness to my wife. I am closer to her than before. I show her that I have accepted my condition.
> **Me:** What else do you do?

[51] I described this case study in more detail in Chapter Four on the dys-appearing body.

> **Robert:** You know if you become stubborn (*mkorofi*) you won't stay long in the relationship and the marriage will break up. By the fact that you live with your female partner without satisfying her sexually in itself is tolerated. So, if you become again stubborn to her, do you think she will continue tolerating you? Automatically she will not. I struggle not to disappoint her anyhow. I listen to her and we listen to each other (*tunasikilizana*). I have no problems with her (*sina ugomvi naye*). I listen to what my wife says and if she misbehaves or says something that disappoints me, I correct her in a polite manner. I am neither argumentative (*sio mbishi*) nor offensive (*sina fujo*) in the house than before.

From the above extract, it became clear that Robert enacts emergent masculinities that are associated with being weak and not being a "complete man" (*kijana ambaye hajakamilika*) that is, being close to his wife, being non-aggressive, non-argumentative, and non-offensive and being polite and listening to his wife. He claims to have lost his power and control over his wife. As such, he perceives of himself as powerless and inferior to his wife. These emergent forms in the context of erectile difficulties are opposed to his prior 'traditional' forms of masculinity centred on sexual strength, power, control, dominance, aggressiveness, argumentativeness and offensiveness. Robert lived up to these new practices by avoiding engaging in social interactions which supported his previous forms of masculinities. He avoided peers (*washikaji*) who would challenge his loss of erectile functioning by going home early. He did not want to sit with them in "youths' informal gatherings" (*vijiwe*) or other social venues. It was clear from his description that the loss of confidence in his body (penis) was followed by the loss of confidence in his self as a man. For instance, he stated: "…you know if you sit with other young men when they start discussing about sexual performances, I fear even to contribute to the topic. I decide to keep silent because I know that I am not okay (*mimi siko sawa*)." Besides losing his confidence in himself, Robert also gave the following account:

> And other peers openly tell me that I have nowadays changed. They say I was not like that before (*wananiambiaga kabisa siku hizi wewe umebadilika wewe zamani haukuwaga hivi*). For instance, they tell me that when I finish working in the evening I rush home as if I am going to cook (*nikimaliza kazi nawahi kurudi nyumbani mapema kama naenda kupika*) But I often reply that I am not going to cook but rather, to rest. They say that is too much. They often urge me to stay with

> them for some hours in social avenues for stories. However, I don't dare to do so, imagine I join them let's say up 11:00 pm, what will I be talking about? Its better I go to rest at home early (*mimi naona acha nikapumzike nyumbani*).

Robert's story was similar to another twenty-nine-years-old-married man who admitted that his sexual partner was sleeping with other men (*anakwenda nje kulala na wanaume wengine*). However, the young man never quarrelled so as to protect his status as a married man. He said that before experiencing erectile difficulties, he would not have tolerated to see his wife in sexual relationship with other men. Becoming a 'non-reactive' person made him continue living with his partner although he could not make love to her. He said that he was afraid of becoming aggressive and abusive, lest his partner discloses "his secret" (*siri yake*) to other people, something, which could force him into further emasculation. He claimed to have lost control of his wife. However, unlike other men who pleased their partners by becoming non-aggressive, non-offensive, non-abusive and non-argumentative, he decided to take part in domestic activities such as cleaning the house and washing the dishes as a way of pleasing his partner and also to maintain the secret. Although he considered these activities as women's responsibilities, he also said that he enacted them as a new way of expressing love, care and tenderness towards his wife. As it was the case with Robert, peers often perceived such changes in behaviour as effeminizing men as they reconstructed their self through enacting different types of masculine traits and/or engaging in domestic activities. For instance, according to his peers' descriptions of "effeminate man" (*mwanaume jike*) is a man with no control and powers in his sexual relationship. They were more passive and often such men displayed images of a 'weak man' as opposed to images of a strong or real man.

Another young man, aged 21 years reported about his friend who had allowed his female partner to find other men because he was unable to satisfy her sexually. The following extract recounts part of the story:

> I have a friend who is working down-town as a bodaboda rider. His sexual partner told him that she neither came to sleep nor eat (*demu amemtolea mabango sijaja kulala au kula tu*). He attempted to fulfil basic needs in the house but his partner

> was dissatisfied. She kept on complaining. My friend used sexual enhancement pills (*vidonge vya kuongeza nguvu za kiume*) for about a week. His ability to perform within that week was super. However, he stopped using the pills after hearing the side effects of such pills from other peers (*washikaji*) who encouraged him to start using his "natural power" (*nguvu yake ya asili*). When he stopped using the pills, his natural power couldn't enable him to perform sexually well with satisfaction. Later on, he saw the attempts he had taken to perform sexually as nonsense (*upumbavu*). He decided to tell his partner about his inability to perform and allowed her to feel free to go to other men provided that she doesn't abandon him and tell anyone about his poor sexual performance. Up to this moment, they still live together. But that's it, it pains. One hits and goes away; another one comes and hits then goes away (*huyu anakuja anapiga pale anaondoka, anakuja mwingine anapiga naye anaondoka*).

Young men's ability to enact alternative masculinities to address a 'weak body' during sexual performance demonstrated in my study supports results from a study by Coles (2008) who examined how men successfully negotiate masculinities over the life course. The author (ibid.) indicates men's ability to reformulate different types of masculinities, depending on the specific situations. For instance, in the field of domestic spheres, some young men in my study who identified themselves as having sexual performance concerns reformulated new ideals of masculinities by displaying 'less masculine' behaviours to their female partners. As shown later in this chapter, I infer that changes in behaviour among my interlocutors in addressing sexual performance concerns were also shaped by discourses of equal gender relations or in Burke's (2010: 123) words, a "modernizing masculinity discourse."[52]

Furthermore, the findings in my study of young men's 'unlearning' of hegemonic masculinities in order to become humble, tender, and caring in the context of sexual performance concerns are in line with the findings of other studies on gender-specific-illnesses particularly prostate cancer which challenges prior fundamental masculine

[52] Burke (2010:123) refers to "modernising masculinity" as a discourse which positions men and women as more equal, and presents communication between men and women as an interactive dialogue leading to decisions that are negotiated and possibly contrary to traditional practice.

embodiments of sexual performance. For instance, O'Brien et al. (2007) demonstrate how men in Scotland who are suffering from many challenges of 'natural' masculinity such as the loss of work, social life, and the ability to perform sexually force them to renegotiate their masculinities through other social practices like for instance, continuing work and engaging themselves in heavy physical tasks. Similarly, Kelly (2009) indicates how men experiencing prostate cancer assume a new outlook on life and its priorities in the UK. According to Kelly's (2009) ethnographic findings, men changed as a result of experiencing prostate cancer. Some men resisted and rejected fundamental aspects of a masculine embodiment that conflate being a man with performances of masculinity during sexual intercourse. In my study in Mwanza, some men who identified themselves as experiencing sexual performance concerns changed their behaviours to 'less masculine' practices to camouflage their perceived 'weak' or 'poor' performances during sexual intercourse.

For instance, young men decided to become more humble, obedient and engaging in domestic activities thereby aligning with the views of Inhorn's (2012) on "The New Arab Man" where emergent masculinities of affection and conjugal connectivity challenge hegemonic ideals of masculinity in the Middle East. The author demonstrates that men's encounter with reproductive technologies has influenced novel masculinities in the Middle East. As a consequence, men are increasingly rejecting the four notorious notions of patriarchy, patrilineality, patrilocality, and polygyny (see also Inhorn, 2015: 13). According to Inhorn and Wentzell (2011: 809), some men engaged in domestic duties such as cooking to make up for infertility as new forms of embodied masculinities in the context of male infertility. Along similar lines, Wentzell (2013) examined the changes in selfhood lived out by Mexican men experiencing decreased erectile function. In her ethnographic study, the author found that men were enacting different forms of selfhood which enabled them to abandon "youthful" or "macho" forms of masculinity and embark on a "second stage" or "another plane" of life (ibid., 25) characterized by an age-appropriate masculinity focused on the domestic sphere and affective bonds with their families. While these ethnographic findings are similar to my findings from Mwanza, I show how young men's relationships with their partners played a crucial role in

renegotiating their male identity.

As some young men in my study in Mwanza rejected hegemonic ideals of masculinity centred on sexual performance, they became willing to share their sexual concerns with their partners/wives. A good example is Robert who said that his wife had a great role to play not only in terms of "comforting him" (*kumfariji*) but also in "suggesting treatment options" (*pia kupendekeza njia za kutatua tatizo*). The ability or willingness to open up the dialogue or share his concern with his wife signaled a new male identity which entailed trust and respect and equality within the relationship. In some conversations, young men for example acknowledged having stopped excessive alcohol consumption and practiced "regular exercises" (*kufanya mazoezi mara kwa mara*) and "eating healthily" (*kula vizuri*), thus following suggestions they had received from their partners. In such situation, the fact that some young men accepted to confide with their partners, meant that the decision to embody emergent forms of masculinities was negotiated between the couple. Hence, in the context of sexual performance concerns young men no longer considered themselves more knowledgeable and/or as independent decision makers.

Young men's decisions to share their concerns with their partners/wives revealed a new sense of selfhood defined by "more mutuality, closeness, and less hierarchy" (Burke, 2010: 124). As I further indicate, female partners/wives also seemed to play an important role in the negotiation of men's sense of selfhood. However, this was not universal to all women. Some young men reported that their wives kept on demanding for sexual intercourse, while other men reported of their wives falling in love with other men to meet their sexual needs due to their 'ideal' sexual performances. I argue that such situation complicated young men's negotiations of alternative masculinities and changes in selfhood. For instance, a twenty-three old married man described the role of partners in encouraging men to new forms of male embodiment:

> Women are quite different. Some may openly ask you for the reasons for your failure to perform sexually. This one who asks you for the reasons wants to discuss with you and reach the solution together. If you manage to convince her with your

> reasons that you think are contributing to having poor sexual performance, she is more likely to support and encourage you to accept the situation. However, other women, after realizing that your performance has dropped, will not bother to probe or encourage the discussion for fear from being labeled or ridiculed. She will use her common sense (*atatumia akili za kuzalia*). She will go out to sleep with other men, a situation, which might pressurize her partner to be more aggressive than before. Thus, transparency is constructive but lack of transparency is destructive (*ukweli unasaidia na kuficha kunaharibu*).

The work by Wentzell (2013) illustrates women's acceptance of erectile difficulties as a way of naturalizing and normalizing erectile difficulties. This appeared to be true also to some women in my study in Mwanza. However, it was not a straightforward matter. Some women (see Bahati's case in subsection 5.2.1) demanded sexual satisfaction even if they knew that their male partners were unable to perform sexually. Robert, for example, reported feeling embarrassed by his wife's demand for sexual intercourse at the initial stages of his concerns. However, he said that later on his wife accepted the condition and this became a source of the new sense of selfhood, which he associated with closeness, living a harmonious life and listening to each other. The role of women in facilitating this new form of male embodiment appears to support Kvigne's et al (2012) argument that men suffering from chronic illness or impairment negotiate and renegotiate their masculinity in the light of the limitations placed on them by others' understanding of the social and personal consequences of their diseases. In my study, women's support and comfort to young men and mostly their husbands seemed to "neutralize" (*kupoza machungu*) their male partners' suffering and encourage enacting mild forms of masculinities as alternatives to their perceived inability to perform.

From the foregoing presentation, it is clear that some young men in Mwanza made changes in their selfhood when they realized that their sexual functioning had decreased. As pointed out before, the most noted change among young men particularly those who were in a long-term heterosexual relationship was to forego images of gender superiority, competitiveness, dominance and control to embracing humbleness, politeness and obedience. For example, by accepting that they had a 'weak body' they were able to renegotiate new forms of male embodiments. The images of a weak man were also

reflected in sexual intercourse as a twenty-year-old young man in our conversation put it:

> …once you notice that you are weak sexually it's better to inform your wife immediately about it. If you apologize and tell her calculated lies in advance that you are not going to perform well sexually (*toa visingizio vyako vya uongo mapema*), she is likely to accept the situation. That is, you tell your partner that you engage in sex with her, not for the sake of *kukomoana,* that is, avenging each other. It is just like requesting a fair play match when you know that you cannot perform sexually.

The following case study provides more insights on how young men changed from their 'original' ways of being a man to becoming very intimate to their sexual partners as emergent forms of masculinities. However, the process of enacting emergent masculinities was not a linear process from one stage to another but rather, it was a simultaneous enactment of multiple forms of masculinities. I also show how young men in my study enacted different forms of masculinity, which were partly contradictory, a state that was widely regarded with ambiguity by both young men and by their sexual partners.

5.2.1. Alex's Case: Enacting multiple forms of masculinities

In one evening, I was introduced to Alex who had once complained to his closest friends regarding his inability to perform during sexual intercourse. After a few days, I approached him with caution knowing that he would ask me to explain why I selected him to take part in my study. However, he was not surprised, instead, like other young men in the city, he showed interest in participating in my study. Alex was among the young men in my study who enacted alternative masculinity practices in contrast to the prior practices centred on the ability of his penis to perform sexually. In his late thirties, Alex was diagnosed with diabetes and hypertension; comorbidities which he thought were responsible for his lack of strong and firm erections during sexual intercourse. Alex was married with four children. He lived with his family in his own three-bedroom house in Kishiri area. When I first met Alex, he was working in as a conductor of a dala-dala (City minibus) commuting between Kishiri to the Airport. However, during the last phase of fieldwork, he was working at Nyegezi bus station in a ticket booking office/agency.

Like other young men I met in my study, Alex identified himself as having 'sexual power deficit' (*upungufu wa nguvu za kiume*). Particularly, in our conversation he indicated that he was unable to maintain strong and firm penis erections (*uume unasimama legelege*), a condition, which prompted alternative lifestyle of being a man defined by feelings of love, care and being emotionally attached to his wife. Initially, when he had been able to perform sexually, he said that he did not bother to express emotional feelings in a sexual relationship. As he put it:

> I did not even think of using sexual enhancement medications. I had the ability to engage in sex until my partner or wife declared that she is tired and worn out (*nimechoka tuache*). Sometimes I could continue until she started crying out. Unless she either shouted at me to stop or shed tears, I would not stop. I was really fit…by that time, I didn't even show her that I am emotionally attached to my wife but rather, she was the one expressing too much love to me (*nilikuwa simuoneshi kuwa namzimikia/nampenda sana mke wangu labda yeye ndiye alikuwa na mapenzi sana kwangu*). I had no sexual jealousy (*wivu wa mapenzi*) with my wife that she could have sexual contacts with other men. I was really fit in sexual intercourse. It was not a trial and error game as for now (*sio kwa kubahatishabahatisha kama sasa*).

Because of his 'good' sexual performance, he was confident that his wife was sexually pleased and she could not fall in sexual contacts with other men. This made Alex feel proud of his bodily performances. From our conversations, it was clear that his prior forms of masculinity, which were characterized by lack of emotional display and pride of sexual prowess, were no longer possible in the context of his 'poor' sexual performance. In fact, Alex seemed to have undergone a change in his male identity. For instance, Alex's description of enacting alternative masculinities centred on emotional attachment, closeness, caring, and love were in Robertson et al's., (2010:707) terms a "new outlook" of being a man in the context of changes in his sexual performance concerns. Like other cases of men presented in the previous section, Alex imagined that unless he loved and cared for in his sexual relationship, "his wife would go to sleep with other men" (*atatoka nje kulala na wanaume wengine*). His new forms of enacting masculinities functioned to

please his wife and increased trust among them.

Like other men in my study, Alex reported to have been living a harmonious life with his family. For instance, he said that sometimes he accompanied his wife in social events, particularly church events. In terms of sexual intercourse, he had learned to be verbally expressive "by giving her sweet words" (*kumtamkia maneno matamu*). In describing this verbal expressiveness, he said: "…as a sign of appreciating our sexual performance, I focus on telling her a lot of pleasing words (*namwagia sifa kedekede*) such as 'today you are well in the bed my love' (*leo uko vizuri mpenzi wangu*), 'do you intend to avenge me, my love' (*leo umepanga kunikomoa mpenzi wangu…*), sometimes I ejaculated once but go to wash twice in order to show her that we really had a tough game (*muda mwingine napiga bao moja ila naenda kuoga mara mbili*)."

However, despite the fact that Alex had envisioned a new outlook with his wife, he desired to practice "resentful romance" (*mapenzi ya kukomoana*) with casual female partners and not with his wife. He found it appropriate to relinquish former masculinities centred on stoicism to being emotionally attached to his wife and not to casual sexual partners. Though he did not want to say much about his casual partners and his transition process to enacting alternative masculinities, his wife I interviewed separately revealed that Alex was at certain times very rude and "aggressive" (*mkali*) in the house. According to his wife, she interpreted such emotional dimensions of being rude as well as aggressive in the house as Alex's "pomposity" (*namna ya kujitutumua tu*) in moments of his inability to perform. It appeared that Alex had lost his confidence in his marriage. For instance, his wife reported, "…sometimes we couldn't talk for the entire night, he thought I had sexual contacts with other men…when I went to church to pray, he was not even happy with it because he thought I used that opportunity to meet other men."

However, as a woman with four children, her husband's changes in sexual performance did not matter too much in her social life. Rather, she was bothered with his aggressiveness, the behaviour, which forced her to go for counselling from the church pastor where she was a member. She made it clear in the conversation that her husband

had become very aggressive, especially in the early stages when he realized that he was unable to erect for a long time during sexual intercourse. It appeared that the loss of ability in his sexual performance led to his loss in self-confidence, which ended up being manifested in aggressive behaviour. However, from the consultation, the pastor advised her "to remain faithful to her marriage" (*kuwa mtulivu kwenye ndoa*), "keep praying for her husband" (*kumuombea*) in order to change his aggressiveness and being a "source of comfort to him" (*niwe mtu wa faraja kwake*). In all our meetings with Alex's wife, she was quite happy with her husband's change to a new sense of self, which was the opposite to being very aggressive and of lacking emotional attachment. For example, she reported that they never quarrelled unnecessarily like in the initial stages of his concerns. She said, "…frankly speaking, now I thank God there is peace in the house" (*sasa hivi kwakweli namshukuru Mungu amani ipo kwenye nyumba*). As they already had four children who were in school, she said that emotional feelings of closeness and being loved and cared for (*kuoneshwa kuwa napendwa na nathaminiwa*) were more important than sexual penetration. According to her, the emotional expressiveness of her husband and becoming responsible for the family were the source of 'peace of mind' and happiness in her heart (*chanzo cha amani na raha katika moyo wake*) more than anything else."

Burton (2014) indicates that men are socialized to lack emotional display and to feel proud of their sexual prowess, heterosexuality and fertility. Alex who was previously proud of his firm and strong erections felt emasculated by the lack of such erections. However, like other young men in Mwanza, he set out to renegotiate his male identity through the simultaneous enactment of multiple and potentially contradictory forms of masculinties. Although it appeared that the process of enacting alternative images of masculinity was ambiguous and not straightforward, he eventually enacted what Armengol (2013: 42) terms "a softer, less aggressive, more feminine pattern of manhood based on tenderness, sweetness, companionship and solidarity." His inability to maintain strong and firm erection had finally, broken with the ideals of hegemonic masculinities associated with being superior, powerful and lacking emotional expression (see also Ollife, 2006).

However, it is important to emphasize that Alex reformulated many ideals of being a man, ranging from aggressiveness, lack of emotional display to being a humble, caring and emotionally attached man. His simultaneous enactments of multiple masculinities can be understood in the light of what Coles (2008) terms "mosaic masculinities."[53] For example, in the initial stages of his sexual concern, Alex relied on being very rude and aggressive with his wife. As I show in the next section, becoming very aggressive in the context of sexual performance concerns limited the interaction, which could lead to discussing sexual matters as a couple. Interestingly, however, Alex still desired displaying masculinities centered on sexual performance during sexual intercourse with casual partners. Some young men in my study claimed that displaying more masculine pattern of manhood with casual sexual partners was the source of "building respect from them" (*kujenga heshima*), "social acceptance" (*kukubalika*), "to benefit sexually from them and have sexual revenge" (*kumfaidi na kumkomoa).*

While Alex seemed to enact contradictory, or even incompatible masculine behaviours, his account shows how the enactment of masculinities could become ambiguous. Particularly, Alex appeared to move back and forth from being less emotionally attached and very aggressive to emotionally expressive, something even his wife emphasized in their sexual relationships. Also Alex did not reject altogether images of a strong man or hegemonic ideals of performing during sexual intercourse. This means that Alex's negotiation of his masculinity was based on the assumption that he had the capacity to perform sexually depending on the context and specific situation at hand. Within his long-term sexual relationship, he had changed and reformulated his male identity from very aggressive to living a harmonious life with his partner. Such harmonious life seemed to

[53] According to Coles (2008: 238), mosaic masculinities refers to the process by which men negotiate masculinity, drawing upon fragments or pieces of hegemonic masculinity which they have the capacity to perform and piecing them together to reformulate what masculinity means to them in order to come up with their own dominant standard of masculinity. This form of masculinity is like a mosaic in those incompatible pieces or fragments that do not easily fit together are placed to form a coherent pattern.

give Alex a privilege and status as a married man and rejected being very aggressive because it could to bring harmony to his life.

In relation to my argument, however, this case study also illustrates multiple enactments of emergent forms of masculinities. Like other men in Mwanza City, Alex negotiated his identity within his family through simultaneously focusing on other aspects which allowed him to gain his sense of manhood. His prior forms of masculinity centred on being less emotional, violent and aggressive and quarreling with his wife were combined with emotional closeness, caring, loving and accompanying her to the church. However, his enactment of emotional expression, care, considerate and compassionate love to his wife as alternative forms of being a man resembled the change to "modern" ways of being a man, which entailed equal gender relations (see Inhorn and Wentzell, 2011; Wentzell, 2011, 2013).

From the aforementioned cases, I surmise that young men, and particularly Alex and others who became 'more friendly' to their wives drew on both global and local discourses of shifting values and norms of gender as well as sexuality in renegotiating their masculinities. For instance, in the Tanzanian context, addressing gender imbalances, oppression, exploitation, sexual and gender-based violence has been an ongoing initiative in the country, particularly since the mid- 1970s (see Mascarenhas and Mbilinyi, 1983; Mbilinyi, 1984; Meena and Mbilinyi, 1991). Since then, several studies on women as well as governmental and Non-Governmental Organisations (NGOs) have emerged with similar orientations towards challenging gender imbalance and call for changes in gender norms. For instance, in the 14th Gender Festival in 2019 organised by the Tanzania Gender Network Program (TGNP), FemAct and their grassroots partners had the main theme "Gender Activists Transforming the World." (See Figure 5.1 below). The sub-themes were six namely: firstly, feminist leadership organising and movement building. Secondly, feminist knowledge generation and reproduction- validations and sharing within the movement and beyond. Thirdly, feminist discourse and the destruction of neo-liberal macroeconomic paradigms and discourses. Fourthly, sustaining the women's movement: agenda, finance, technology and methodology. Fifthly, women and the

Media: changing our narratives. Lastly, TGNPs' 25-year Transformative Journey: reflections, experiences and successes, including Beijing implementation.

Figure 5.1: Poster promoting the 14th Gender Festival in Dar es Salaam, Tanzania. (Photo by S. Mutebi)

Within such discourses of gender equality, patriarchal and traditional norms as well as values that idealized male superiority become the focus of change to egalitarian gender relations. It is within these shifting norms and values of ideal images of being men including diversities of sexual orientation that may have influenced some young men to negotiate their male identity through humbleness, obedience and silence. For instance, gender hierarchy, which would brand young men in Mwanza as 'less masculine' seemed to be also challenged within the neoliberal era in Tanzania. For instance, in one of the conversations with a young man aged 20 years, whose job was selling school books in his temporary stall along Musoma Road said:

> Nowadays it is no longer the sole responsibility of a man to take care of his family, both men and women should work together to take care of their family (*siku hizi sio tena kuwa ni jukumu la mwanaume kutunza familia bali ni jukumu la wote*

> *mwanaume na mwanamke*). Claiming that it's a man's responsibility has no place in the contemporary wake of current slogan of 50 to 50 and equal rights. It means that even a man can go in the kitchen to cook and do laundry (*kusema kuwa ni jukumu la mwanaume kwa mazingira ya sasa haiwezekani na hivi kuna kauli mbiu wametoa yakusema asilimia 50 kwa 50 na haki sawa kwa wote. Hii ina maana hata mwanaume anaweza kuingia jikoni kupika na kufua nguo*).

Furthermore, many young men interpreted sexual performance concerns as "problem of the older people" (*tatizo linalowapata watu wazima*). It was also within this context that young men's negotiations of masculinities differed from those of the elderly who viewed these concerns as a 'natural' part of the aging process (see for example, O'Brien et al., 2007; Inhorn and Wentzell, 2011; Wentzell, 2013). For example, the ethnographic work of Inhorn and Wentzell (2011) examined the embodied emergent masculinities among men of all ages (especially late teens to early nineties) with erectile difficulties and infertility concerns in parts of the Middle East and Mexico. Their findings are similar to those in my study in Mwanza and indicate that men acted out new ways of being men such as volunteering to cook and do housework, expressing more romantic relationship with their wives, opting for compassionate and egalitarian relations (ibid., 805, 809).

However, unlike old men in Mexico and in the Middle East who considered erectile difficulty as a way of embodying a mature form of masculinity (appropriate to their old age), which are characterized by affective bonds, not all young men in my study affirmed their masculinities through love, affection, and caring. This can possibly be attributed to age difference in which old men outnumbered the young men in both Mexico and in the Middle East. For instance, while the mentioned authors interviewed men from early teens to nineties mostly from a variety of social classes such as working-class men, poor and wealthy men, my study involved men from early teens to late thirties who were mostly working in the informal sector, jobless, and disenfranchised young people. This age category did not easily accept the loss of performing masculinities during sexual intercourse. In contrast to the findings in Wentzell's (2013: 25) study that older men accepted the loss of erectile functioning as "embarking on another plane of life" centred on what Inhorn and Wentzell (2011: 809) term as "conjugal connectivity," some young in Mwanza City men felt "looking older than their age." As one young man in our

informal conversation said,

> In our customs and traditions, when a young man meets his peers, the common greeting is *mambo vipi* (translated as how are things?). But when peers begin saying *shikamoo* to you (a formal greeting to older people) know that something is wrong in you in either your appearance or you have an illness, which normally affects the aged population. That means you look different from and in fact older than your actual age.

Similarly, studies from Mexico and New Zealand (see Wentzell, 2013; Potts et al., 2004) have shown how men rejected the use of Viagra for countering erectile dysfunction. In such studies, men rejected seeking for medications because they considered a decrease in sexual function as a natural part of aging or as a transition to age-appropriate masculinity. While this was true for older men in Mwanza City, it was not the case with young men in my study. Being in their early twenties and thirties and/or in the initial stages of sexual intercourse, forming intimate sexual relations, developing a sexual identity and establishing their family, they showed a desire of continuing enacting youthful masculinity or age-appropriate masculinity, which was characterized by *rijali* forms of masculinities (masculinities centred on the ability to perform sexually). Again, although some young men embraced openness, increased communication, appreciated closeness, became humble, polite and obedient with their steady partners they did not reject medications, which indicated a desire to "get back to normal" (Robertson, 2010: 702). For example, this was the case with many young men who still sought appropriate medications to improve their sexual performances during sexual intercourse. As I am going to show in Chapter Six, such desires of *rijali* forms of masculinities encouraged young men to navigate better sexual performances.

Nevertheless, my findings on new forms of enacting masculinities indicate the fluid nature of these emergent masculinities. As such, new forms of male embodiment in the context of sexual performance concerns support observations of scholars who indicate that masculinities are dynamic and fluid (see Cornwall and Lindsfarne, 1994; Connell, 1995; Hodgson, 2003; Cornwall, 2003; Ouzgane and Morrell, 2005; Connell and Messerschmidt, 2005). For example, Courtenay (2000: 1393) indicates that "because

masculinity is continuously contested, it must be renegotiated in each context that a man encounters. A man or boy will enact gender and health differently in different contexts." As shown further in the following paragraphs, young men in Mwanza City enacted different masculinities, depending on the specific context and situation in which they found themselves.

The forms of emergent masculinities in the context of 'poor' or 'failures' in sexual performance were ambivalent, dynamic and were subject to particular social circumstances. The ambivalent nature of alternative forms of masculinities goes beyond Inhorn and Wentzell's (2011) findings to demonstrate further the dynamic nature of embodied emergent masculinities. For example, it was made clear in some of my interviews that men increased their intimate relationship with their partners, particularly when seeking for treatments or looking for permanent solutions. Therefore, new form of masculinities became enacted on a temporal and transitory basis and upon recovery, they returned to their prior masculine forms characterized by dominance, power, competitiveness and aggressiveness. For instance, Rose, a woman who had three children from her long-term relationship with her husband explained how her husband had gotten back to normal practices of masculinity when he recovered from erectile difficulties during sexual intercourse. In our conversation, she said,

> My husband had erectile difficulties but he recovered soon after using aphrodisiacs from alternative healers. His penis stopped functioning when he became a truck driver in Geita Gold Mine (GGM). His penis was not erecting at all, no matter how much sexual desire he had. During that time when he was not erecting, he used to urge me to remain faithful to our sexual relationship, he never restricted my interaction with other tenants in the compound; he was not aggressive in the house; he involved me in all his future plans; and on the way from work he used to do food shopping for the family. However, such practices disappeared immediately when he started regaining his erection. When things got better and later normal after using medications for several months, he started quarreling and shouting at me particularly when he found me in the neighbours' homes or with other tenants and he stopped doing food shopping as before.

As indicated in the extract, constructs of emergent masculinities were not permanent, but

rather dynamic and fluid in nature. They depended on the context and particular situations in which young men found themselves. For instance, it appeared that sexual performance concerns forced men to live in a liminal state where they found it appropriate to play out humbleness, obedience, love and affection for the sake of renegotiating their masculinities. Although some young men in my study became very close and friendly to their female partners, they seemed to be in a "transition period" (*kipindi cha mpito*) as one young man put it. This expression from one of my interlocutors indicates clearly the transitory nature of enacting masculinities during sexual performance concerns. Rose's descriptions shows how men became close and friendly with their partners, but upon recovery, they got back to normal practices. This vividly shows that the negotiated masculine identities were ambivalent and that men turned to prior social practices which affirmed their sense of masculinity after recovery from illnesses (see also O'Brien et al., 2007).

5.3. "I am busy for my family:" Becoming more responsible to one's family

While some young men in my study redefined their gender identity through respect, humility, obedience, and emotional expression towards their female partners, many others emphasized more on fulfilling responsibilities and increased financial expenditure in their sexual relationships. Young men in Mwanza emphasized on both behaviour change towards being more responsible to their families, a condition that demanded their physical strength and fitness to work in order to become the material provider. As such, men in my study emphasized relying on taking responsibilities in sexual relationships as alternative expressions of performing masculinities during sexual intercourse. I show in this section that young men in Mwanza reformulated their sense of manhood through appreciating their abilities to continue supporting their families and/or sexual partners.

Some young men in my study reported working hard for their families in order to maintain their status as breadwinners and/or material providers, a condition that made them value physical strength as well as health to engage in a variety of activities. For example, during my fieldwork, I met Shija who reported to have lost sexual desire due to increased family responsibilities. He was 30 years old when we met for the first time. He lived and worked

in Mwanza as a small business entrepreneur. He also worked as a security guard in one local security company in the city. He lived with his wife and two children. During our conversation, Shija complained about lacking sexual desire and being unable to get at least "two sexual rounds" (*kushindwa kupata angalau mabao mawili*). He claimed that his "sexual desire easily waned" (*hisia zinaisha mapema*) without his control, making his penis become "flaccid" (*kulala*) during sexual intercourse. His self-perception reflected Phong's (2008) findings among Vietnamese men that tiredness and lack of sexual desires were the side effects of evaluating manhood in terms of being the economic pillar and breadwinner of the family. Particularly, Shija attributed his loss of sexual desire, feelings and failure of achieving multiple sexual rounds to working hard in order to provide for his family. For instance, he stated, "I am busy for my family" (*nahangaikia familia yangu mimi*). Shija perceived being "busy for his family" as the cause of his sexual performance concerns. I argue that being "busy for his family" was also a ground where he renegotiated his self in the absence of performing well sexually. In one of our conversations he said:

> Until now, I am still struggling with my wife (*nahangaika na mke wangu*). My wife was bewitched by "unknown people" (*watu wasio julikana*) after giving birth to a baby boy. She fell sick for many months. I spent a lot of money seeking for treatments everywhere. It was not until I took her to a witchdoctor (*mganga wa kienyeji*) that she got cured. It is the witchdoctor who told us that she was bewitched though the witchdoctor did not disclose the names of people who did so. As I used all my balance and borrowed money from my friends, I have now started paying back the debts…I tell you, I am now paying the debts. I have put aside sexual matters (*suala la ngono nimeliweka pembeni kwanza*) and I have no sexual interests at all. My children stopped even going to nursery school because I had even no money to pay for their fees. I cannot have a concentrated mind on sex while I have a lot of debts and my children are not going to school and my wife has no kiosk yet. But the good thing is that at least I have children. Even if I die tomorrow, I will have a trace of my name *(hata nikifa kesho basi nitaacha jina).* You know, there is no one who has died of loss of sexual power.

Shija's account reflected the struggles of engaging in hard work in order to maintain his position as a responsible man who fulfils his duty of being a breadwinner (material provider) in the family. He said that he worked hard in his two jobs and saved money to

pay back the debts, paying for children's school fees and invest in a kiosk for his wife. All these matters gave him the privilege and status as a man beyond being a sexual partner (if he was able to fulfil them). That is why he kept aside sexual matters and/or lost sexual interest in engaging in sexual intercourse. However, his commitment into becoming a responsible material provider was more likely to result into stress and anxiety in case he failed to achieve these goals and thus, contributing even further to weakening his sexual powers.

Having the capacity to work hard for the family and/or become the material provider in a heterosexual relationship seemed to reaffirm masculinity among men in Mwanza. I found that some young men who identified themselves as having sexual performance concerns emphasized strongly on expressing overt economic status to their sexual partners beyond being an 'expert' sexual performer. For example, a 29-year-old married man named Raphael indicated how young men in stable sexual relationships were expected to show off their manhood by providing for their families. In an in-depth interview, he said,

> For example, a young man who only gets one sexual round and then fails to go for the second round (because of his penis not erecting again) can still prove to us (married or cohabiting young men) that he is the man in his family by making sure that his wife eats and dresses well *(mke wake anakula na kuvaa vizuri)*, by taking care of his children *(anawahudumia watoto wake)*, by making sure that he has money to take care of the family including taking them to hospital in case one of his family members falls sick *(ana hela ya kuwatibu)* and by paying for school fees as well as other bills including house rent. These are some aspects that men whether in a permanent or casual sexual relationship need to accomplish in order to prove their manliness in the absence of sexual performance. If he manages to accomplish them, we who are in a steady sexual relationship shall perceive him as a real man. His lack of sexual virility, potency and performance will remain a secret with his wife. For us to know it, it is until his wife discloses and even if she discloses, we will ask her, don't you eat? Don't you dress? Or don't you get the basic needs *(siku mke wake akisema tutamamuuliza je hauli? Je hauvai? Je haupati matumizi yako ya msingi?).*

The above account emphasizes discourses of a man who is the material provider in the family to maintain his relationship. The material provider (or rather breadwinner)

discourse is prevalent in many parts of Sub-Saharan Africa (see Silberschmidt, 2001; Groes-Green, 2005; Nyanzi, 2009; Burke, 2010; Reihling, 2013; Chikovore et al., 2014) and plays a significant role in influencing alternative enactments of masculinities in the absence of sexual performance in Mwanza. For instance, as presented in the foregoing accounts, 'ideal' young men in the context of sexual performance concerns were those who were able to provide for their families, pay for their rents, take care of the children, particularly by paying their medical bills and school fees. However, the challenge was in meeting the role of breadwinner. Many young men in my study emphasized this 'ideal' form of being a man. For example, some young men reported that being a breadwinner and material provider in a heterosexual relationship such as "buying one's partner or spouse a mobile phone, sending her airtime more often" (*kumrushia vocha mara kwa mara*) and paying for either her rent, lunch, dinner, or shopping tours or "going for outing for relaxation" (*kuwatoa out*) continued to redefine an ideal man, even in the context of 'poor' or 'failures' in sexual performance. As one young man put it, "…if a fellow man with sexual weakness manages to be a breadwinner, he is still the 'big man' (*mtu wa mkubwa sana*) to us."

Khan (2004: 66) indicates in his study on male sexuality and masculinity in Bangladesh, "peer versions of manliness is charismatic, risk-taking and comprised of showing off behaviours exhibited in the homosocial environment in Bangladesh." Similarly, young men in my study knew that if they reconstruct their gender identity through emphasizing more on being the material providers, some peers and female partners would judge them as real and responsible men. As already stated in the previous chapters, both women and peers would metaphorically describe financially challenged men as *wanaume suruali* (literally transilated as: "men who only wear trousers but have no qualities of being material providers in (sexual) relationships"). On the one hand, the struggles to live up to this discourse of a material provider in the relationship may further contribute to stress and frustration in case one fails to meet people's expectations (see for example the presented case of Shija above). On the other hand, struggles enable those with sexual performance concerns to renegotiate their masculinities. Hegemonic discourses of a material provider (breadwinner) role revealed how being able to live up to such social

ideals provide a breathing space, which, in turn, enabled young men in my study to fulfil their responsibilities as breadwinners in their families. Turning to a breadwinner role as an attempt to re-establish one's masculine role after illness is also illustrated in the work of O'Brien et al (2007). For instance, O'Brien et al., (ibid., 194) indicate that men suffering from heart diseases, particularly coronary heart diseases, tend to renegotiate their disputed identities through working hard and playing their roles as breadwinners.

Nevertheless, young men's physical ability to struggle to remasculinize their identity following changes in sexual performances advances further the argument that economic insecurity obstructs men from fulfilling their family responsibilities. For instance, Silberschmidt (2001) indicates how socioeconomic changes, particularly low income and unemployment prevent men in rural and urban East Africa from fulfilling their roles as heads of household and breadwinners. Similar observations are made in studies by Reihling (2013: 105-141) in South Africa, Groes-Green (2005:290-292) in Mozambique, and Abdalla (2007: 31-33), Abdalla (2015: 40-41) in Egypt. These scholars illustrate how men shift to bodily (sexual) performance, sexual aggressive behaviours and multi-partnered sexual relationships as a way of strengthening their male identity as well as sense of masculinity. While I support their arguments, especially with regards to contemporary urban Tanzania, young men's accounts in my study revealed that in the absence of bodily sexual performance, some redefined their masculinities by working hard in various income generating activities in order to regain their sense of male identity. Hence, through being healthy and working hard as material providers, young men were able to reaffirm their masculinities not only within their own households but also outside the domestic spheres.

For example, highlighting the dynamics of emerging masculinities in the context of sexual performance concerns, Abed (34 years old) spoke of men's ability to provide for their families (*kuitafutia familia riziki*) and engage actively in community activities (*kujishughulisha katika shughuli za kijamii zaidi*) as ways of expressing their sense of male identity. In our conversation he said,

> If you have the loss of sexual power, you are like a person, whose legs are tied up (*ni kama mtu ambaye amefungwa miguu*). While you are tied up, your wife could be going out to have sex with other men. Because of the lack of sexual power, you fail to go out too to get female partners, unless you want to show to sexual partners that you are nothing (*ukitoka nje zaidi ni kwenda kuonekana hufai kabisa*). That's why it is said that your manhood in the family remains being only the provider and just engaging in community activities. You go out simply to work and get money to take care of the family. Remember, even if you have lost your sexual power totally, your family still needs to eat (*kumbuka hata kama huna nguvu za kiume kabisa bado familia inahitaji kula tu*).

Although it appeared that 'poor' sexual performance or 'failures' in sexual performance caused young men to feel emasculated, emergent masculinities were renegotiated in multiple ways; emphasizing more on becoming the breadwinner as a dominant form of remasculinization. Besides, there were other enactments of masculinities, for instance, some young men in Mwanza recounted that they could no longer seduce or become caring for their partners once they got married. Others metaphorically asked in our conversations: "where did you see a fisherman giving bait to a fish after catching it?" (*uliona wapi mvuvi akimvua samaki kisha anamlisha chambo*?). Such an account seems to have been based on discourses of 'traditional' masculinity, which emphasize on men's control, dominance, decision-making and being less emotional. As such, this discourse calls for male bodies to be in action as opposed to being weak. It was within this context of expressing gender hierarchy in a heterosexual relationship as a symbol of maleness that some young men continued relying on prior (embodied) feelings, thoughts, and practices of being masculine. For instance, some young men in my study neither agreed nor accepted to disclose their sexual performance concerns to anyone. They denied to have sexual performance concerns, increased the number of sexual partners, and increased sexual frequency as ways of proving that they were real men. For instance, young men said that due to sexual performance concerns, they were increasingly engaging themselves in relationships which were only of very short duration like one or two days. According to my interlocutors, this kind of relationship was described as *ngono ya kupita*, (literally translated as "having sex for just passing by") or *kutojenga kambi* (literally

translated as “not building a camp”). Such practices became the source of pride and “showing off” their manhood (*kujionesha*). As one man said, “…such a young man (referring to a young man with sexual performance concerns) for fear from being exposed he would be changing women as clothes (*atakuwa anabadilisha waanawake kama nguo*). He won’t have one woman who is permanent (*hatakuwa na mwanamke mmoja wa kutulia naye*). He will have a long list of women and this may lead into getting diseases such as HIV/AIDS.”

For instance, there were some young men in my study who reported to have been avoiding sexual intercourse with their partners by staying out late watching matches in bars, clubs and other entertainment joints until midnight. During my stay in Mwanza City, I often joined groups of men who used to watch football matches until midnight. They pointed out that some young men stayed out late as a way of expressing their maleness in the absence of sexual performance. Watching football matches until midnight became one way through which men proved to their peers that they were “not under control” (*hawatawaliwi*) by their sexual partners. At the same time, peers discouraged men who went home early. As mentioned in the conversations, young men who did not stay in the local bars or informal social joints were subject to stigmatization and ridicule. For instance, some of the peers who stayed out late considered those young men who did not as “being driven” (*wanaendeshwa*) by their sexual partners. Others went further to point out that such men were already under the “medicines” (*madawa*), which made them “listen to whatever their partners told them to do” (*wameisha wekewa madawa ili wawasikilize wake zao*) including not staying out until midnight.

Although young men who felt emasculated simply returned to ‘traditional’ practices in order to remasculinize themselves (relying on being a breadwinner, increasing financial expenditures, staying out late, denying to be sexually dysfunctional, using sexual enhancement medications and being very aggressive in the relationship), these forms of emergent masculinities appeared to be ambiguous. For instance, in the case study in the subsequent subsection I demonstrate further the ambiguity of alternative forms of masculinities among men in Mwanza. Though most case materials came from a female

partner (Bahati), it provides illuminating insights into young men's negotiations of alternative masculinities and sexual practices in the context of sexual performance concerns.

5.3.1. Becoming "*mjuaji*" and "*mhongaji*:" Bahati's story of her sexual partners

One evening, after an informal conversation with a group of artists, one actress followed me and said, "…my husband has that problem (referring to sexual power deficit). How would you help him? But he pretends to be a too-much-know person (*anajifanya mjuaji sana*)." As it was getting late and she was in a hurry to get home, I promised to see her on the following day at her partner's home for further conversation. The actress was 30 years old at the time we met and for the sake of anonymity, I named her Bahati. She was living with her husband and they had three children, two girls and one boy. In addition, Bahati had a fourth child with another man from a previous relationship. The child was also living with them.

Sitting on a stone in front of their house, which looked older than the other houses in the neighbourhood, Bahati recounted her sexual experience before she got married including her first experience with men she slept with in her life. Although she reported having had several sexual partners, I was particularly interested in how she recounted the multiple and potentially contradictory behaviours of men who were unable to satisfy her sexually. As described in Chapter Three, Bahati had the expectation from her sexual partners that they were responsible to make her reach the climax during sexual intercourse. Her account illustrated further the novelty and transformation of masculinities among young men with sexual performance concerns. Specifically, she stated that the first man who was unable to bring her to climax was her husband, with whom she had three children.

According to her, before they moved in together, he could erect for long time and bring her to climax whenever they engaged in sexual intercourse. She said, "…my husband was climaxing me and he spent much time on the act itself (*mume wangu alikuwa ananifikisha kileleni na pia alikuwa anatumia muda mrefu kwenye tendo lenyewe*)." Bahati described that in early 2001, they started living together and got the first child in the same year. She

said that by the time they had the first child, her husband's sexual capacity was still good (*uwezo ulikuwa bado mzuri*) but as time went on, his capacity declined and until now though he has three children, he was neither able to last long during sex nor bring her to climax. Although Bahati was upset for not reaching climax during sexual intercourse, she did not open up immediately to her husband. She decided to keep quiet to see whether or not the situation would improve. Bahati said, prior to talking to him about his changes in sexual performance, he never controlled her from engaging in small income activities. According to her, they could sit and plan together on how to run their family. For instance, she concretely stated that they had raised money together and opened a "small food/stuff shop" (*genge la vyakula*), which ran for a few years before they closed it because of claims of lacking enough capital to maintain it.

Since the closing up of their *genge*, her husband restricted her from engaging in any other income generating activities, making her stay at home and take care of the children. In another visit to her home, she recounted of her attempts she had made of engaging in informal entrepreneurial activities but in all of them she ended up lacking her husband's support and sometimes was openly discouraged by her husband. For instance, she became a "sardine vendor" (*muuza dagaa*) in Kirumba fish market, but her husband refused to pay for medications when she suffered from a severe headache due to carrying a bucket of *dagaa* on her head every day. Later on, she became a "guest house-attendant" (*mhudumu kwenye nyumba ya kulala wageni*) but due to her husband's screaming and abuse at her work place (guest house), her supervisor fired her. A few months after being fired she said that she got another job in one Indian family in the city center where she was working as a house maid (*mfanyakazi wa ndani*) on a daily basis. However, as it was the case in her previous jobs, her husband was unhappy with her job. She said he ended up restricting her from applying cosmetics such lotion on her body so that she would not look attractive to other men in the streets. These incidents eventually led her to temporally separate from her husband.

In several visits to Bahati's home, she attributed the change in her husband's behaviour to his changes in sexual performance and her demand for being sexually satisfied. Bahati

told me, "…I took the risk and decided to tell him the truth so that we could improve our sexual life (*niliamua kujilipua na kumwambia ukweli ili tuweze kuboresha tendo letu*)." Bahati indicated that since the moment she disclosed her sexual need, her husband started being more aggressive towards her. Besides, she said that he labelled her a "prostitute" (*malaya*) and "disrespectful woman" (*mwanamke mwenye dharau*). Like the previous case of Alex, I interpreted restrictions to finding a job, yelling at and abusing one's wife as aspects, which reconstructed Bahati's partner's sense of masculinity in the context of perceived inability to perform sexually. As such, Bahati's partner relied on controlling his wife in order to reaffirm his own sense of masculinity. For instance, Bahati recalled their sexual experience and narrated:

> My husband wants sex too much but unfortunately he doesn't know how to go about it and he doesn't want to acknowledge that he doesn't know (*anapenda sana sex ila hataki kukubali kuwa hajui pia*). I kept quiet about it for a long time until we got children together. But as time went on, I realized that I needed to tell him about his weakness and see how we could improve it. For example, there was a time I told him that I needed to be prepared for long periods so as to reach orgasm easily, but his reaction was not good (*kuna kipindi nilimwambia kuwa inabidi aniandae kwa muda mrefu kwanza ili niweze nami kufika kileleni ila hakuonesha nia ya kufanya hivyo*). My words just annoyed him. He was unhappy and he once told me that he didn't want me to teach him how to do sex (*alisema mimi siwezi kumfundisha namna ya kufanya ngono*). But for sure, he does not know anything about preparing one before sexual penetration. When he wants sex, he tells me only one word, *Nipe* (meaning "give me") even if I am not yet in the mood. He doesn't even request for it, like "may I please have sex with you" (*tafadhali naomba unipe sex*). Worse still, if I give it to him, he hardly lasts for five minutes. When he comes down, he will not continue any more until a day or two passes when he will say again "give me sex" (*nipe sex tena*). If I give him again, it is the same story he ejaculates too early, leaving me alone on the way (*nakuniacha peke yangu njiani*). Remember what I told you from the first time we met that he is a too much know person (*anajifanya mjuaji sana*).

In our conversations with Bahati, she was also surprised to find out that despite her husband experiencing sexual performance concerns, he had a "side partner" (*mchepuko*) and rented a room for her. According to Bahati, when she attempted to ask him about that *mchepuko,* her husband refrained from answering and rebuked her for such questions.

Upon hearing her narrative, I made efforts to meet her husband who worked at Mwanza Urban Water Supply and Sanitation Authority (MWAUWASA) as a technician. However, it was not easy to meet him, for he was never at home before 10:00 pm. When I called him during the day, he said he was very busy and he could not get the opportunity of talking to me. Sometimes I met him drunk, a pattern, which also made it difficult to talk to him. Moreover, on one occasion when he was sober, I introduced myself and the objectives of the study, but after reading the consent form, which elaborated the purpose and benefits of my study his face suddenly changed. His previously welcoming smile faded away. Since then he did not come to any of our appointments. I interpreted his reluctance in line with O'Brien (2007: 195) that men hide or remain secretive due to feelings of stigmatization and isolation of disclosing illness.

Whereas Bahati's husband seemed to enact masculinities characterized by aggressiveness and exercising control over his wife, one of Bahati's previous casual partners, who had erectile difficulties, acted somehow differently. He was more compassionate, caring and remained the material provider in their sexual relationship. Bahati had heard, particularly from her sister and sisters' friends that the man was not erecting (*hasimamishi*), but still loved female partners (*mademu*) and was good at *kuhonga* that is, offering a partner gifts and money for the sake of having sex with her. Bahati verified what she had heard from her social network when she started a sexual relationship with him. Bahati described to me that in most of the occasions they met, her casual partner was willing to offer drinks and money, but not to initiate sexual intercourse. In one of our conversations, she said, "…he talked a lot and offered everything, but he didn't even want to sit very close to me." She explained further that whenever she insisted to have sex with him, they would end up "hugging each other" (*kukumbatiana*), "caressing, kissing" (*kubusiana*) and "deep-kissing" (*kupiga denda/kunyonya mate*). According to her, whenever she was in the mood of having sex, her casual partner had a lot of "excuses" (*visingizio*) such as "it's very hot in the room, we cannot sleep there" (*chumbani kuna joto hauwezi kulala kule*), or "you know today there is a good match I must watch. I like Barcelona: whenever the team plays, I don't miss watching it" (*leo kuna match nzuri lazima niiagalie…napenda Barcelona ikiwa inacheza sikosi kuiangalia*).

Although in all occasions Bahati did not have penetrative sex with her male partner, the young man used to please her with "sweet words" (*maneno mazuri*). According to Bahati, her partner comforted her with promises of offering everything she desired to have. Unlike her current husband, she said that her former male partner was a "humble man" (*mtu wa kijishusha*) and apologized for not being able to engage in sexual intercourse. Bahati indicated that the man was using a lot of money to satisfy her in the absence of sexual intercourse. For instance, she recounted the following:

> He was very happy and satisfied that we sleep like *kaka na dada* (meaning "to go to bed without having sex, as brother and sister"). He was even willing to propose marriage because his family had started doubting why he is not married yet. So, he used a lot of money taking me out, going shopping….one day we went shopping in the market, he bought me a gown, shoes and handbag. He spent about seventy thousand Tanzanian shillings (about 28 Euro at the time). He was even confident to spend more than that but I told him that what he bought for me was enough for that day…you know I felt guilty because I was taking his money for nothing (*nilikuwa naona kama namlia hela zake bure*).

This case study illustrates how different men renegotiated their gender identity differently in the lines of sexual problem. Furthermore, Bahati's story indicates how men develop ways of navigating the terrains of illnesses, which seem to undermine their self and identity. As Chamaz (1995) observed that chronically ill people adapt to impairment by altering and accommodating to bodily losses and limits as well as resolving the lost unity between body and self[54], similarly, the young men in my study enacted different ways of masculinities in different contexts. The renegotiation of male identity in the context of sexual performance concerns depended on particular situations and people around them

[54] According to Chamaz (1995:657) adapting means struggling with rather than against illness. The process of adapting consists of three major stages: (1) experiencing and defining impairment, (2) making bodily assessments and subsequently, identity trade-offs, as ill people weigh their losses and gains and revise their identity goals and (3) surrendering to the sick self by relinquishing control over illness and by flowing with the experience of it.

who would either support or reject the behavious, which they enacted. For instance, Bahati's expectation from her sexual partners of assuming the responsibility of satisfying her sexually made her perceive her husband as a "person who-knew it-all" (*mjuaji*) in their sexual relationship to the extent that he disdained sexual advice from his wife. I interpreted the failure to accept his wife's advice as a potentially limiting factor of his loss of sense of power and control in the absence of long erection during sexual intercourse. By positioning himself as a *mjuaji* he accumulated capital, which allowed him to redefine his identity through confirming to gender stereotypes characterized by aggressiveness, violence and restricting his wife from finding jobs as well as yelling at her for several times.

According to Bahati's descriptions, her husband seemed to develop behaviours close to hegemonic ideals of masculinity. As her husband still engaged in sexual intercourse with casual partners despite his sexual inability to erect for a long time, makes him become the subject of dominant discourse of machismo masculinity, which defines a man in terms of wife beating, infidelity, womanizing and alcoholism (see Gutmann, 1996: 15; Wentzell, 2013: 24). The adoption of such behaviours appeared to be protective in the way that he did not allow his wife to discuss with him matters about sexual intercourse or probe about his extra martial affairs with a casual partner. The renegotiation of masculinity within his long-term sexual relationship was ambiguous because in situations where one would expect Bahati's husband to become humble, limit his sexual interactions with casual partners and take his wife's advice on how to bring her to a climax. Instead, he became unfriendly to his wife after realizing that she demanded sexual satisfaction, which he was no longer able to meet. This indicates further that the enactment of emerging masculinities was in a flux, a situation documented in masculinity literature (see Gutmann, 1996; Kimmel, 2005; Ouzgane and Morrell, 2005; Reihling 2013). Becoming belligerent to his wife and proving that he was still a man by engaging in extramarital relations became a source of establishing his control, dominance and power in the context of his perceived inability to perform sexually.

Men's sources to renegotiate their masculine identity may be shaped by or embedded in

cultural definitions of what is 'appropriate' or 'ideal' for a married man, defined in terms of exercising their control and power in the family. As one young man emphasized, "…a man and a woman were not created on the same day. From the beginning of creation, the man was granted with more powers than the woman (…*mwanaume na mwanamke hawakuumbwa siku moja. Tangu mwanzo wa uumbaji madaraka makubwa alipewa mwanaume*)." This statement reflects broader structures of gender inequality, power imbalance and control of one's partner. By conforming to such dominant discourse, Bahati's husband enacted alternative masculinities, which incorporated conforming to stereotypical behaviours of a married man.

In contrast to becoming *mjuaji* man, which positioned Bahatis's husband as having more power in their sexual relationship, her previous casual partner reconstructed his male identity through increased financial expenditures in sexual relationships. Bahati viewed him as *mhongaji* (referring to "a man who gives money to female casual partners in exchange for sex"). His ability to offer money and spend it in casual sexual relationship enabled him to renegotiate his identity through show off behaviours, and especially through being a responsible provider. Although one could argue that increased financial expenditures was a comforting strategy to lure Bahati into marrying him, becoming *mhongaji* in the context of sexual performance concerns reinforced fulfilling a masculine role of a material provider in a heterosexual relationship. Her casual partner subscribed to the redefinitions of being a man, which were in line with Gilmore's (1990) conception of masculinities, namely, men as providers to the family or sexual relationship. Thus, the author writes, "…the husband, to be a real man, must contribute the lion's share of income to support wife and family like a pillar and to keep the feminine machine of domestic production running smoothly" (ibid., 43).

The willingness of Bahati's casual partner to offer her with whatever she wanted and the ability to spend money in going out and shopping was an important aspect for him to establish his sense of honour and respect from Bahati. As indicated in Chapter Three, a man who failed to become a material (money) provider relinquished his manhood and became viewed by peers and their partner as less manly or *dume suruali.* In general, the

emergent masculinities in Bahati's case may be influenced by cultural norms of masculinity in Tanzanian communities which have not yet completely changed despite calls for change. I argue that such social context provides ambiguity and flux of enactment of alternative masculinities among young men experiencing sexual performance concerns. This context might have influenced some young men in Mwanza (for example Bahati's sexual partners) to renegotiate their masculinities within cultural definitions, which reinforced gender stereotypical behaviours of being very aggressive as well as the decision makers and providers in sexual relationships.

5.4. "Many urban youths are becoming *wajanja*:" Renegotiating sexual practices

As already described in the previous sections, in the context of sexual performance concerns men in my study not only enacted ambiguous and often combined different, and partly contradictory ways of being men but also, they were "clever" (*wajanja*)[55] during sexual intercourse. This, in turn, enabled them to renegotiate their sexual practices in the context of their perceived inability to perform sexually. For example, Peter, a young man aged 18 years pointed out: "…many young urban men are clever to women; that is what is helping them" (*…vijana wengi wa mjini ni wajanja kwa wanawake ndicho kinachowasaidia*). Peter and I had an informal conversation with other young men at Ustawi. We were following the conversations on what men do in the context of early ejaculation, erectile difficulties and failure to climax their female partners. Peter went on to indicate that young men had learned other sexual acts and styles. He affirmed that they diligently dealt with "women's heightened sexual zones or parts" (*kucheza na sehemu zenye nyege*) in order to trigger their orgasm quickly and easily. For instance, Peter specifically stated,

[55] The term Swahili term *ujanja* means different things in different contexts ranging from cleverness, opportunism, sharpness, smartness, shrewdness to deception (see, also Varvrus 2013). The term illustrates the use tactics focused on attaining a particular goal (in this case having a good sexual performance). As employed by my interlocutors, the term *ujanja* in the realm of sexual performance entailed using bodily organs, parts, techniques and skills to make the female partner reach orgasm in combination or absence of penile sexual penetration.

> A young man may not be having the ability to last long, still he is capable of 'controlling' the woman (*anauwezo wa kum-control mwanamke*) and bringing her to climax before he reaches orgasm himself. The woman gets sexually satisfied and relaxed. You know what young men do? Going down to a woman's vagina (*wanashuka hadi chumvini*) and using K-Y Jelly on their fingers to penetrate the woman. Others search for heightened sexually sensitive body parts in order to stimulate her and later on, achieve her orgasm without penetrating her. Even if you are using the penis to penetrate her, they do it cleverly. They don't have to struggle too much to get her orgasm through penetration. Nowadays, young men are clever (*wajanja*) but here [pointing at his own genitalia] there is nothing at all.

Like many other young men's accounts of sexual practices in the moments of changes in their (perceived/real) sexual performance concerns, Peter's description of "going down to a woman's vagina", "using fingers" and "playing with woman's sexual zones" revealed a renegotiation of sexual practices. According to Peter, young men in Mwanza were keen on exploring different ways of satisfying their female partners sexually. Like other young men I interviewed, Peter believed that young men were increasingly becoming *wajanja* during sexual intercourse. It was clear from the case materials that some young men relied on foreplay, particularly "hugging" (*kukumbatiana*), "kissing" (*kubusiana*), "deep-kissing" (*kula denda*), fondling and sucking women's breasts as well as ears, "fingering" (*kutumia vidole*) and licking their partners' vaginas, skin including ears. These sexual acts became envisioned as a bodily strategy to stimulate and/or make the female partner achieve her orgasm. Young men claimed to focus on such sexual acts in order to speed up their partners' orgasm.

From young men's perspective, women's bodies were full of sexual organs and hence, they assumed to be the responsibility of a man to explore them. As one young man put it, "…a young man must be a researcher on a woman's body" (*kijana lazima awe mtafiti kwenye mwili wa mwanamke*). In most cases, young men said that these sexual acts became dominant in the context of failure to last long during sexual intercourse and failure to climax the woman through penile penetration. It was within this context that

they enacted emergent forms of sexual acts that finally, turned some young men in my study into being re-embodied sexual subjects.[56] Whereas the presented sexual acts were the tactics of satisfying female partners sexually, other men with sexual performance concerns had learned to have sex and perhaps climax their partners over the phone thereby exploring other non-coital sexual practices of reaffirming their identity as men.

For example, I met Aziz, another young man in his mid-twenties who worked as a shop attendant in one of the herbal Indian shops in Mwanza City. Sitting in his shop, which was full of herbal bottles kept on the shelves, our discussion moved along the importance of using herbal medications to treat diseases and illnesses. As our conversation intensified, it turned to sexual performance concerns and herbal remedies. Aziz revealed that in his late teens and early twenties he had "excessive sexual intercourse" (*kutumika sana*) with multiple and sometimes concurrent sexual partners, which led to the weakening of his sexual power, especially in terms of "weak erection" (*uume kuwa legelege*). He added that despite losing his sexual power, his heart was beating fast (*moyo unaenda mbio*) when he engaged in sexual intercourse. However, he said that the situation disappeared after using the Indian herbal medication known as *Ujana* (literally translated as "Youth").[57] Since this herbal medication had helped him to regain his firm erection, he developed interests in working with the herbal clinics. His ambition was fulfilled when he secured a job in the Indian herbal shop in Mwanza City.

Later on, once again in his shop, we spent hours and hours talking about sexual

[56] According to Williams (1996: 39) Re-embodiment refers to the process of bringing mind and body into a new alignment through what, for want a better term. Gilbert et al. (2013: 603) indicates that re-embodiment in post-cancer treatment is characterized by greater sexual confidence, acceptance, the exploration of non-coital sexual practices and increased relational closeness.

[57] "*Ujana*" is a herbal medicine manufactured by Shastri Herbals. Its founder Dr. Shastri started this company in 1996 in Arusha and then opened other clinics in Dar es Salaam and Mwanza city. Most of the herbs being used for the medicine are imported from India while some are grown in Tanzania under extensive care. In March 2018, the government of Tanzania through the Registrar of Alternative Health Practices Council said that the medication was approved and could now be formally used in public hospital for treating men's sexual performance concerns, particularly erectile difficulties.

performance concerns among young men in Tanzania. From his account of his failure of maintaining erection and changes in his heart beat during sexual intercourse, I started asking him how he renegotiated his sexual practices in the context of his sexual performance concerns. I interpreted what he told me in terms of sexual re-embodiment efforts to realign himself through non-coital sexual practices, which were a result of watching pornographic movies, subscribing to online televisions, forums and WhatsApp groups as the source of (sexual) knowledge among media users in Tanzania. For instance, Aziz said that he was very careful in identifying the potential zones or body parts, which aroused his female partners. Similar to other young men, Aziz described this process as "studying the woman" (*kumsoma mwanamke*), which he had learned from the Internet. He said through touching different body parts with the hand 'somewhere,' the woman would feel tickling (*unamtekenya*) and she would often be shocked (*atashtuka*) and her face would change accordingly. According to Aziz, these were the indicators that the part, which he had touched was her heightened part/zone. He said that he played with that part for long periods of time before inserting his penis half-way to the vagina and then pushing it right and left to hit both sides.

However, in his description, he made it clear that women had different stimulating zones. While some women he met were easily stimulated by touching their skin, ears, waist hips or breasts; other women became sexually aroused and achieved orgasm through playing with their clitorises (*kumchezea kwenye kisimi*) using either fingers or a tongue. He said,

> It's not difficult to identify her pleasure zone. When touching her, there are important parts, such as breasts and ears. To some women, it is until you use the tongue to penetrate her ears or lick her clitoris that she becomes "hyper-aroused" (*ndiyo unampoteza kabisa*). When you touch a particular part and realize that she feels aroused, play with that part. She would automatically reach a climax (*ukigusa ukaona kama ameshtuka basi, basi wewe cheza na hiyo sehemu na automatically atafika kileleni tu*).

In addition, Aziz, who claimed that his new sexual tactic continued to arouse and climax his partners, began another sexual tactic of having sex with women over the phone. He described this in Kiswahili as *sex kwenye simu*, meaning "sex (chat) over the phone." As

he said,

> Yeah, I often have sex over the phone. You know, I am more clever (*niko mjanja zaidi*). I google and read too much on sexual matters in the magazines such as those sexual booklets written by Dr. Love.[58] Sometimes I watch from the Internet and equip myself with the skills and techniques of how to set the sexual partner in motion as well as achieve her orgasm even in the absence of penetration. According to my skills, even if I meet a woman aged 40 years and above, she will reach her orgasm. When I do sex chat over the phone, there are questions that I ask. For instance, I may start chatting by asking, "How are you" (*mambo vipi*). She answers, "Fine" (*poa*). "Where are you? (*uko wapi?*) What are you doing? (*unafanya nini?*) What type of dress are you wearing? (*umevaa nini?*)" So, I keep on asking her different questions and if she answers that she is in the bed maybe dressed in a piece of *kanga* or she is naked. After that, I control my feelings and then zoom her picture in my mind. I feel like being with her in bed. Then I continue asking her sex related questions, sometimes calling her or sending each other's naked photos. In so doing, her voice changes and she gets sexually stimulated until we both reach orgasm. I like this practice because sometimes I pretend to have reached at the climax and continue having sex over the phone again and again.

[58] Dr. Paul Nelson (famously known as Dr. Love in Mwanza) for more than 11 years has been doing counselling and having radio and television programs and written several booklets covering issues of love and sexual relationships. He is also running his clinic called 'Healthy Love Clinic' which deals with life skills in sexual relationship and provides counselling on how to maintain healthy sexual relationships. When I visited him in his office which was located along Kenyatta road at Nyanza building, the name paper at the entrance door read 'Dr. Love.' On the same name paper, there were his mobile numbers. Again, there were his two photos, one pinned on the left hand and the other on the right hand (see a photo of the clinic in Figure 5.2).

Figure 5.2: A photo of Dr. Love's Clinic in Mwanza City
(Photo by S. Mutebi)

Like Aziz's description, other methods or ways of engaging in sex were central to most young men in my study in Mwanza. Although the desirability of penetrative sex existed, renegotiation of sexual practices through non-coital sexual practices of climaxing and/or satisfying one's sexual partner such as "fingering," "going down on a woman's vagina" and "exploring women's heightened sexual zones" became most satisfying components in the context of sexual performance concerns. My findings on the emergent masculinities and sexual acts in the moment of decreased sexual performance add an important note to previous works of Inhorn and Wentzell (2011); Wentzell (2013) and Inhorn (2015). These ethnographic works largely examined the emerging masculinities among (older) men with

sexual health problems (especially infertility and erectile difficulties) in connection with the use of Viagra and new technologies of In Vitro Fertilization (IVF) that assist men in fathering children in Mexico and in the Middle East, respectively. Very little attention was given to the renegotiation of sexual practices in the context of sexual performance concerns. The possible explanation may be that abandoning macho masculinities at the expense of compassionate and egalitarian relations meant also abandoning sexual interests and desires of performing masculinities among the elderly. However, unlike the elder men in Mexico and the Middle East, young men in my study in Mwanza City did not wish or desire to abandon *rijali* forms of masculinities, which encouraged them to perform during sexual intercourse and/or search for alternative sexual practices (see Chapter Six).

Therefore, in the presence of sexual performance concerns, young men still opted for other sexual acts in order to fulfill their expectation of making their partners achieve orgasm. To employ the conceptualization of Gilbert's et al. (2012: 611) of "re-embodied sexual subjectivity" in post-cancer treatment, young men in the context of sexual performance concerns made numerous efforts of exploring noncoital practices in order to satisfy their female partners sexually. Indeed, sexual performance concerns somehow acted as the potentiality of 'investing' in non-coital practices, which restored their sense of confidence, fitness and more positive images of a strong man during sexual intercourse. For instance, Bahati's previous casual partner experienced a renegotiation of sexual practices through hugging, caressing, kissing, deep-kissing and being satisfied if he slept with his partner as "brother and sister" (*kama kaka na dada*). This was similar to other non-coital sexual practices and techniques, which my interlocutors mentioned such as fondling, sucking women's breasts, licking her vagina and fingering.

Such non-coital sexual practices in the context of sexual performance concerns served to build alternative sexual intercoporealities, which would finally, allow young men to perform with satisfaction during sexual intercourse, and especially bringing their partners to a climax. My observation is similar to Zhang (2015) who indicates that impotent men in China satisfied their sexual partners' sexual desire through playing with other body

parts such as the use of fingers to thrust, letting women rub against their bodies and giving massages. In the same line, Potts et al., (2004) indicate the de-centring of the penis from sex among men experiencing erectile dysfunction in New Zealand. The authors (ibid., 497) show how sexual performance inability or erection difficulties prompted male partners to find alternative modes of relating sexually besides coital penetration such as relying on extra marital closeness.

From young men's accounts in Mwanza, it was apparent that such forms of 'sexual creativity' were also the product of talking to peers and consulting the social media. For example, some young men in my study reported to have sought advice from their peers. Lee (2012) identifies three important purposes for the youth seeking support from their network as seeking short term solutions, breathing space and working together towards future possibilities in settings of chronic crisis in Rwanda. Similarly, my study adds another dimension of consulting the peers, particularly the closest friends *(mtu wake wa karibu au mtu walioshibana)* in search for sexual creativity. For example, on one Wednesday evening, seated on a stone with gentle slanting and smooth surface on both sides in Mabatini, Danfold (see more description in Chapter Six) explained how his friend taught him to control his sexual emotions by thinking of other undesirable situations he ever had in his life. Besides that, they also advised him to withdraw his penis from the vagina for some minutes when he felt like ejaculating. According to Danfold, the advice helped him to increase the duration of sexual intercourse. He said,

> When I attempted for the first time it was hard to withdraw the penis when I felt like ejaculating but the more I practiced the more I became better….the moment I feel the sperms coming out I break and withdraw the penis from the vagina, or at times I squeeze my penis a little bit with my hands (*naiminya minya kidogo kwa mikono*) to try preventing the sperms from coming out. At least for the first round I can now spend up 20 minutes. However, some chicks like me to continue the second round immediately after the first round even without going to wash in the bathroom. This is the moment when I feel like being a slave because I can't manage it.

Danfold described himself as becoming clever during sex (*nimekuwa mjanja kwenye*

kusex). He illustrated his cleverness in terms of his tactic to last long during sex through thinking about his bodaboda, being seized by traffic police *(unavyokamatwa na traffic),* thinking about money that he owes (*nafikiria madeni niliyonayo*), thinking about people he has lent money (*kufikiria watu ninaowadai*), or employing different sexual positions, which could slow down his sexual speed. According to him, he was very smart in pretending to be an expert performer to the extent that his casual partners could not recognize his weakness.

Besides consulting the peers, other young men in Mwanza City accessed 'sexual creativity' through mass media outlets such as sexual booklets, newspapers, radio and the Internet or their mobile phones. The latter source of sex education (social media) enabled users to interact and share information with other users who were within Mwanza and/or beyond. Some of my interlocutors said that they were 'followers' of online sex information platforms and Apps in websites, Facebook, Instagram and WhatsApp where they could interact in more informal ways, personalized and more importantly hiding or faking their identity from other users across the globe. This was the case with the young man with *kibamia* who sought advice of enlarging his penis in one of the sexual apps but did not mention his name anywhere (see Chapter Four).

Aziz also acknowledged having learned skills of "studying the woman" during sexual intercourse, through playing with particular women's body parts, from the mass media outlets, particularly sexual advice booklets and from accessing the Internet through his mobile phone. He had also learned 'sex chatting over the phone' from the Internet. Like most young men's narratives on reinventing non-coital sexual practices in the context of sexual performance concerns, Aziz's description clearly reveals how body parts or pleasure zones are the product of social media forums, which are flooded with sexualized materials and sex information from both within and outside Tanzania. Another young man aged 27 years old, a university student highlighted the importance of consulting the social media for such 'sexual creativity.' In our conversation, which took place close to the hall of residence where he lived said,

We get these sexual techniques from different experiences we face. For instance, during one weekend, my friend and I went to the club. While dancing, my friend got a casual sexual partner (*demu*). On our way back home, my friend started to force her to have sexual intercourse. Although his partner agreed, she disliked it. He really forced her and of course they stood behind the tree and started having sex. Given that she complained to me what happened, I gave her my number and promised to contact her when I was sober. I wrote my number on the piece of paper and gave it to her. I did not want my friend to know that I gave her my number. After few days, we started chatting and she was still wondering why my friend forced her to have sexual intercourse on their way back home. It did not take long. I overthrew my friend (*hazikupita siku nyingi, nilimpindua rafiki yangu*). I took her to low quality guest house where we often pay seven thousand shillings (about 2.8 Euro at the time). Before heading to the guest, I googled (*nilipitia google*) and learnt so many things about sexual acts... Google taught me about having sexual intercourse. For instance, google indicated, "I must not rush to penetrate my sexual partner (*nisikurupuke kumwingilia mpenzi wangu*), I must first engage in foreplay and if I want to increase her sexual arousal, I must also lick her vagina (*ni lazima nimyonye kuma yake*)." When I finished reading these techniques, I went in the room and waited for her there. She arrived though a bit late. She was shy…*vipi mambo*? (How are you?) I greeted her. She replied, *poa* (fine). In the process of asking her why she was shy, I started undressing her one dress after the other and at the same time kissing her. I undressed her skirt and then started tickling her umbilicus (*nacheza na kitovu chake*). She started getting sexual feelings. I opened her bra while kissing her at the same time. I saw her breast and started sucking one after the other gently (*nilianza kuyanyonya taratibu*), tickling the left nipple (*kuchezea chuchu yake ya kushoto*) and fondling them (k*uyabinyabinya*). By that time my penis was already hard enough I could feel it stiffening in my underpants. I took off my clothes and then started pushing my penis in her vagina slowly. I had also learnt that while the penis is moving back and forth the man's eyes should remain opened (*hamna kufumba macho*)…apply different sexual positions like doggy style in order for the penis to strike her G-spot well…I sometimes use my tongue to lick one's vagina or use fingers to tickle her clitoris (*kinembe*) until she reaches a climax and then it's when I push in my penis. All this information is available on the internet. Moreover, there is also one special group online, it's like an organisation. One person sent a video clip on how to bring a woman to a climax (*namna ya kumkocholesha mwanamke*). The video clip indicated the young man from Uganda bringing his partner to climax through striking her vagina with his erect penis…before I closed my Instagram account, I was a member in six groups. There was *mabingwa wa ngono* (literally translated as: "the icons of sexual intercourse"), *XX za bongo*, (XX of Bongo), *Wachokozi group* and *Jitambue* (literally translated as: "know yourself"). In these groups, they often circulated video clips on sexual intercourse.

Josefu, a young man aged 21 years with his peer groups in the garage workshop reported to have practised "holding the urine when one is halfway through" (*kukata mkojo*) as a remedy of gaining control to ejaculations. In the conversation at their working place, Joseph said, "…I watched one clip on my phone and it indicated that if you want your penis to be hard enough when it erects, and have delayed ejaculations, you must tighten penis muscles when urinating." According to him, this could be achieved through daily practices of stopping the urine for some seconds or minutes when you are halfway through. Like other practices, *kukata mkojo* aimed at regaining hard and rigid erections, which signified being a *rijali* man during sexual intercourse.

During my fieldwork and post-fieldwork, I observed several sexual materials and unauthenticated sex information in the social media in Tanzania, particularly at *usipojipangantakupanga, http://www.jamiiforums.com/forums/jf-doctor.61*/ and *Darasa la mapenzi* one of the Kiswahili apps in Google Play Store, which focuses on sexual related matters among people. I also obtained several sexual advice booklets written by Dr. Love. For example, one of his booklets, *Ufundi katika Mapenzi* (literally translated as: "The Techniques of Love"), has four chapters all counselling men and women on sexual performance. The first chapter in his booklet is titled, *Jinsi ya kumfikisha mwanamke aliye uchi, Urahisishaji wa kumfikisha mke kileleni, Maeneo 12 katika mwili wake* (literally translated as: "How to bring a naked woman to a climax, simple techniques of bringing a woman to a climax and 12 woman's body parts"). The author listed woman's body parts, which can bring her to a climax easily if her sexual partner manages to play with them and these include "lips" (*midomo*), "vagina and clitoris" (*uke na kinembe*), "her breasts" (*matiti yake*), "her ears" (*masikio yake*), "back part of the neck" (*sehemu ya nyuma ya shingo*), "thighs" (*sehemu ya ndani ya mapaja*), "her buttocks" (*matako yake*), "feet" (*miisho kwenye unyayo*), "her face" (*uso wake*), hips and G-Spot. It is indicated in the booklet that kissing and licking these body parts together with pleasing words such as "ooh I love you my X" or "I cannot stop thinking about you" can bring a woman to a climax. The second chapter focused on *Ramani ya Kumfikisha* (literally translated as: "The roadmap of bringing her to a climax") where he advices women to take part in the

process of reaching their climax through a number of techniques such as *kubana uke* (literally translated as: "tightening her vagina muscles") and *kukata kiuno* (twisting their waists) during sexual intercourse. The third chapter of the booklet focused on the causes of sexual power deficit/loss of male sexual power. The chapter dealt with a wide range of causes including physiological, psychological, social and dietary beliefs. The last chapter in his booklet was the opposite of his first chapter. It dealt with how women could entertain men in the bedroom. The chapter listed 11 man's body parts that women would deal with. Such parts were as follows: eyes, ears, neck, palm of hands, breast, around his navel, his penis, the area between his scrotum and anus, buttocks, around his thighs and his scrotum. As such, the booklet looks like a "coaching tool kit" for delivering sex information and/or advice to both men and women on how to bring each other to a climax.

Such influence of mass media on sexual behaviour has been widely documented in Tanzania (see Pfeiffer et al., 2014; Ngilangwa et al., 2016; Ross et al., 2018). My study in Mwanza not only indicated how exposure to mass media and internet shaped young men's sexual behaviours but also shows the construction of one's (social) body during sexual intercourse. The examples from Aziz and another university student highlight the importance of consulting the social media for building up their sexual intercoporealities. This finding is in line with other insights in the anthropological and sociological writings on the body (see for example, Shilling, 1993; Lock, 1993; Csordas, 1994; Halliburton, 2002; Soukup and Dvorakova, 2016). These scholars argue that the body is shaped by particular contexts as opposed to biological and scientific claims on the body. In this case young men consulting peers and the media. It is within this framework that I also suggest that renegotiating masculine identities through non-coital sexual practices and techniques such as tongue and finger or "playing with women's body" parts such breasts, ears and skin were the product of increasing social media landscapes in Tanzania.

5.5. Chapter conclusion

From the case materials, extracts and quotations from my interlocutors, I have shown that young men's sexual performance concerns challenge these men's self-image of being true men/ real men (*rijali*) in the sexual arena. However, due to challenges posed by various

forms of performance concerns, young men in Mwanza City were not mere victims, but instead, they renegotiated a plurality of masculine behaviours and sexual practices in order to practice their masculinity in other social spheres. As such, I have shown how bodily disruption interpolated with the potentiality of emotional expression, love and care. For instance, I have shown how young men in Mwanza attempted to gain control and power through becoming very close, humble, polite, and obedient to their partners as well as increased their financial expenditures to please their female partners. Whereas some young men in my study renegotiated and reaffirmed their masculinities through increasing their intimacy with their sexual partners, others simultaneously enacted multiple and potentially contradictory forms of masculinities such as becoming very aggressive to their sexual partners. This situation made young men's alternative forms of masculinities ambiguous and fluid in the context of their perceived inability to perform sexually. I have emphasized throughout the chapter that emerging masculinities among young men in Mwanza were ambivalent and depended on context and situations in which they lived.

Furthermore, I have shown how different forms of enacting sexual practices re-embodied and re-established one's sense of male identity and self-esteem. I have argued that the inability to perform sexually encouraged young men in Mwanza to experiment with non-penetrative sex which in turn, enhanced their sexual intercorporealities within their relationship. For example, young men who identified themselves as having concerns reported other methods such as "the use of finger" (*kupiga kidole*), kissing, hugging and vagina licking or "going down to a woman's vagina" (*kuzama chumvini*) as alternatives to penetrative sex. Another sexual creativity in the context of perceived inability to perform sexually included "sex chatting over the phone." These non-coital sexual practices and techniques which could be described as the 'sexual creativity' of men with sexual performance concerns were shaped largely by consulting peers and the media landscapes in Tanzania. The chapter has again emphasized the importance of consulting sexual advice materials such as booklets and online sex information platforms for counselling on such practices by those experiencing poor or failures in sexual performances. These practices of re-establishing one's sense of male identity also

involved the use of various sexual enhancement products as another form of acting towards their perceived weak bodies in sexual intercourse. In the next chapter, I explore further how young men in my study navigated the available healing market for sexual performance concerns in order to stay 'real men' (*rijali*).

CHAPTER SIX

BECOMING AND STAYING *RIJALI*: YOUNG MEN NAVIGATING 'GOOD' SEXUAL PERFORMANCE

6.1. Overview

One Saturday evening in February 2016, on my way home after a busy day of hanging out in the streets, I stopped at Makoroboi, the famous market place in Mwanza City for selling a variety of brand new and second hand stuff. On that particular evening, the market was busy and overcrowded. There were all sorts of noises of customers negotiating with sellers' prices of goods, traders imploring customers, and audio recorded clips promoting various types of goods. It was a scene characteristic of any market place in urban Tanzania. Shortly, after my arrival, I met four young men who, some few days before, had a discussion with me while seated on a wooden bench watching Tanzanian Premier League in one of the video halls in the city. Soon after exchanging greetings with the young men, one herbal street seller interrupted us. He had a bunch of *Milondo* in his left hand and a small plastic container of about 5 litres of herbal liquid in his other hand.[59] He had a red striped sheet like a blanket (*shuka*) wrapped across his shoulders and handmade sandals on his feet. His outfit made him look like a Maasai. Immediately, he said to us, *dawa ya kuleta heshima kwa mama yeyoo* (literally translated as "the medicine for bringing honour/respect to your wife/partner"). His Kiswahili accent told me that he indeed belonged to the Maasai ethnic group.[60] The Maasai people are renowned for their wide knowledge on traditional medicinal plants in Tanzania and this is largely attributed to their pastoral life style that keeps them wondering in the wild for the most part of their

[59] The botanical name is Mondia whitei. The plant roots are used in West, Eastern and Southern Africa as sexual stimulant, treatment of sexual dysfunctions particularly early ejaculations and erectile dysfunction, easing abdominal pain, fighting malaria infections. It has both medicinal uses and nutritional properties (see Agea et al., 2008 and Oremu et al., 2011).

[60] In Tanzania, it is often easy to tell someone's ethnic background by the way they speak Kiswahili.

lives as cattle herders. Before our conversation got deep, the four young men bought the roots and started chewing them straightaway. Like Nichter (2008) who learned Ayurvedic healing through participating directly in the healing bodily practices or Hsu's (2005: 79) method of "participant experience,"[61] I too bought one of the roots of *Mulondo,* which cost 1000 Tsh (a little less than one euro at the time), and started chewing it in order to keep the conversation going on.

While chewing the roots, our conversation shifted to the importance of chewing *Milondo*. The four young men claimed that such roots helped to enhance their sexual power and hence, gain sexual respect from their sexual partners. In our conversation, which lasted for about 20 to 25 minutes, I was barely able to chew one *Mulondo* because it had a bitter taste. One could easily read from my face that all was not well with my chewing of the root. However, one of the four young men encouraged me to chew more roots by saying,

> Just make sure you swallow the saliva when chewing the *Mlondo*. It is from that bitterness that goes to remove all forms of abdominal colic in the stomach (*michango tumboni*) that makes one fail to perform in bed. *Milondo* roots help one to get rid of opportunistic diseases (*magonjwa nyemerezi*) that limit one from performing better sexually. For sure, we are prone to different diseases. You know! Some young men, after getting one sexual round they doze off until the next day. They lack sexual desire and energy. Others experience difficulties with their erection. For others, it is not until they jump-start their roosters in order to crow (*wengine jogoo kusimama ni mpaka ashutuliwe*). All these are indicators of weakness or deficit in men's sexual power and most men experience them because of what is inside their stomachs. By chewing these *Milondo* roots, we reduce the risk factors such as abdominal colic, Urinary Tract Infections (UTI) and worms (*minyoo*), which contribute to having weak sexual power.

[61] Elizabeth Hsu during her ethnographic fieldwork in Kunming, the capital of Yunnan province, in the People's Republic of China, spent three mornings a week on the acupuncture ward at the Yunnan Traditional Chinese Medicine College where she gained competence in the esoteric knowledge and practice. Hsu engaged in what she called participant experience. Hsu (2005:79) writes, "… to the study of touch that evokes pain, for not only was I learning the refined methods of inflicting pain on others with fine needles, I also experienced this sort of pain infliction on myself."

Another young man in the group emphasized: "…it has now become my hobby to chew *Milondo*. When I used to stay with my parents in the village, they often told me that such roots treat so many illnesses although they did not mention exactly the types of illnesses." As the conversation continued on the importance of chewing roots for the sake of enhancing one's sexual performance, I began to ask myself the following questions: what is the nature of the healing market around sexual performance concerns in Mwanza City? What are the available therapies that the healing market offers? Finally, how do young men in Mwanza engage with the healing market around male sexual performance concerns? In this chapter, I examine these questions in detail in order to show that young men's engagement with the healing market happened primarily in the form of a search to attain normative masculinities that is *rijali* forms of masculinities, which are largely centred on having 'good' sexual performances that require high standards of physical achievement, conquest and 'expert' performance. I show that the existing healing market in Mwanza City simply entrenched young men further into the normative masculinity of becoming and staying *rijali* men through tactically engaging with various therapeutic options.

In the previous chapters, and particularly Chapters Four and Five of this dissertation, I indicated that during the times of inability to perform or in moments of 'poor' sexual performance, the dys-appearing male body, the penis in particular, becomes an object of social suffering, emasculation and body image disruption. This, in turn, leads to a call for action towards these bodies or what Drew (1990: 78-79) calls "a pragmatic goal that is getting rid of, or mastering suffering." For instance, as indicated in the scenario of the four young men at Makoroboi market place revealed young men's attempts of acting towards their bodies by chewing the roots for the sake of getting rid of opportunistic illnesses, which they perceived as obstructing them from expressing their rijaliness during sexual intercourse. Like other young men in my study, the situation above indicates that men in Mwanza, especially those who desired to express their manhood through sexual intercourse were in an ongoing process of acting towards their bodies in order to become and stay 'real men' during sexual intercourse. This process involved, among other things, navigating and seeking help in the available healing market around sexual performance

concerns in Mwanza City.

Figure 6.1: A Bunch of *Milondo* roots being sold by a Maasai in Mwanza City. (Photo by S. Mutebi).

6.2. Navigation in the context of the healing market

Drawing on young men's everyday efforts of becoming and staying *rijali* men, in this chapter I employ the concept of social navigation to show how young men exhibited their tactical agency in navigating sexual performance. The chapter builds specifically on the concept of social navigation (*dubriangem*) that was introduced by the Danish anthropologist Henrik Vigh and other scholars (e.g., Utas, 2005; Huang and Yeoh, 2011; Denov and Buccitelli, 2013; Tuckett, 2015) who emphasize on the subjective people's agency in struggling to overcome life difficulties or uncertainties. For instance, Vigh's (2006; 2009) ethnographic research focused on the mobilisation of urban youths in West Africa, particularly in Guinea Bissau and analysed their engagement with marginality in times of conflict, war, and violence as a form of social navigation. The author indicates

how young men escape the social death that often characterizes their daily life. According to Vigh (2006), young men who are stuck in a social moratorium, that is, violence, war and conflicts, which make the process of becoming youth difficult, exhibit their agency by overcoming such situation. Particularly the author (ibid., 47) argues, "…young people obviously do not embrace their marginality, they take various steps to escape and …bring about realisation of being through migration, economy of affection and patrimonialism." Young people in the Guinean society are social actors who draw and actualize their life trajectories in order to increase their social possibilities and life chances in the moments when they experience difficulties, uncertainties, or insecurities. According to Vigh (2009), young men are able to tactically and strategically act in their moving social environment.

In this chapter, I build on the concept of social navigation particularly to show how young men in my study manoeuvre in plotting and actualizing trajectories of restoring, (re)gaining, or preventing themselves from experiencing sexual performance concerns through engaging with the available healing market. In focusing on young men's ways of staying *rijali* men and having to fulfil what is culturally desired and expected during sexual intercourse, I demonstrate how young men in Mwanza City transcended their perceived 'poor' or 'failures' in their sexual performance. Through detailing the practices of staying *rijali* men, the chapter acknowledges the agentive capacities of young men in plotting and navigating their possible future trajectories in coping and help-seeking. For instance, in order to escape from the undesirable state of the inability to have 'expert' sexual performance and high standards of physical achievement as well as conquest, some young men in my study chose to seek for help and medications in tactical and strategic ways in the existing healing market around sexual performance concerns. Such ways included being discreet, opening their hearts to their closest friends, using other people on their behalf to seek for medication of their perceived inability to perform sexually. These were strategically done in order to avoid publicity, which could have resulted into further emasculation and feelings of shame.

Interestingly, included in the tactics of engaging with the available therapeutic options in the healing market were the use of metaphors, euphemisms, and sexual slangs in accessing both herbal and pharmaceutical medications. This meant that young men in my study developed their own moral codes around issues of sexual performance concerns and it was therefore a shared concern among them. Young men in my study exhibited their agentive status in navigating the terrains of healing market. Hence, the concept of social navigation allowed me to understand the social manoeuvres of young men struggling to become and remain *rijali* men. For instance, Vigh (2006: 31) writes, "As an analytical optic it (the concept of social navigation) enables us to make sense of the opportunistic, sometimes fatalistic, and tactical ways in which youth struggle to expand the horizons of possibility in a world of conflict, turmoil, and diminishing resources, and allows us to see how conflict engagement becomes a question of balancing social death with violent life chances."[62]

This chapter has two sections. In the first section, I describe in detail the nature of healing therapies and the available therapies such as physical therapies, herbal and nutritional remedies and pharmaceutical sexual enhancement drugs, which were mostly obtained from pharmacies and drug shops in Mwanza City. I describe what young men used in order to attain normative masculinity centred on attaining 'good' sexual performance. Furthermore, I provide a brief historical perspective of traditional medicine and show how the sector has become more popular and dynamic since 1990s in Tanzania. This section also illustrates how the available healing market around sexual performance concerns perpetuates further the discourse of a *rijali* man during sexual intercourse.

In the second section, I show how young men engaged in the healing market as social navigators. I demonstrate how my ethnographic findings from young men in urban Tanzania, particularly in Mwanza City go beyond the popular argument in the scholarship on masculinity that hegemonic forms of masculinities deter men from seeking help from

[62] Social death refers to an "absence of the possibility of a worthy life" (Hage, 2003 in Vigh 2006:45). In regard to my study, "social death" refers to young men's inability to perform sexually well.

health services or other sources (e.g., Bujra, 2000; Backer and Ricardo, 2005; Lwambo, 2011, Nyamhanga et al., 2013). In this section, with reference to men's sexual performance concerns, I argue that hegemonic masculinities centred on sexual performance encouraged young men to seek help. Furthermore, I show different ways of navigating the terrains of healing market in order to overcome sexual performance concerns. With the use of case studies, I show how young men in my study creatively and tactically developed and actualized their strategies of becoming and staying *rijali* men.

6.2.1. Traditional medical remedies for sexual performance concerns

Many young men in my study reported to be using "traditional medicines" (*dawa za asili*) for the sake of managing their sexual performances.[63] As shown later in this chapter, young men preferred using traditional medicines, particularly those made of the mixture of herbs instead of allopathic drugs, which they claimed having more side effects such as creating addiction and weakening one's sexual power further. Due to the importance and effectiveness attributed to traditional medical remedies, particularly in terms of a holistic and complete cure of the concerns (*kupona kabisa*) and the belief in myths that herbal remedies were natural, safer and had no added chemical ingredients, the healing market around sexual performance concerns in Mwanza was flooded with numerous herbal products, which sometimes originated from wide regional distances. For example, the existence of Maasai traditional medical remedies and other traditional medicines such as "Congo Dust" (*Vumbi la Kongo*) from the Democratic Republic of Congo and Indian herbal remedies in Mwanza City increased therapeutic options among young men in my study who perceived to have 'poor' sexual performance.

[63] The Traditional and Alternative Act of 2002 defines traditional medicine as "a total combination of knowledge and Practice, whether applicable or not, used in diagnosing, preventing or eliminating a physical, mental or social disease and which may rely exclusively on past experience and observation handled down from one generation to another orally or in writing. Traditional medicine remedy refers to means and includes any methods, processes, practices or any medicine consisting of a substance or a mixture of substances produced by drying, extracting, crushing or comminuting, compressing natural substance of a plant, animal or mineral origin or any part of such substances" (ibid., 7).

These findings on young men's use of traditional medical remedies, particularly the use of herbal remedies to address their perceived sexual concerns are similar to other findings (see Chhabra et al., 1989; Chhabra and Mahunnah, 1999; Schange et al., 2000; Swantz, 1990), which indicate the use of herbs for the same phenomenon in Tanzania. Studies from other countries besides Tanzania have also indicated the same observation. For example, Saxena et al., (2012) provides a review and discussion on 20 aphrodisiac potentials of plants that are used for treating erectile dysfunction in India. The authors argue that aphrodisiac herbs can be helpful for researchers to develop new formulations for the treatment of erectile dysfunction. Ojewole (2007) indicates that the Zulu people of South Africa have for centuries used the roots of the *Eriosema* species as a remedy for the treatment of erectile dysfunction and/or impotence.[64] In a similar vein, Agea et al., (2008) report that men and adolescent boys in Kampala, Uganda are the main consumers of *Mondia whytei (Mulondo)* roots, which are largely perceived as sexual stimulants, appetisers, and flavours for food and drinks and stimulate milk production among lactating mothers. The roots are used for both medicinal and nutritional purposes in the wider Sub-Saharan African context (see Oremu et al., 2011; Oketch-Rabah, 2012).

In Tanzania, from ancient times, herbal approaches to illnesses including sexually transmitted infections, infertility and impotence have been popular for quite a long time. For instance, according to Mahunnah et al., (2005), herbal medicine goes back far beyond the establishment of the allopathic health care system in the country. Similarly, the WHO (2001: 37) indicates that in Tanzania, traditional medicine has been practised separately, and complementary to allopathic medicine since the colonial period. Although during the colonial rule, traditional medical practices were suppressed (see UNAIDS, 2002; Mahunnah et al., 2005; Mbwambo et al., 2007; Stangeland, 2008), after independence in 1961, post-colonial Tanzania with her socialist approach to development, made several efforts of promoting the use of traditional medicine. The country imagined traditional

[64] The genus *Eriosema* contains plants which fall under the Zulu indigenous umbrella name *uBangalala* (Ojewole, 2007:214).

medicines as commodities supporting the socialist and Pan-Africanist project (Langwick, 2010:16). For instance, the new Medical Practitioners and Dentists Ordinance of 1968 recognized the right of traditional medicine to exist and operate in Tanzania (Mahunnal et al., 2005:33). In 1974, the Government of Tanzania established the Traditional Medicine Research Unit in order to promote and standardize traditional medicine (WHO 2001; Mahunnal et al., 2005; Hsu 2007). Due to broader efforts of promoting traditional medicine, Langwick (2010) shows that between the 1960s and 1970s, traditional medicine in Tanzania promised raw materials for the scientific development of local pharmaceutical industries.

However, in the late 1970s and early 1980s, as it was the case with many other African countries, Tanzania experienced failure in the implementation of socialist policies due to severe drought, food shortages, and oil crisis. Furthermore, the country went to war with Uganda and above all, the adoption of Structural Adjustment Programmes (SAP) added to the country's economic woes. These internal and external forces had severe consequences on health and health care system (see Langwick et al., 2012). For instance, Langwick (2010) argues that these changes led to shifts in the imagination of traditional medicine in Tanzania. She writes, "Rather than serving as a foundation for an indigenous pharmaceutical industry and a solution to problems supplying the expanding government clinics, herbal medicines offered a potential resource for global markets" (ibid., 18). This means the failure of socialist approaches to development and the adoption of economic liberalization policies in the mid-1980s as alternative approaches to development, increased market dynamics of traditional medicine in Tanzania or what Langwick (ibid., 15) calls, a "fast-growing global herbal market" that is, the emerging field of market based traditional medicines.

Beginning in the 1990s, complementary and alternative systems of health care began to emerge in Tanzania (WHO, 2001). In 2002, the Tanzanian Parliament recognized the field of traditional medicine through the passing of the Traditional and Alternative Medicines Act. The Act made provisions for the promotion, control, and regulation of traditional and alternative medical practice in the country. Above all, as the former

Director for the institute of Traditional Medicine at the Muhimbili University of Health and Allied Sciences in the 1990s, Professor Rogassian Mahunnah said, "…this [referring to the Act, 2002] has made traditional healers be recognized by stakeholders such as research institutions. It has led to the creation of legal framework but in particular, it has set an official collaboration between the traditional health practitioners and the government."[65] Alongside that, traditional medicine became a strategy of managing the impacts of structural adjustment programs while still striving to meet health development goals (Langwick, 2010:23). Coupled with the WHO's strategies of supporting the utilization of traditional medicines, traditional remedies have increased both their popularity and market demand (see Mbwambo et al., 2007; Langwick, 2008). Thus, the healing market around sexual performance concerns in Tanzania, and particularly in Mwanza can be viewed from this perspective of expanding markets, which is partly fuelled by globalization, migration, and the commercialization of health care. All these factors are responsible for increased market dynamics and the growing popularity of traditional medicines in urban Tanzania.

For instance, during my fieldwork in Mwanza, I came across several herbal medicines packed in either plastic or non-plastic bottles, small plastic bags or in small envelopes which were sold in the city. These herbal products which were widely obtained in the city had names such as *Fimbo ya myonge* (literally translated as "the rod of the weak"), *Mdindadinda, Mjarabu, Afya Fasta Bunduki, Jawami Super Nzagamba, Super shaft, Super Power, Faraja ya Ndoa* (literally translated as "marriage consolation") and *Ujana* (literally translated as "youth"). The list of illnesses products were reported to treat (or rather cure) ranged from symptomatic, chronic diseases to reproductive health problems particularly infertility, loss of sexual power and/or weakness and deficit in men's sexual power. For instance, *Super Power,* a reddish liquid in a plastic bottle with a blue cap (see Figure 6.2), had a promotion label with a list of 17 types of illnesses, which the liquid was claiming to cure.

[65] Baguzi Syriacus. "Those who advertise alternative medicine in media criticised". *The Citizen* (Tanzania), December, 27 2015 pp. 8-9.

Despite *Super Power* having ‘male sexual power’ almost at the end of the list, as shown in the table 6.1 below, this was somehow strategic because men in my study often presented their sexual performance concerns under the umbrella of other conditions such as bodily tiredness, exhaustion and illnesses such as hernia, abdominal pain, waist and back pain. Moreover, numbers 2, 5, 12 and 15 listed in table 6.1 were reported as perceived causes of sexual performance concerns among some men in my study (see Chapter Three). The 17 illnessess are as shown in the following table.

Table 6.1: A list of 17 types of illnesses typed on Super *Nkanya*

S/n	Local term of the illnesses	English equivalent term
1	Malaria sugu	Chronic malaria
2	Taifodi, Ganzi misuli	Typhoid, numbness sensation
3	Mwili kuchomachoma	Body tingling
4	Vitu kutembea mwilini	Sensation of things 'walking in the body'
5	Kusafisha mishipa ya damu	Cleaning of blood vessels (dialysis)
6	Uchovu wa mwili na miguu kuwaka moto	Body exhaustion/tiredness and burning sensation of feet
7	Mba, Meno, Minyoo	Fungus, toothaches, worms
8	Kipanda uso, presha ya kushuka	Migraine, low blood pressure
9	Pumu aina zote, Tonsisi	All types of asthma, Tonsils
10	Kifua cha mishipa	Tuberculosis of the bones
11	Nemonia, Safura na Dengu	Pneumonia, hookworm and spleen
12	Kutoa sumu mwilini	Removing of toxic substances from the body
13	Kupunguza mafuta mwilini	Reducing fats in the body
14	Ngiri, Mgongo, Kiuno, Gesi	Hernia, back pain, waist pain, gas
15	Chango na magonjwa ya watoto	Abdominal colic and childhood illnesses
16	Nguvu za kiume	Male sexual power
17	Gono, Kaswende na Kichocho	Gonorrhoea, Syphilis and Schistosomiasis

However, other herbal medications such as *Ujana*, which was approved in 2018 by the Ministry of Health, Community Development, Gender, Elderly and Children as a traditional medicine for treating erectile dysfunction, listed the treatment of 33 illnesses on its brochure. Illnesses with labels numbers 1 to 11 were related to men's sexual performance and reproductive concerns as follows in table 6.2 below:

Table 6.2: Sexual related concerns listed on *Ujana* promotion flyer

S/N	Local descriptions of illness/concerns	English translation
1	Una tatizo la kukosa hamu ya kufanya mapenzi	Having a problem of lacking desire to engage in sexual intercourse
2	Wewe baba una tatizo la kufika kileleni mapema kabla ya mama	The father having the problem of reaching to climax earlier than the woman
3	Una tatizo la uume kusinyaa	Having a problem of penis to shrivel
4	Una tatizo la kuishiwa nguvu baada ya tendo la ndoa mara moja tu	Having a problem of lack of power after only one 'act of marriage'
5	Una tatizo la kuchoka baada ya tendo la ndoa	Having a problem of feeling exhausted and tired after 'act of marriage'
6	Una tatizo la kuumwa kichwa, kusikia kizunguzungu na moyo kwenda mbio wakati ukifanya tendo la ndoa	Having a problem of feeling of headache, dizziness and heart beat when engaging in an 'act of marriage'
7	Dawa hii inatibu uume kulala katikati ya tendo la ndoa	This medicine treats the penis which 'sleeps' in the mid of 'act of marriage'
8	Dawa hii inaongeza mbegu za kiiume, kama una udhaifu wa kutobebesha mimba	This medicine increases one's sperm count for men who cannot cause pregnancy
9	Dawa hii inajenga kinga mwilini unapotumia mara kwa mara	This medicine enhances one's body immune system if taken regularly
10	Dawa hii inatibu tatizo la kutotoa mbegu wakati wa tendo la ndoa	This medicine treats the problem of lacking ejaculation during 'act of marriage'
11	Dawa hii inamwezesha mtu kutoa mbegu mara nyingi iwezekanavyo	This medicine enables one to ejaculate more sperms

Figure 6.2: Medicine seller along Sheikh Amin Street, in Mwanza City
(Photo by S. Mutebi)

Apart from the available remedies for sexual performance concerns in the healing market, some of my interlocutors in Mwanza told me about other plants, whose barks, roots, stems, leaves and seeds were used in the treatment and prevention of illnesses of those suffering from sexual performance concerns. Chiliku is one example of the interlocutors who showed me such plants that were used for either enhancing or treating sexual performance concerns. According to Chiliku, an unmarried young man who participated in my study, showed me a plant known as *Msese,* whose roots were considered effective in the management of sexual concerns. His explanation of the medicinal plant was similar to the findings by Chhabra et al's., (1989:342) study that indicated *Mnenekanda* roots as a cure for female infertility and impotence among the Zaramo people in Bagamoyo, Tanzania. Similarly, the Sambaa men in Tanga region regularly chew *Mshushuambuzi* in order to increase their sexual virility (Schange et al., 2008). In our conversation, Chiliku mentioned that they (he and his peer friends) used the plant roots of *Msese* for enhancing their sexual performances when they went to sleep with their sexual partners (*wanapokwenda kulala na wapenzi wao*). Before we started walking towards the hilly

areas where the plant was available, Chiliku reported that most young men in his network were also using a variety of herbal remedies and other supplements such as energy drinks or hard drinks like Konyagi in order to have 'good' sexual performance.

A 20 minute-walk took us to the area with the plants. In fact, the place where the plant grows could be accessed only by walking. On our way, we passed by his parents' home and he showed me some leaves found in the courtyard, saying that he had heard other people saying that the leaves also treated men's sexual performance concerns. However, he did not say much about the leaves because neither his friends nor himself had tested them. After reaching the *Msese* tree, it was quite interesting to note that the roots attached to the stump of the tree were already dug out, leaving a huge "hole-like" (*shimo*) gaping at us, an indication that many people used these roots (see Figure 6.3).

Figure 6.3: The young man showing me the tree (*msese*).
(Photo by S. Mutebi)

As Chiliku pointed out, other young men in his social network used a variety of herbal products. It was quite common to hear young men acknowledging the effects of consuming *Milondo*, "garlics onions" (*vituguu swaumu*), carrots, "ginger" (*tangawiz*i), "date" (*tende*), "Nile perch soup" (*supu ya sangara*), "water melon seeds" (*mbegu za tikiti maji*), "pumpkin seeds" (*mbegu za maboga*), groundnuts or cassava for enhancing their sexual performance. All these substances were readily available and advertised in the market as remedies for the treatment of sexual performance concerns. Traditional healers who operated in Mwanza also acknowledged that these substances were used in managing sexual performance concerns. In another example, Sheikh Juma, one of the traditional healers who owned two herbal clinics in Igoma and Buzuruga centres, explained to me how he became "famous" (*maarufu*) among his clients for his "traditional remedies" (*tiba za asili*) for treating and enhancing sexual performances among his customers. One Sunday of March, 2017, seated on the floor in his small one room herbal clinic in Igoma, I observed Sheikh Juma making a concoction of various crushed herbal products from different plastic and local spirit bottles ready for dispensing to his clients who had contacted him though his WhatsApp group, a group, which he had created for all people who contacted him for his service. In our conversation with Sheikh Juma, he explained how he used a concoction of many different pounded and roasted herbs, aphrodisiac foodstuffs and honey as remedies for sexual performance concerns among men. In the following paragraphs I elaborate further what I observed in his herbal clinic and what he told me.

Particularly, in dealing with (young) men with erectile difficulties including failure to achieve multiple sexual rounds, Sheikh Juma reported to have been using a concoction of many things. They include "a dish of rice mixed with fresh milk and dates" (*mchanganyiko wa mchele, maziwa fresh na tende*), "date juice" (*juisi ya tende*), and "a mixture of grilled water melon seeds with honey" (*unga wa mbegu za tikiti maji ukichanganya na asali*). Others included "a mixture of vegetables and ginger" (*mchicha na tangawizi*) as well as a mixture of garlic onions and boiled water. Other products were a mixture of banana and apple juice, leaves of '*mkunazi,*' onions, "duck soup with no other ingredients" (*chukuchuku ya nyama ya bata*), "male goat foot soup" (*kongoro la*

mbuzi dume), "crushed bull's penis" (*uboo wa dume uliosagwa*), "clawless otter's penis" *(uboo wa fisi maji),* chicken liver, pounded camel's uterus, a mixture of date palm fruits with honey, and a mixture of '*kibiliti upele*' and honey. According to Sheikh Juma, if men used such substances before sexual intercourse, they would function 'properly' and achieve enough and delayed ejaculation and would last long during sexual intercourse. Furthermore, Sheikh Juma reported to have offered medications to men who preferred to increase the size of their penis. He said that it could be achieved through massaging the penis with a mixture of soil with bull's urine, especially the urine that comes out immediately after breeding the heifer, massaging the penis with pounded bull's penis, massaging the penis with elephant's oil and massaging the penis with fresh milk.

In other herbal clinics I visited in Mwanza City, the healers administered herbal remedies to clients through various ways including using them in drinks or beverages such as porridge, tea or eaten as fruits, vegetables and meat/meal. According to some healers in Mwanza, the preparations of herbal remedies involved pounding, chewing, and boiling. In addition to such common ways of administering herbal medication to men with sexual performance concerns, Sheikh Juma sometimes administered his medication through injecting into the anus/rectum of his male clients for the purpose of flushing out accumulated fats in the body through diarrhoea (detoxification). He specifically referred to the practice as *Kupiga bomba* (literally translated as "beating the pipe") or *kuinika* (literally translated as "laying down or bending in a position that the medicine to go in the rectum more easily"). In one moment during our conversation he said,

> You know there are fats that accumulate [he pointed with his fingers on his back where the spinal cord ends]. Accumulated fats lead to the weakening of sexual potency and lack of stool. There are some men who do not get stool even once or twice in a week. Such men are at the risk of suffering from so many illnesses. Therefore, in the first step, I recommend this practice where one experiences diarrhoea for about fourteen days. Thereafter, I administer oral medications.

While some healers exclusively prescribed traditional herbal remedies, others prescribed "physical exercises" (*tiba ya mazoezi*) on top of prescribed medicines. Dr. Love as he was famously known in Mwanza City offered a good example on how he combined both

traditional herbal remedies with the physical exercise of *kubana mkundu*[66] (literally translated as: "tightening the anus"). For more than 12 years, Dr. Love has been engaging in managing sexual impotence and erectile dysfunction in Mwanza. Besides his therapy, Dr. Love was widely known in Mwanza for his pamphlets on sexual relationships and his sexual health programs in radio as well as television broadcasts. In all his pamphlets and talks on sexual deficit/loss of sexual power, he often recommended people with sexual performance concerns and problems to visit his office located in the inner city area along Kenyatta Road in Nyanza Building for counselling, herbal medications, and/or physical exercises.

I met Dr. Love for the first time at his Health Love Clinic (*Kliniki ya Afya ya Mapenzi*) in Mwanza where he works and meets his clients. Before we met, I attempted to make an official appointment, which he declined after learning that I was not going to pay him anything for our planned interview. "…if you don't want to buy information, just forget about me," he said and hang up my call. After some few weeks, I walked to his clinic to buy his pamphlets on sexual relationships, which he was selling from his clinic. As indicated in Figure 5.2 in Chapter Five, at the entrance to his office door there was a paper reading 'Dr. Love' and his contacts. When I stepped into the office, I was welcome by the smell of different herbal remedies, which I could not easily identify. Walls in the room were fixed with large wallpapers with images of couples kissing. However, contrary to what I had expected, Dr. Love cordially welcomed me; and because of the good rapport he showed me, after buying some booklets, I introduced myself as the researcher interested in understanding men's sexual performances. He promised to offer maximum cooperation and allowed me to take photos of his clinic. To me, that sounded good

[66] According to Dr. Love, the practice refers to tightening pelvic floor muscles and hold the contraction as trying to stop the emission of gas from the anus. He advised this clients to hold this contraction for about thirty seconds and then relax for some few seconds before they start again. According to him, this exercise could be done as many times as one can per day when either sitting, standing, walking or laying in the bed. This exercise was to be taken as part of their daily life. However, this practice without the use of his herbal yellowish remedy could not help to stimulate and strengthen the penis macules for erections.

because he seemed to have forgotten the conversations we had had over the phone a few weeks before when he declined to attend to me.

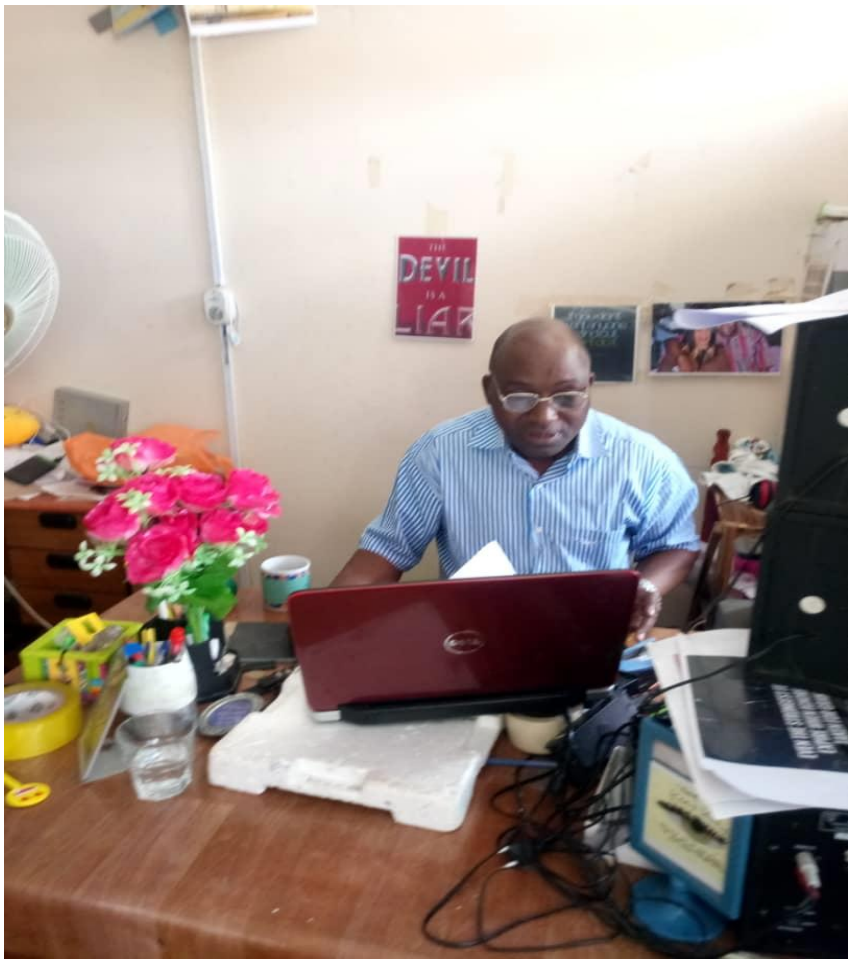

Figure 6.4: A photo of Dr Love in his clinic
(Photo by S. Mutebi).

In his account of his work experience in managing sexual impotence particularly erectile dysfunction and pre-mature ejaculation, Dr. Love recounted how he had managed to treat many men experiencing sexual impotence through a mixture of traditional herbs combined with physical exercises. Unlike other traditional herbal healers who revealed the ingredients of their herbal remedies, Dr. Love did not mention the exact ingredients of his herbal remedy. However, his rooms smelt of "garlic onions" (*vitunguu swaumu*), and when I licked his yellowish herbal remedy it tasted bitter-sweet. While Dr. Love advocated a combined approach of licking powder of crushed herbal plants and *kubana*

mkundu (literally translated as "tightening the anus"), other traditional and alternative healers I talked to advocated "*kukata mkoja"* (literally translated as "cutting short the urine") as the practice to stimulate as well as strengthen the muscles. Some healers believed that the failure to erect was the result of weakening penis muscles. One healer, for instance, said, "Weak penis muscles are like a car running short of fuel" (*Mishipa ikishalegea ni kama gari imeishiwa mafuta*).

Apart from various herbs, roots, barks and leaves of trees as well as nutritional substances obtained in fruits, some healers often complemented their traditional treatments with the use of "divine spirits" (*majini*) for healing and protecting clients. For instance, I indicated in the case study of John who experienced ejaculation concerns (see Chapter Four) that he consulted the healer who used *majini* in diagnosing the actual cause of his lack of forceful ejaculations and suggested appropriate treatment. However, with the exception of John, no other young man in my study reported to consult such healers who used divine spirits for managing sexual performance concerns. Other traditional healers, particularly Muslims reported to recite some verses from the Holy Quran that were powerful in protecting and curing patients' sexual concerns. Similar practices were reported by other religious leaders such as the pastors from Christian churches who participated in the study. They said that they used the name of God and/or Jesus for casting out "evil spirits" (*roho chafu*) including "ancestral spirits" (*mizimu*), which might be a cause of weakness or deficiency in sexual powers among young men. As one religious leader from Evangelistic Assemblies of God Tanzania (EAGT) put it, "…the true treatment of one's weakness in his sexual power lays in Jesus" (*tiba ya kweli ipo kwa Yesu*).

6.2.2. Beyond traditional medicine: Pharmaceutical and biomedical treatments

Besides a variety of traditional and faith healing remedies, there were also biomedical products, particularly pharmaceutical pills that were readily available in drug shops and advertised in health facilities in Mwanza.

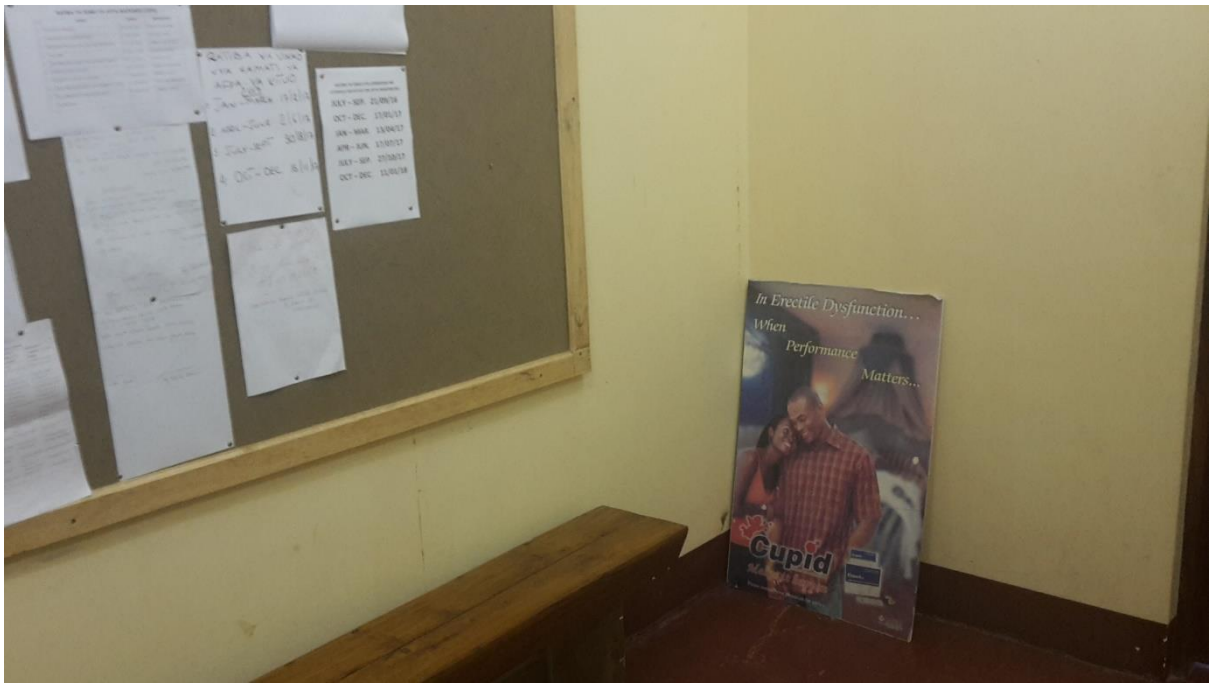

Figure 6.5: A poster advertising Cupid in the health facility in Mwanza City (Photo by S. Mutebi).

Some young men in my study reported to have used "pharmaceutical pills" (*vidonge vya kwenye maduka ya dawa*) for the sake of performing 'well' during sexual intercourse. Although some young men in my study were sceptical about the use of chemicals and their side effects, they widely praised them for effectively addressing the problem of weak erections and not lasting long during sexual intercourse (see also Hardon et al., 2013:218-220). In all the drugs shops and pharmacies I visited in the local settings, they sold sexual enhancement drugs to men who wanted to have great sexual stamina and hence, achieve 'expert' sexual performance. During our conversations with the drug shop attendants in Mwanza, they pointed out that regular customers were particularly young men who wanted to last long during sex and have "high levels of sexual performance" (*show za kibabe*), the qualities, which men associated with being a *rijali* man. For example, Mabula, 37 years old, pharmacy attendant in Buhongwa, explained that the age category of his customers who bought sexual enhancement drugs ranged roughly from 18 to 27 years of age. He reported further that the majority of young men who went to his shop for drugs preferred Viagra to other brands such as Sahel, Enjoy, Erecto and Cupid. In his

pharmacy, one pill of Viagra cost 1500 to 2000 Tanzanian Shillings (less than one Euro), depending on the gram.

While standing close to the dispensing desk, Mabula said, "…on average, not less than three young men come to buy Viagra from this pharmacy per day. When they come to buy the drugs, they do not mention the real names of the drugs. Instead, they often use euphemisms such as "give me power" (*nipe power*), "give me a battery" (*nipe betri*), "I want Magufuli"[67] (*nataka Magufuli*), "give me push-ups" (*nipe push-ups*), "give me a drug for respect" (*nipe kidonge cha heshima*) or "give me a charger" (*nipe chaji*)." These jargons like other sexual slangs were used to describe male genitalia in urban Tanzania, expressed power (see Mwami et al., 2002) and (mechanical) practices associated with performing sexually well. Because Mabula was used to these jargons he said that he knew what they meant and that he often dispensed the drugs even without probing further from clients because according to him, buyers of sexual enhancement drugs did not want to stay long at the drug shop. Like other drug shops and pharmacies I visited in the city, Mabula was aware of the Tanzania Food and Drug Authority (TFDA) guidelines that required him to dispense sexual enhancement drugs on medical prescription. However, he said that for more than four years working in drug shops and later on in the pharmacy, he had never seen any (young) man with the medical prescription for Viagra or other sexual enhancement drugs.

From the young men's perspectives, pills they obtained from the pharmacies and drug shops were incapable of curing one's sexual performance concerns but rather, enhanced or boosted their performances for a short while. As indicated by Wentzell and Salmeron (2009), Mexican men reject pharmaceutical treatments either at the expense of alternative treatments or they do not trust whether or not their decreased sexual function could be corrected by the pharmaceutical treatment. Similarly, some of my interlocutors in Mwanza City seemed to have the same understanding. They believed that their sexual

[67] This is the name of the fifth phase president in Tanzania. He is widely known in the county for being very strict. He is nicknamed as the bulldozer as well.

concerns could not be treated by biomedical treatments, and thus some young men in my study hesitated from seeking for remedies from health facilities around them in favour of herbal remedies. One young man said that men were afraid of going to the hospital because of the bureaucratic process and financial aspects. He stated,

> Very few young men will go to the hospital. According to my experience, the majority use traditional medical remedies (*madawa ya kienyeji*). Sometimes it is because of the long bureaucratic processes in hospital where you are first required to pay fifty thousand shillings (about 2 Euro) as a consultation fee and paying for the registration card. Worse still, they will not provide the drugs free of charge; you will need to buy them. I think this process makes young men prefer a short cut of going directly to either the traditional healer or the pharmacist/drug attendant.

Another young man attributed young men's unwillingness of going to health facilities to the government failure for not providing clear guidance on the treatment of sexual performance concerns. According to him, the government had failed to provide guidelines on the appropriate treatment of this issue amidst the existence of multiple players and products in the healing market around sexual performance concerns. He said further, "…but if the government would educate us on biomedical medications which are effective, many people will be saved from this epidemic" (*lakini kama serikali itarudi na kutoa somo kwamba dawa za hospitali ni nzuri basi watakuwa wamewaokoa vijana wengi kutoka kwenye janga hili*). However, despite all this, some young men in my study said they could still consult biomedical healers for the sake of counselling on how they could best cope with their sexual performance concerns. According to my interlocutors, biomedical doctors did not provide them with sexual enhancement pills but rather they relied on their advice on how to change their general life style particularly in terms of eating habits and making regular exercises. As one young man put it,

> If you consult experts in the hospitals, they often advice you to eat low fat foods and natural foods (*kula vyakula ambavyo havina mafuta na vyakula vya asili*). They also tell you to use groundnuts' oil or sun flowers' oil (*mafuta ya karanga au ya alizeti*), which have not yet been added chemical preservatives from industries. They also advise you to eat pumpkin seeds (*mbegu za maboga*). That is what you will get from the doctors in the hospital.

Besides reducing the intake of fatty foods, others said that the biomedical experts advised them to engage themselves in regular exercises in order to keep their blood flowing smoothly in the blood vessels, and particularly in the penis. Another young man said, "…some men who seek for treatment in the hospital meet psychologists (*mtu wa saikolojia*) who tell them to reduce stress in order to have good sexual performance."

From the young the men's narratives, it is apparent that biomedical healers did not prefer to provide their clients with sexual enhancement pills for their short-term performances but rather, advocated eating healthy foods, making regular exercises and getting rid of stress as long term solutions to sexual performance concerns. These forms of biomedical healing were also supported by some medical doctors I interviewed during my fieldwork. For instance, one doctor in-charge of one of the health facilities I visited said, "…we recommend some nutritious food, which can improve and strengthen penis muscles. These foods include starchy foods (*vyakula vya wanga*), foods rich in vitamins and proteins (*vyakula vyenye vitamini na protini kwa wingi*), eating lots of fruits and vegetables as well as drinking plenty of water."

In view of the forgoing observations, the nature of the healing market and its available therapies around sexual performance concerns was highly pluralistic, mixed up with a variety of pieces of information, advertisements and a mixture of key players. This finding supports those from other studies (e.g., Jenning, 2005; Langwick, 2008; Kolling et al., 2010; Moshabela et al., 2017), which indicate that in general the healing sector in Tanzania consists of multiple agents coexisting and partly competing for the market of curing illnesses. For instance, in Mwanza City, if one walks around, one would see herbal and nutritional clinics offering treatments of various ailments including men's weakness and deficiency in sexual powers. Again, one is likely to see various traditional healers' advertisements, mobile medicine sellers, or medicine men who have set out tables and kiosk along streets selling traditional remedies that treat sexual performance concerns among other illnesses. Alongside such health care providers, there are drug shops

(*maduka ya dawa baridi na maduka ya dawa muhimu*), which sell pharmaceutical enhancement drugs without requiring prescriptions from medical doctors. Such coexistence provided a unique opportunity for young men to search and bring about their realisations of becoming and staying *rijali* men in their sexual relationships.

6.3. Young men's engagement with the healing market as social navigation

The accounts of young men who were potential users of the available therapies in my study supported the discourse of phallocentric and performance-oriented male sexuality. This offered an alternative view according to the work by Potts et al., (2004) and Potts et al., (2006) who argue that men (mostly ranging from 54 to 70 years) challenged the constructions of masculinity reinforced by Viagra discourses. Young men in Mwanza claimed to engage with treatment remedies such as Viagra and other herbal remedies for the sake of either restoring their lost sexual powers, regaining more sexual powers/greater sexual stamina or preventing themselves from having weakness in their sexual performances. According to the young men in my study, the more they expressed *rijali* images during sexual intercourse, the more they gained respect from both their female partners and peers. I indicate in this section that in moments of 'poor' or 'failures' to perform sexually, some young men in Mwanza renegotiated their manhood through engaging with therapeutic options which were available in the market.

Young men's accounts on the use of the available remedies of sexual performance concerns were in line with Loe's (2001: 113) findings, which indicate that, "in the face of troubled masculinity, Viagra is commonly constructed by consumers and practitioners as a pill for masculinity repair or construction. This is, to be used either in extreme erectile dysfunction cases where manhood appears to be lost, to more common mild erectile dysfunction situations where manhood needs a jump-start or an extra boost." Normative masculinities that encourage young men to demonstrate sexual performance attitudes are abundant in the scholarship on masculinity (see Khan, 2007; Ochendu, 2007; Groes-Green, 2009; Jewkes and Morrell, 2010; Fleming et al., 2013; Sommer et al., 2014; Sweeney, 2014; Fleming et al., 2016). The dominant thesis in these masculinity studies is that constructions of hegemonic forms of masculinities deter/discourage men from

enacting health positive behaviours and help seeking behaviours (see Bujra, 2000; Backer and Ricardo, 2005; Lwambo, 2011). For example, Nyamhaanga et al., (2013) indicate that masculine attitudes of superiority that require men to avoid displaying weakness and societal expectations of a 'real man' to be fearless, resilient and emotionally stable discourage men from accessing antiretroviral therapy among men in Dar es Salaam, Tanzania. Burke (2010) examined how men in Tanzania responded to the challenges of HIV and the Prevention of Mother to Child Transmission (PMTCT) of HIV with reference to their various discourses of masculinity and diseases. The author indicates how traditional discourse of diseases and cultural constructions of masculinity acted as an obstacle to men's engagement with Voluntary Counselling and Testing (VCT) and PMTCT services. Burke (2010) indicates further that fear from visibility of HIV infections to others and fear from the consequences of violence and abandonment became a powerful barrier to men's engagement with PMTCT.

Similarly, Skovdal et al., (2011) argue that hegemonic notions of masculinity that required men to be and act in control, to have knowledge, be strong, resilient, disease free, highly sexual, and economically productive in rural Zimbabwe impacted on their use of HIV-related services. While this may be true for HIV/AIDS, it was not the case with gender specific illnesses, and particularly men's sexual performance concerns. Hence, due to variations in the nature of illnesses, the above findings on masculinity as a barrier to men's use of health services cannot be generalized. In contrast, Mahalik et al., (2007) generalize the positive relationship between masculinity and risky health behaviours. I conclude that not all hegemonic constructions of masculinity are obstacles in all forms of illnesses. Some illnesses such as sexual performance concerns though may appear threatening to hegemonic masculinity at the same time, they may also facilitate taking positive health behaviours. For instance, in my study, young men's fear from losing respect, reputation, acceptance and social worth occasioned by the failure to demonstrate high sexual performance, encouraged them to seek for treatment of their perceived inability to perform sexually. I argue that such normative constructions of masculinity that are associated with expressing sexual power, conquest, achievement, and 'high standards' of sexual performance and 'expert' sexual performance acted as

facilitators for young men to engage further with the available therapeutic options but in a creative manner.

Previous studies (e.g., Mahalik et al., 2007; Sweeney, 2014; Courtenay, 2000) have documented the effects of masculine images on health behaviours. For instance, Mahalik et al. (2007: 242) indicate that Australian men's images of masculinities have negative implications for health behaviours. The authors (ibid., 242) argue that "the athlete" may be admired for ignoring injury and self-care when hurt; "the bushman" takes dangerous risks; "the mate" can reflect misogyny and fear of femininity; "the larrikin" is often characterized by drunkenness, brawling, and visiting brothels; and "the ocker" is frequently portrayed as sitting around the pub drinking his beer. However, in my study, images of a *rijali* man seemed to have a positive implication in terms of facilitating men to engage with the available health services. Images of a *rijali* man also structured young men's social navigation in the healing market around sexual performance concerns in Mwanza City. It means that the quest for becoming and staying the *rijali* man was a response to emasculation and suffering caused by failures, or even perceived failures from achieving dominant masculinity during sexual intercourse. In the following case study, I show how young men who endorsed *rijali* forms of masculinity were more likely to navigate the terrains of healing market.

6.3.1. The case study of Danfold: The desire to live up to *rijali* masculinity

Danfold lived in Mwanza City and worked as a bodaboda rider. Previously he had worked as a *machinga* (petty trader) and *kibarua* (casual labourer) in local construction companies in the city. Danfold was 24 years old when I first met him in January 2016. He had two children and lived with his female partner in Mabatini area out of wedlock. Every time I met Danfold, he seemed proud of his job as a bodaboda rider because he managed to provide for the family with basic needs and saved little balance for extras.

Danfold, like other young men in the city, never settled in his long-term relationship with his partner. He moved across a continuum of long-term and short-term sexual relationships (casual sexual relationships). For example, in September 2017, in a wooden

bar in Mabatini, he said, "…Since January 2017 to date, (referring to September 2017) I have slept with seven casual partners; and all partners except one were once my passengers." Danfold used almost all his savings on his casual sex partners to cover for expenses such as paying for drinks, sometimes "buying air time" (*kumrushia vocha*) and paying for meals. According to Danfold, if he were unable to meet such costs, his casual partners and peers would consider him worthless and/or *dume suluari* (see subsection 3.1.1 in Chapter Three).

In all the conversations I had with Danfold, he expressed his desire to last long during sexual intercourse in accordance with the amount of money he spent with his casual partners. From time to time, Danfold reported "being ashamed" (*kujisikia aibu*) of his 'poor' sexual performance, especially with casual sexual partners. To rephrase Vigh's (2006:37) concept of social moratorium, Danfold's sexual performance was in sexual moratorium.[68] According to Danfold, he did not last long during sex in comparison to the amount of money he invested in his casual partners, a condition that made him "feel worthless" (*kukosa thamani*), inferior and less manly to his casual partners as well as peer groups. On several sexual occasions, Danfold ended up pitying himself for his lost money, particularly in moments when he ejaculated too early (i.e., before his partner) and failed to erect again immediately. According to Danfold, his casual partners could not tolerate to wait until he erected again because some of them were in a hurry of going back home. This was the source of suffering and emasculation in Danfold's sexual life with casual partners.

[68] I build from the concept of social moratorium which according to Vigh (2006) refers to the positon that people are involuntarily caught in and trying to their very best to get out of that position…It protrudes as a predicament of not being able to gain the status and responsibility of adulthood and thus as a social position that people seek to escape as it is characterised by marginality, stagnation and a truncation of social being (ibid., p.37). I use sexual moratorium, then to refer to the undesirable state of poor, failures or even perceived failures of sexual performance that young men seek to get rid of, hence become and stay *rijali* men.

However, by being self-reflective and self-critical about his sexual performance, Danfold constantly asked himself, *hii ni nini hasa na kwanini inanitokea*? (Literally translated as: "What is this? Also, why is it happening to me?") He even recalled moments when casual partners asked him what was wrong with his sexual performance. Such moments made matters worse for him as due to the question of his casual partners Danfold felt worthless and failed to erect again. The feelings of worthlessness made him question his "rijaliness" during sexual encounters. On one evening, seated on a stone with gentle slope on both sides in Mabatini, Danfold explained how he involved his fellow bodaboda riders in his search for better sexual performance. According to him, he introduced the topic of loss of sexual performance among his peers, mostly bodaboda riders at his parking area. However, being quite aware of stigma, naming, shaming, and labelling around the topic, he did not want to refer to himself directly. Rather, he used cases of other people to present his problem to his peers. As explained earlier in this dissertation (see Chapter Five), from the informal conversations and discussions with his peers, Danfold had learnt to improve his sexual performance by staying long during sex by "thinking of undesirable situations in his life" (*kufikiria mambo mengine magumu katika maisha*). Other mechanisms included thinking of how his bodaboda was being seized by traffic police or thinking about his debts and "withdrawing for some minutes when he felt like approaching at the climax" (*kuchomoa uume wakati unakaribia kufika kileleni*).

When I met Danfold during the second phase of my fieldwork, he described that despite having 'poor' sexual performance (which he described as going one round/not being able to stay long during sex), he felt okay with his permanent partner because he was still able to impregnate her. Danfold also told me that they were even planning for getting a third child. In fact, he was not worried as much about his wife as he was with his casual partners. With the latter, he felt the pressure of the responsibility of demonstrating his manhood through sexual performance, which was commensurate with the money he invested in them. As he could not get the second round immediately, Danfold reported also that his peers suggested different medications/options of treatment for sexual performance concerns. According to him, some of his peers/friends recommended "hard drinks", (*kunywa pombe kali*), "eating watery foods" (*vyakula vyenye majimaji*),

vegetables and fruits such as water melon, banana and chewing *Milondo* regularly. He mentioned that other peers advocated seeking for treatment from "traditional healers" (*waganga wa tiba asilia*), herbal medicine sellers or using Viagra from the drug shops/pharmacies. Danfold described that he once used *dawa za Kimaasai* (Maasai medicinal remedies) but none of these helped him to have the desired sexual performance.

As Danfold's wish was to last long on sex especially with his casual partners who were often impatient with his delayed re-erection after the first sexual round, he opted for Vega (short form for Viagra pills) in order to attain quick erections and hence become an 'expert' (sexual) performer. According to him, it was an attempt of avoiding feeling like "a slave when he failed to re-erect" (*kuwa kama mtumwa pale unapeshindwa kusimamisha tena*). He said, "The pills help me get the maximum of sexual pleasure with casual partners (*kumfaidi demu*). Vega is really powerful, if I use them, I hit very well, I don't get tired at all and the penis erects at all time (*vega hiyo ni noma nikienda na demu nasimamia chaga balaa, sichoki na ume unasiamama muda wote*)…one time I hit it until my partner suspected that I have taken the pills... (*siku moja niligonga hadi demu akahisi kuwa nimemeza vidongo*)." Since Danfold started using Vega, it did not take him long to discover that even one of his friends, a taxi driver used sexual enhancement pills but he kept it a secret. According to Danfold, his friend used to write the name of the pill on a piece of paper and then requested (Danfold) to buy it from the drug shop or pharmacy on his behalf. Danfold explained:

> Before I knew sexual enhancement pills, there was one man here in the city who used to order and obtain Cupid pills through me. He used to write the name 'Cupid' on the piece of paper. He often reminded me to ask the drug shop/pharmacy attendant to give me similar pills in case Cupid was out of stock. After assisting to buy the pills for several times, I started questioning myself what were the pills for? Then, what kind of disease was he suffering from? I never got the answers until I started using such pills. When I started using Vega, I came to realize that they looked similar to Cupid. But I just kept this a secret to myself, my friend's frequency of use of the pills was surprising to me. I think he has no sexual powers at all (*hana nguvu kabisa*). I think he is also using them with his wife because he orders them frequently. However, we have not discussed this matter so far and he thinks I do not know their purpose. There is also another person, in fact, a friend of mine was trying to compare Cupid and Vega and said

> if one uses Cupid, one does not experience flu nor feel headache as with Vega. Maybe that is the reason he preferred Cupid frequently.

Unlike Danfold's friend, who wrote the name of the pill on pieces of paper, Danfold himself had a different but somehow related tactic of buying Vega. In elaborating how he bought the pills from the drug shop without other people around him knowing that he lacked sexual power, Danfold said,

> I have almost a month since I used Vega. I do not want my body to get used to such pills because some people say that they have many side effects…But I have only three drug shops where I often buy them. I am used to such drug shops to the extent that the attendants already know that I am using Vega. Sometimes, when there are some customers in the drug shops, I write the name Vega gram 100 on my phone and then give it to the drug attendant to read or show him the message. No one around will know the type of pills I have taken but even if the attendant is new in that shop, he/she won't know exactly to whom the pills belong. They may assume that maybe I am buying them for someone else. Of recently, I came to realize that one of the drug attendants where I was buying the drugs, he was also using Vega. His drug shop is located at Mwaloni and by the time I got to know it the price for Vega was Tsh 1000 (less than one euro) per 100 grams but nowadays, the price has increased to Tsh 1500 (less than one euro) per 100 grams. The first time I went there, he started praising (*kuisifia*) Vega and advised me to take the pill one hour before sexual intercourse. Furthermore, according to Danfold, the attendant's use of urban slang such as *unaenda kuchinja leo*? (Literally translated as "are you going to slaughter today?")[69] and good rapport that the attendant established made Danfold not only feel comfortable but also assumed that the attendant was a pill user himself.

Moreover, in order to prevent himself from further weaknesses regarding his sexual powers, Danfold reported to avoid eating "foods rich in fats" (*vyakula vya mafuta*). He also chewed cassava and groundnuts regularly. For instance, he said, "…I eat cassava, groundnuts, and other organic foods in order to increase the volume of my sperms. You know if you have a high volume of sperms in the body, you feel okay" (*nakula karanga, mihogo na vyakula asili asili ili nikienda kwa mwanake niwe na shahawa za kutosha unajua nazenyewe zikiwa zinejaa mwilimi unakuwa unajisikia vizuri*). In addition to these efforts, he insisted: "…I avoid eating foods rich in fats because they are also said to

[69] Implicitly, he meant going to have sexual intercourse.

contribute to the weakness and loss of sexual powers" (…*Hasa hasa nakwepa vyakula vya mafuta maana inasemekana vinachangia sana upungufu wa nguvu za kiume*).

6.3.2. Navigating 'better' sexual performances in the healing market

Like previous studies on social navigation (see Vigh, 2006; Utas, 2005; Denov and Buccitelli, 2013), the presented case study reveals how young men in Mwanza City had the ability of plotting and actualizing these trajectories in ensuring that they become and remain *rijali* men. For instance, in order to confront the emasculating circumstances occasioned by his failure to last long in comparison with the amount of money he had invested in his casual partner, Danfold consulted his peers who taught him different techniques of lasting long during sexual intercourse. According to him, through seeking for help from his peers, he learnt how to prolong a sexual round before he could ejaculate. This was achieved through penis withdrawal from the vagina when he felt ejaculating, "squeezing the penis with his hands" *(kuuminyaminya uume kwa mikono)* or thinking about undesirable circumstances in his life such as being seized by traffic police in the street. The use of herbal medicinal remedies such as Viagra and food supplements were other options of searching for normative masculinity, that is, *rijali* masculinity.

Danfold's constructions of becoming a *rijali* man encouraged him to engage with the healing market for fixing his 'lost masculinity'. Like the actions of other young men towards improving their sexual performances, Danfold's responses reflected his wishes of performing sexually in accordance with the expected and desired standards that the healing market promoted and/or advertised. For instance, due to the desires of lasting long, he became self-critical of his poor sexual performance and the vulnerability associated with it. This, in turn, made him an active social actor who was engaged with the available therapies in the healing market in order to escape from the emasculating circumstances and hence attain better sexual performance. Like other young men in my study, Danfold's engagement with the healing market was a result of his intentions of living up to the norms of performing masculinities through sexual intercourse. As such, while Danfold wished to live up to *rijali* forms of masculinity; he also engaged with the healing market and health positive behaviours such as eating organic foods and avoiding

foods rich in fats.

Similar to Danfold's case study, other young men engaged with the healing market around sexual performance concerns for the sake of enhancing their sexual performance. The finding that young men in my study used various therapeutic options is in line with the findings in the literature that indicate how hegemonic constructions of masculinities encourage positive health seeking behaviours. For instance, Mathewson (2009) indicates that while young men in Dakar, Senegal endorsed hegemonic constructions of masculinity and inequitable gender norms, they also enacted health positive related behaviours, particularly by doing sports, observing cleanliness and participating in religious and cultural practices, which they believed to be effective in protecting their health. Young men's popular expression in Dakar, Senegal that "man is the remedy of man" (ibid., 31) stood opposite to the characterization of men in Dakar who were reluctant to illness and seek for help. In the same vein, Izugbara (2015) indicates how notions and views of maleness led to health promoting behaviours among the Luo men in Kenya. The author demonstrates that the ways of being a man in Luo culture acknowledges the importance of being and remaining healthy in order to prove themselves as men, working, earning income and providing for their families. According to Izugbara (2015: 48), "it was generally agreed that without good health, Luo men could not be men."

From young men's accounts in Mwanza, hegemonic constructions of masculinity, which emphasize that the higher the level in sexual performance of a man the more *rijali* he was and vice versa, encouraged them to engage with sexual enhancement substances. For instance, men's desire of being respected by their female partners for having 'good' sexual performance were important factors which necessitated seeking for help in case they perceived to lack such qualities. Young men in my study who either perceived themselves as having sexual performance concerns or wanted to enhance their sexual performances were more likely to seek for help from both biomedical and traditional healers available in their local area. For example, Danfold used the traditional remedies at first, which he obtained from the Maasai traditional medicine men. According to him, the Maasai medicines did not help him last long during sexual intercourse. He consulted

peers who advised him to use Viagra in order to attain long lasting erections.

Moreover, as already highlighted in the previous chapter, the process of coping and seeking for help was far from a linear path. As Utas (2005:426) indicates, "a social navigation perspective also allows us to see the relationship between victimhood and agency as far from a linear path proceeding from a point of being a victim to that of being a survivor." Consequently, young men in Mwanza simultaneously engaged with multiple therapies. Young men in my study reported to seek for help from different sources, something that enabled them to get to know a variety of healing options. For instance, Danfold simultaneously used sexual enhancement pills in order to last long with casual partners and for the sake of avoiding further weakness in his sexual power, he chewed *Milondo*, groundnuts, cassava and avoiding foods rich in fats. Young men's use of multiple healing options around sexual performance concerns was congruent to the existing literature of health seeking behaviour such as Scott et al., 2014 and Jewkes et al., (1998) that emphasizes that people in various African settings who become sick or perceive themselves ill, they seek for medication from a variety of therapeutic options. These include home remedies, herbalists, faith healers, drug shop attendants and facility-based providers.

Young men's pathways to navigating sexual performances in the healing market varied from one person to another. While some consulted traditional herbalists (*Nyamiti*), others sought help from the biomedical health practitioners. Regardless the type of therapy, the aim was to enact an 'ideal' type of masculinity, which was associated with using sexual enhancement mechanisms. The story by Dr. Ishengoma, a 41-year-old medical doctor, is a good example. In one of our in-depth interviews, which lasted for about 40 minutes, he narrated the story of a young man who had visited his health facility seeking for ways of improving his sexual performance. He mentioned that among the few cases of young men seeking medical help he had met, that was remarkable because the young man refused to register in the patient book, claiming that he had no illness but rather wanted to see the doctor for personal matters. Although it was against the facility procedures, Dr. Ishengoma decided to listen to him. The young man began with claims of having stomach-

aches and then shifted the discussion to sexuality, particularly the loss and weakness of sexual power.

According to Dr Ishengoma, the young man explained further that his first girlfriend had suddenly abandoned him. The story was the same for his second girlfriend and he was then with his third girlfriend. According to Dr Ishengoma, the young man said he could manage to go only single round and then his penis could not erect anymore. The young man made promises to his partners that he would improve in future. Dr Ishengoma said that despite the promises the young man's girlfriends eventually were not pleased and finally, they abandoned him for his poor performances. Dr. Ishengoma narrated that when the young man experienced the situation for the first time, he did not want to disclose it to anyone until he realized that the problem was persistent and had severe implications on his quality of life as a young man. By the time he visited the health centre, he reported to have lost two sexual partners and now he was trying to find the means of not only preventing the third one from running away but also proving his manhood among his peers.

After a long discussion on the possible risk factors and side effects of sexual enhancement pills, Dr. Ishengoma eventually failed to convince the young man because it seemed he had already heard the wonders of Viagra from other sources of information. Dr Ishengoma said,

> I realized the guy was so difficult to accept my advice of first making proper management of the problem before prescribing the pills. He did not agree, what he wanted was to get Viagra in order to have satisfactory performance with his (third) sexual partner. Despite explaining to him the side effects of Viagra, he insisted Viagra could help regain his lost status and protect his partner from falling into the hands of other young men. Eventually, I told the guy to either visit another doctor or another health facility, maybe they could give him the drugs without counselling.

The foregoing description shows clearly the possible pathways young men in Mwanza who became unable to perform sexually, then consulted peers and healers for help and

ultimately took actions that could make them become and remain sexually competent or restore back their potency. As such, they wanted to enact a form of masculinity that appears in drug marketing and is also promoted among the peer groups of young men themselves. Therefore, seeking for help did not compromise their hegemonic constructions of masculinity but rather became a way of remasculinization and/or responding to emasculation. This also revealed the agentive status of young men who were unable to meet the social demands of becoming a *rijali* man. In my study, young men who could not live up to these *rijali* images often lost the positive connotations of being a 'real man' during sexual intercourse. Indeed, such young men felt emasculated and their inability to perform limited their social movement and interactions (see Chapter Four). It was from these feelings of emasculation and limited social interactions that necessitated the search for meaningful ways of escaping from such sufferings, and hence, becoming *rijali* men who performed better sexually.

Because of the positive images and social status accorded to a *rijali* man (that is being sexually competent, potent and virile, lasting long during sex, having multiple sexual rounds, delayed ejaculation, hard enough erections and climaxing female partners) many young men reported to navigate treatment immediately when they felt succumbing to poor sexual performances. Others used available therapies including herbals as preventive measures. However, it was interesting to note that young men preferred the fastest sexual enhancement products such as Viagra, Cupid, 'Congo dust' or 'Goodnight' as remedies for their sexual irregularities, especially when they were in relationship with casual sexual partners to assert their manhood and their expertise in sexual performance. This implied further that young men's visit to health facilities, pharmacy or drug shops to obtain Viagra and/or visit to herbal clinics to obtain herbal remedies proved the notions and views that becoming a *rijali* man required men to raise the standards of their sexual performance.

Therefore, in contrast to some previous findings that show how men tend to hide and sometimes visit health facilities when illnesses such as HIV are already at an advanced stage (see Nyamhanga et al., 2013), my study on sexual performance concerns among young men in Mwanza revealed a different picture. Young men's loss of sexual power

acted as a motivation of interacting with the healing market. For instance, one young man highlighting their engagement with the market said, "In the past years, many young men were using sexual enhancement pills only. However, nowadays not many of us are using the pills because we hear from the radio and televisions that sexual enhancement pills cause cancer. Now we are turning to herbal remedies from the Maasai and other traditional healers." As indicated in Danfold's case study, his perceived inability to perform sexually made him embrace positive health behaviours, and particularly eating healthy.

Similar to Danfold, another young man said, "…I make sure I eat a lot of fruits. For example, avocados and water melons have many benefits to one's body. Again, I then drink milk regularly." Another young man emphasized, "I just engage myself in regular physical exercises like jogging." All these positive elements of health behaviours challenge the equation that constructions of hegemonic masculinities lead to the rejection of health positive behaviours. While young men in my study desired to live up to and/or enacted *rijali* images of performing masculinities during sexual intercourse, it was clear that the nature of the healing market in Mwanza City assisted men to preserve, restore or regain more valued *rijali* images. Therefore, the available discourses in the healing market seemed to shape young men's health seeking behaviours in moments of their perceived inability to perform sexually. One could argue that hegemonic constructions of a *rijali* man during sexual intercourse promoted risk taking behaviours that may be harmful to one's health (such as the use of various unlicensed remedies booming in the sexual healing market). However, the fact remains that young men in my study were social actors who were navigating 'good' sexual performances in the sexual healing market in creative ways.

It is important to note that the existing healing market around sexual performance concerns shaped the constructions of becoming and staying a *rijali* man. The healing market drew on and reified notions of phallocentric and performance-oriented male sexuality which views men as "sex-obsessed machos" (Wentzell, 2014: 165). For instance, regardless of the dynamic and pluralistic nature of the healing market around

sexual performance concerns in Mwanza, the available therapies seemed to normalize performing masculinities through sexual intercourse. The available remedies in the healing market guaranteed men to be able to attain their sexual competence, prowess, lasting long during sex, having multiple sexual rounds, and brining a female partner to climax. The available therapeutic options around sexual performance concerns signify sexual virility, vigour, and particularly "bio-perfection, unlimited sexual performances and new era of sexuality" (Marshall, 2002: 132). It constituted what Bass (2001:337) calls "the sexual performance perfection industry."[70] The loss of one's ability to perform well during sexual intercourse was synonymous to a deviation from the normative masculinity, which is being defined by the healing market. As already indicated in this dissertation (see for example, Chapter Four), the failure to live up to the 'high standards' of sexual performance was synonymous to becoming "incomplete man" (*mwanaume ambaye hajakamilika*) and a "worthless person" (*mtu ambaye hana maana*).

Moreover, the healing market in Mwanza seemed to reassure young men that herbal products/substances and drugs for "fixing their broken masculinity" (Loe, 2001: 97). The healing market in Mwanza provided valuable therapeutic options for young men to escape from their social sufferings of having 'poor' sexual performance. For example, advertisements from traditional healers which marketed herbal products/substances for medication of men's sexual performance concerns (see Figures 1.1, 1.2 as well as 1.3 in Chapter One) and sexual counselling materials such as booklets from Dr. Love had contents of reconstructing a potent phallus, prolonged sex and bringing one's female partner to a climax as 'ideal' hegemonic images of a man. One of the leaflets for herbal products entitled, *OKOA NDOA YAKO SASA* (literally translated as: "SAVE YOUR MARRIAGE NOW") illustrates how the ability to last long for about 19 to 25 minutes during sex and having a thick penis could save one's marriage from breaking out (see

[70] Bass (2001) coined the *sexual performance perfection industry* to refer to the biotechnology's definition of good sex which changes the basic nature of a sexual encounter from one of intimacy and pleasure to one of achievement and performance. In addition, these often unattainable standards of performance are guaranteed to make most of us feel like failures (p. 337).

Figure 1.1 in Chapter One).

Consumers of the available therapies in the healing market (young men), traditional healers, medicine men, and biomedical healers made sense of the healing market in terms of enhancing one's sexual performance, and thus reinforcing one's *rijali* image. The healing market and its available therapies are aimed at solving vulnerability arising from 'poor' sexual performance. Though complex and dynamic, the healing market evolving around male sexual dysfunction continued reconstructing men's poor sexual performances as 'problems' and at the same time providing solutions. The 'ideal' sexual performance that was constructed in the healing market evaluated one's sexual performance in terms of delayed ejaculation, length and size of the penis, strong and long erection, achieving more than one sexual round, enhancing sexual libido and bringing one's sexual partner to climax.

The observation that the sexual healing market reconstructs normative masculinity supports other studies which have shown how masculinity is sustained, and particularly configured through pharmaceutical products such as Viagra (see Marshall, 2002; Loe, 2002; Vares and Braun, 2006; Potts et al., 2006). For example, Fishman and Mamo (2001) analyse the pharmaceutical marketing of Viagra (a drug prescribed for the treatment of erectile dysfunction; and the Eros, a device prescribed for the treatment of female sexual dysfunction); they argue that pharmaceutical marketing discourses circulate, reinforce, and (re)normalize normative gender ideals. Similarly, Potts et al., (2006) indicate how notions of male sexuality are changing in response to the advent of Viagra in New Zealand. These authors (ibid., 314) identify two emerging narratives in regard to ageing and male sexuality in the Viagra era as first, the anti-decline narrative (emphasis on restoration and maintenance of potent sexuality among old men) and second the revised progress narratives (forever functional). The following subsection emphasizes on the tactics and strategies used in engaging with the healing market, and particularly the available remedies.

6.3.3. From secrecy to disclosure: Young men's navigational tactical agency

As indicated in the previous section, young men in Mwanza were not passive in their struggles to overcome their perceived inability to perform sexually. They particularly demonstrated their agency by actively and tactically navigating social networks around them in order to seek for support and help. Indeed, young men's exhibition of tactical agency was similar to Vigh's (2006) observation of social manoeuvres of young soldiers who joined *Aguentas* (militia group) for the sake of navigating future possibilities, increasing their life chances or particularly, "look for one's life" (ibid., 52). In the same line, Denov and Buccitelli (2013: 10-13) indicate that young men in post-war Sierra Leone found and maintained a *bra* (informal relationship between an older and financially secure adult with a young person) and a *sisi* (an adult woman) in an attempt to ensure their safety and survival. Similarly, Utas (2005) indicates how Liberian women tactically employ their agency of self-staging as victims of war (victims) in girl-friending and soldiering in order to confront the disempowering war circumstances. These scholars emphasize on the agentive nature of people to confront various challenges and difficulties that they go through in their daily lives.

Similarly, young men in my study deliberately and thoughtfully navigated the healing market around sexual performance concerns by tactically taking calculated risks. For instance, while some young men kept their sexual performance concerns as a secret only to be disclosed later, others found no reason of disclosing their problems for fear of being ridiculed. For instance, the case studies of Robert and John (see Chapter 4) illustrate how they feared from disclosing their problems to their peers on the assumption that peers would spread the news to other people. Although in some cases, one's social networks seemed to be supportive in terms of suggesting short term solutions and providing social and emotional support (see Lee, 2012), it was largely ambivalent in terms of providing support. This made my interlocutors fear to speak openly to the peers or their social network about sexual performance concerns. In fact, when speaking to other people for the sake of help-seeking, they employed a range of tactics such as concealing their sexual problems.

The case study of Danfold, for instance, indicates how he involved his fellow bodaboda riders in seeking for the solution to his poor sexual performance. However, he was self-conscious about the detrimental effects of disclosing his concerns to peers. With this knowledge, Danfold spoke about his sexual concerns without referring to himself directly. He used cases of other people to present his problem to the peers who finally recommended the use of traditional remedies and Viagra. Like Danfold who did not admit directly to his fellow bodaboda men, another young man aged 18 years emphasized,

> Some young men may disclose their sexual concerns to peers but they are not direct (*hawako wazi kuwa ndio wao wenyenye matatizo*). Another may use tricks, for instance, instead of referring to himself directly, he may ask you, 'What are the symptoms of a person experiencing loss of sexual power? (*dalili za mtu mwenye upungufu wa nguvu za kiume ni zipi?*).' He wants to cross examine himself whether he has such symptoms or not. Therefore, they ask these questions in this style without saying that they are the ones with the loss of sexual power. Another may ask you another trick question, "where can a person experiencing loss of sexual power get medications?" (*mtu mwenye tatizo la upungufu wa nguvu za kiume anaweza kupata wapi dawa?*)

Speaking of one's own sexual concerns by using examples of other people for fear of admitting them directly reflected the kind of stigma, naming, shaming, and labelling around the topic. In such a context, young men in Mwanza creatively avoided speaking openly about themselves. Even in those few moments when they spoke openly about their problems, they did so to peers/friends that seemed helpful and supportive. For instance, Robert (see Chapter 4) disclosed his concerns, particularly his lack of erection assuming that, I was the right person to provide him with the best information on how he would solve his concern. As one man put it, "…there are young men who speak out but it is not until one sees how wise you are that he can explain his concerns. Also, it is not until he believes that you can keep/conceal his secret" (*wapo vijana wanakueleza, lakini mtu kukutafuta mpaka aone hekima yako imekaa vipi na mpaka amini kwamba utamtumzia siri*). Another young man in our informal conversation emphasized: "…in most cases, I consult older street medicine sellers. Before going to get the medications, I look at first the medicine seller's age. When the seller is as young as I am, I often feel ashamed of expressing my problem to him because he is more likely going to laugh at me. I only

disclose my problem to older men because I know they might keep secrets for you (*wazee wanaweza kukusitiri*)."

Whether young men decided to consult either healers who were above their age or involved people who were in the same age, the implication was that the process of navigating the terrains of the healing market was often wrapped in "secrecy" (*usiri*) "fear" (*woga*) and "shame" (*aibu*). Hence, young men who perceived to have sexual performance concerns used distinctive tactics to conceal their concerns while navigating for treatment in the available market. Accordingly, most young men's plans of acting towards their bodies were only "in the form of concealment" (*ni hatua za vificho tu).* For instance, for fear of being known, some young men said that they could neither go to health facilities nor to drug shops which were located in their residential areas; instead, they remained hiding in buying and using such treatment remedies. This was the case with Danfold's friend, who used Viagra but often kept it a secret for himself.

Kasongo (36 years) was another young man in my study who also exhibited tactical agency in exploring and seeking for help from his social networks. After boarding his bodaboda for several times during the fieldwork, he one day told me his experience with using sexual enhancement products. He said that in order to get the means for improving his sexual performance, he started befriending himself with healers and other peers who seemed to have knowledge on sexual performance. He thought that this approach could help him get appropriate information on how he could enhance his sexual performance. For instance, in our conversation, he said,

> That's why I told you before that I often interact with people such as doctors and different friends of different kinds such as elders, peers and science subject teachers (*napenda kujihusisha na watu kama madaktari na marafiki wa aina nyingi nyingi mfano wazee, vijana na walimu wa sanyansi*). Through talking to them, you listen what they tell you, then from the conversation you are more likely to get at least one point which you would want to try it out to see whether your sexual performance would improve or not.

According to him, it was from such interactions where he could pose questions related to sexual intercourse, and particularly related to one's weakness and deficiency in sexual power. For instance, in accounting how he began using "Congo Dust" famously known in Kiswahili as *Vumbi la Kongo,* a sexual powder applied on the penis before sexual intercourse, he said,

> My young brothers are twins. Kulwa is a student at Dodoma University. Doto is a businessperson and he often travels to Democratic Republic of Congo. One day, Doto was here in Mwanza and through our conversation, I raised in the topic of sexual performance without revealing that I had desires to last long during sexual intercourse. Later, I decided to tell him that I wanted to last long because I assumed, as he was my young brother he could not go out and disclose it to anyone. Fortunately, he was also using boosters. He told me that he had a sexual powder, which he obtained from Congo that had no side effects as compared to drugs from the hospitals (*madawa ya hospitali*). He gave me some powder to test. I mixed it with a little bit of my saliva and smeared on top of the penis head some few hours before meeting my sexual partner. My penis achieved hard enough and long erections. She became tired while my penis was still erecting. When you use *Vumbi la Kongo* and get on top of your woman, it is not until you decide on yourself to come down. That powder is very good (*Ukitumia hiyo Vumbi, ukishampanda mwanamke labda wewe mwenyewe utake kushuka. Ile bwana aisee acha ni hatari)…* It doesn't enlarge one's penis size but one's speed and rhythm becomes very high (*haiongezi ukubwa wa uume ila kasi yako ya uwajibikaji inakuwa kubwa mno*).

Kasongo, like most young men in my study viewed sex as fundamentally the site of pleasure seeking, gaining social worth and respect (see Garlick, 2003). It was the site of evaluating his manhood by being able to express *rijali* images during sexual intercourse. His attitudes on sexual act became more conducive in facilitating his quest for remedies in order to last long during sexual intercourse. Though not speaking directly about his concern to peers, he involved multiple people in the process of seeking for help. Moreover, his interaction with his young brother who often travelled to Congo led him to use a different kind of remedy from what he used to hearing from other people. This reflects Bhavsar and Bhugra's (2013: 149) argument that, "divergence in acculturation within a family network will also shape the coping styles and mode of accessing services." It was also important to note in my study that young men did not share the same understanding of what could be the best remedy for their perceived inability to perform

sexually. While others suggested the use of herbs, chewing of roots, avoiding fatty foods, and eating healthily, many others claimed that pharmaceutical pills were effective for restoring one's erections despite their side effects on one's future sexual performance.

Despite sharing almost the same tactics like Danfold in seeking help from his social network, Kasongo went even further to describe tactics that other young men applied (especially those who felt disappointed by peers who disclosed their sexual concerns to other people). Specifically, Kasongo said that such young men had learnt "to use other people to seek for help on their behalf" (*kutumia watu wengine kutafuta huduma kwa niaba yake*) and/or "disclose to their closest friends" (*watu walioshibana sana*). He said,

> You know for young men it is very difficult to expose themselves that they have lost their sexual power unless you are a very close friend (*labda kama mtu mmeshibana sana atakwambia*). After he has told you his concerns, you can then go to public markets or auction marts. In such places, it is more likely to get traditional healers (*waganga wa kienyeji*) who also provide medications for sexual performance concerns…For instance, there is one of my friends (*mashikaji wangu*) who approached me but later I came to realize that he was not the one who suffered from that concern. That is why I told you that in order for a person to approach you for help you must be really friends or if you are not very close, he will then use someone who is very close to you. You may assume that one who approaches you is the one who is going to use the medication but in reality, he is not…because one friend came to me and said that whenever he meets his sexual partner he only achieves one sexual round and his penis doesn't erect again, no matter how much the partner tries to stimulate him (*akishapiga kimoja tu uume hausimami tena hata mwanamke amshikeshikeje haisimami*). He wanted to get pills from the pharmacy but I told him that we better get *dawa za kieyenji* because they have no side effects. I took him to one of the open markets at National, which is usually held on every Friday. There are many Sukuma and Maasai traditional healers who sell medicines for men who are not functioning well (*wanauza madawa kwa wale wasiofanya kazi vizuri*)…Therefore, in order for young men to approach you, seeking for help was not done abruptly (*sio tu wanakurupuka*) but rather, they look for a person who is familiar to them. If you are unfamiliar to them, they will not come to you. Instead, they will use someone else to approach you. You know for young men, there is a tendency of disrespecting someone who is unable to perform sexually. Therefore, others think that when they come to seek for advice from you and suggest the medications for them, you may disclose their secrets to other people that so and so is using certain medications to increase his sexual performance. People around them will then laugh at him wherever he goes.

Similarly, Kassim in his early thirties emphasized that despite that sexual performance concerns made them "feel bad" (*kujisikia vibaya*) and "unhappy" (*kukosa raha*), he took efforts to restore his sexual capacity. In highlighting these efforts, particularly in terms of consulting friends, Kassim who worked as *Chips Mayai* chef in one of the restaurants in Mwanza City said:

> It is very unfortunate that the steps we take sometimes make us become highly perverted and get into more pains (*tunapotoka na kuumia zaidi*). For instance, one day I got a sexual partner and unfortunately, I performed awkwardly (*nilifanya naye ndivyo sivyo*). That made me feel unhappy. I apologized for having not been able to perform well for that day and I promised that in the next occasion when we meet again for sexual intercourse, I would do better that is last long and climax her. My sexual partner agreed with my apology and promise that when we meet things will be good. From that time, I started seeking for support from my friends on how to have better sexual performance. I came to my friends who often meet here and explained to them what exactly happened to me. '…My people, two days ago I had your sister in-law and I did not last long as expected such that I failed to climax her. This wasn't okay for both of us. However, I have convinced her that such poor performance will never repeat itself and she has agreed. We are meeting again on Sunday, so what should I do my friends…please help me (*wanangu juzi bwana nilikuwa na shemeji yenu lakini nimefanya naye ila sikusimamisha kwa muda mrefu na pia sikuweza kumfikisha kileleni. Hii haikuwa fresh kwetu wote lakini sasa nimempanga kuwa hii hali haitajirudia akanielewa, sasa jumapili niko naye tena nifanyeje jamaa zangu?...ebu nisaidieni*)". One of my friends who maybe was also using the same pills from the pharmacy said, 'Do you see that pharmacy (pointing at the drug shop opposite to the restaurant where he worked), wait until there are few people then go and see the doctor he will give you Viagra, which will help you perform well sexually. If you use them, you won't believe that you are the same person who underperformed in the last encounter (*siunaiona ile famasi, subiri watu wapungue uende ukamwone dokta ana vidonge vya Viagra vitakusaidi kufanya vizuri, yaani ukitupia vile hadi mwenyewe utajikataa*).' You see that was the solution. I waited until the doctor was alone in the pharmacy. I rushed in and got the pills and fortunately, they worked as I had expected. Since then, pharmaceutical pills were *mwarobaini* of my poor sexual performance."[71]

Furthermore, it is also very important to appreciate that young men's tactics did not end up with looking for someone to help them but also in terms of mode of accessing the services. For instance, John in Chapter Four and other young men in my study reported

[71] *Mwarobaini* is the type of medicinal plant is Tanzania which is popular and is said to be effective in curing many kinds of illnesses, up to 40 illnesses.

accessing traditional healers through phone calls and pressing order for medications. According to young men, this tactic ensured anonymity and enabled them to get into contacts with healers who were not necessarily operating from Mwanza City. However, in situations of face-to-face interactions with the healers, young men still employed different tactics in order to access the treatments of their perceived inability to perform sexually. For instance, from Dr. Ishengoma's perspective, the young man who visited him refused to register in the patients' book. He did not directly present his sexual concerns but rather, he began with claims of having stomach-ache and asking many questions related to sexual intercourse. His tactics seemed to establish good rapport with the doctor for discussing his performance concerns.

Unlike the said tactics, other young men in my study said that they used metaphors and euphemisms such as "jack," "power," "battery," "charger" and *Heshima ya ndoa* (translated as "respect of marriage"). For example, Danfold himself reported to use the term Vega for Viagra. Like his friend who used to write 'Cupid' on the piece of paper, Danfold wrote the word Vega gram either gram 50 or gram 100 in his phone and gave the message to the drug shop attendant to read. Besides that tactical agency, Danfold decided to stick to one drug shop in which he found himself establishing good rapport after the attendant advised him the best pills to take and times he should take them. Though the price of the pills was higher than was the case in other drugs shops, the attendant's use of urban slangs made Danfold not only feel comfortable but also perceived the drug attendant as one of the pill users.

Although the idea that young men in my study were social actors who were tactically engaging with the sexual healing market, it was clear that the socio-cultural context played a crucial role in shaping their practices of becoming and staying *rijali* men. Like studies which go beyond the recognition that people are social actors to reveal the social contexts, specific situations, and relational processes within which everyday people's agency unfolds (see Utas, 2005; Abebe, 2019), my findings in Mwanza revealed that young men's navigational tactics were the result of social stigma, labelling and shaming around one's sexual performance concerns. On the one hand, the sexual healing market

provided young men with a broad spectrum of therapeutic options and constructed hegemonic notions of male masculinity. One the other, social context such as one's social networks, which disapproved men with weak and/or deficiency in sexual power limited one's opportunities of coping and seeking for help-openly. Most people in my study socially and culturally considered poor sexual performance during sexual intercourse as a source of gossip, shaming and emasculation. 'Failure' or 'poor' sexual performances were unwelcomed conditions among urban young men in Mwanza city. Hence, becoming potential users of the available therapies in the healing market made them develop navigational tactics for fear of being stigmatized.

As indicated in the previous chapters (especially in Chapter Four), young men who did not live up to the ideals of a *rijali* man during sexual intercourse and they were determined by both their cultural norms and the discourses circulated in the healing market were subject to various naming and shaming terminologies. For instance, case studies of young men who had sexual performance concerns revealed how their concerns were labelled and how they were named as worthless, weak, *mwanume jike* (translated as "effeminate man") and *joka la kibisa* (translated as "a toothless snake") by people around them. Particularly, the case studies of Danfold and the young men who consulted Dr. Inshengoma indicate how their 'failure' or 'poor' sexual performance became a source of emasculation, devaluation, rejection, and discomfort caused by both their peers and their casual sexual partners. Their sexual performance concerns were seen shameful because they restricted the expression of images of masculine ideals during sexual intercourse. In that context of stigmatizing, the navigational tactical agency of men who failed to express *rijali* qualities in sexual intercourse became embedded in developing social manoeuvres to cope with the wider community stigma around the phenomenon in question.

It was social stigma and fear of being ridiculed, blamed, and laughed at that suggested young men navigational tactics of coping and help-seeking including keeping it a secret, concealing, and indirect disclosing of their sexual concerns. As I have shown in the case studies, young men avoided their sexual performance concerns being made public. As such, due to the social stigma around the phenomenon, the ability to hold on to a *rijali*

image mattered the most to many young men in my study. In addition, if this sense of manliness weakened, it led to the feeling of loss of self-esteem. Again, that stigma forced young men in my study to disclose selectively to people they trusted the most. For instance, in the above findings, it is clear that one's social network affected one's disclosure. Drawing from the experience of Danfold, Kasongo, Kassim, and other young men in Mwanza, the strength of social ties determined who was to be told and who was not to be told. Mostly, they tactically disclosed their problems to close friends whom they could trust. Kasongo, in particular, found it appropriate to disclose to his young brother who in turn provided him Congo dust. Therefore, in some studies, the consequences of stigma have been associated with one's failure to disclose and access treatment and support for illnesses such as HIV/AIDS (see, Lugalla et al., 2008; Damian et al., 2019). In my study, on the other hand, negative perceptions, or responses to young men with sexual performance concerns reinforced their demonstration of tactical agency in coping and seeking for help.

6.4. Chapter conclusion

In this chapter, I have focused on the practices of becoming and staying *rijali* men during sexual intercourse. I have shown that hegemonic constructions of *rijali* forms of masculinities particularly in terms seeking for social reputation, respect, and 'expert' sexual performance provided a conducive atmosphere for young men in Mwanza City to engage with the healing market that gave assurances of fixing their broken *rijali* images. Hence, young men in my study who endorsed such *rijali* forms of masculinities were more likely to navigate the healing market evolving around different types of sexual dysfunction in a variety of ways such as using traditional herbal remedies, pharmaceutical and/or biomedical treatments. For instance, I have shown in this chapter young men who felt emasculated, rejected and stigmatized for their inability to perform sexually in Mwanza City, exhibited tactical agency in order to re-masculinize their identity.

Building on the literature on social navigation, I have indicated a wide range of young men's navigational tactics. The employed tactics included manoeuvres geared at finding solutions to 'impaired' journeys of becoming and staying *rijali* men during sexual

intercourse. I have shown that young men not only as critical actors to their (perceived) sexual performance concerns but also as active social actors in navigating sexual performances in every day urban life in a creative manner. More importantly, young men disclosed selectively and indirectly depending on their social network. I have also shown that for fear of being stigmatized, many other young men in my study opted for using metaphors, euphemisms, and sexual slangs in accessing the available treatment therapies in the healing market around sexual performance concerns in the country. I have argued in the chapter that young men creatively enacted, plotted and actualized tactics of either staying sexually potent or restoring their sexual powers and vigor. Furthermore, I have argued that *rijali* forms of masculinities, which are associated with men's expression of sexual power, conquest, achievement, sexual prowess and 'high' standards of sexual performance, act as facilitators of navigating sexual performances in the existing healing market around male sexual health concerns in Mwanza City.

CHAPTER SEVEN

CONCLUSION

7.1. Overview

In this final chapter, I elucidate the way my study on young men's sexual performance concerns in urban Mwanza made an original contribution to knowledge in the areas of men's sexual health as well as gender. In so doing, I present conclusions from my research, which reaffirm my central argument that subjective experiences and practices of sexual performance concerns among young men in Mwanza City were situated. That is to say, they were dependent on specific contexts and situations, for instance, with regard to the young men's socio-economic status, cultural discourses on the male body, the nature of sexual relationships, peer networks, partners as well as family members and relatives. In the first section of this final chapter, I begin with establishing the background context of my research topic, and particularly the research questions that my study sought to answer. I then proceed by showing how I answered the research questions. Secondly, I summarize what I found out from my research with regard to the perceived causes, lived experiences as well as practices of men's sexual performance concerns and present the central conclusions of my dissertation. In the third section of this chapter, I indicate the importance and contribution of my research findings to the medical anthropology literature, particularly on the broader understandings of men's sexual health concerns and the scholarship on masculinity and health. Finally, I end this chapter with outlining three possible perspectives for further research with regard to the phenomenon in question.

7.2. Background context of my dissertation

While designing this study in the year 2013, only one masters thesis in the field of medicine addressed erectile dysfunction in Tanzania. That thesis by Mkongo (2009) indicated erectile dysfunction to be 80.9 percent among HIV infected men attending six selected public Care and Treatment Clinics (CTC) in Dar es Salaam namely: Amana district hospital, Infectious Disease Clinic, Temeke district hospital, Mwananyamala district hospital, Mbagala health center and Sinza health centre. From 2013 to the present,

two articles by Tanzanian scholars have addressed the phenomenon of erectile dysfunction (see Mutaganywa et al., 2014 and Pallangyo et al., 2016). These medical studies indicate the prevalence and rise of sexual performance concerns, and particularly erectile dysfunction among men in Tanzania. According to their findings, prevalence and correlates of male sexual dysfunctions in Tanzania were significantly associated with aging, obesity, HIV/AIDS, tuberculosis, cancer, diabetes, hypertension, and coronary artery diseases (Mutanywa et al., 2014; Pallangyo et al., 2016). Furthermore, the two medical studies used the International Index of Erectile Function (IIEF-5) to assess the prevalence of erectile dysfunction among men with the mean age of 51 and 47 years. However, despite such survey data on erectile dysfunction in the country, there was a glaring omission in terms of the subjective experiences and practices of sexual performance concerns among young men themselves and the specific social and cultural circumstances under which their sexual concerns occurred. Thus, my study focused on broader understandings of the phenomenon of sexual performance concerns from the young men's own point of view. I developed seven key research questions to guide this study as follows: what is the young men's understanding of sexual performance concerns? Under what circumstances do sexual performance concerns occur? What is the lived experience of young men living with sexual performance concerns? How do sexual performance concerns affect young men's sense of manhood? How do young men renegotiate their masculinities and sexual practices in the context of sexual performance concerns? What is the nature of the healing market around male sexual performance concerns in Mwanza? And finally, how do young men navigate the healing market for better sexual performance?

In order to examine men's sexual performance concerns from their own point of view, I employed a range of ethnographic methods and techniques such as participant observation, in-depth interviews, focus group discussions and informal conversations. These data collection methods offered a fruitful ground for understanding men's sexual performance concerns from a social and cultural anthropological perspective as well as how these perceptions and practices were embedded in broader notions of gender and sexuality. In the following section, I summarize and present the central findings and

conclusions of this dissertation.

7.3. Summary and conclusions of the dissertation

This dissertation examined a wide range of social and cultural contexts in which young men in urban Mwanza experienced their perceived loss of sexual power. As indicated in Chapter Three, young men's notions of performing masculinities in the urban context of Mwanza shaped in several ways their understandings of sexual performance concerns and the circumstances which they thought that they failed to perform 'well' sexually. First, young men in urban Tanzania evaluated themselves through the goal of being economically successful and independent, being a hard-worker and courageous in struggling to make a living in urban Mwanza. This was particularly important for young men who lived in in the urban settings because their families, peers, relatives and potential sexual partners largely expected them to demonstrate material achievements and to earn money, which would enable them to fulfil the expected provider roles in their families and/or heterosexual relationships. However, with the ongoing socio-economic changes within the country, and in Mwanza in particular, especially in terms of unemployment, low incomes and urban poverty, young men were increasingly unable to earn enough money to sustain themselves and their sexual partners or families. Failure in fulfilling their roles as providers in sexual relationships put them into a marginal and weak financial and social position commonly described as being *dume suruali* (literally translated as "a man who wears a pair of trouser but has no other qualities of being a man") and *mwanaume mtazamaji* (literally translated as "a man who is only an obsever"). For instance, having very little or nothing to offer in a heterosexual relationship led to feelings of passiveness and rejection as young men had difficulties in finding sexual partners. Such kind of stratification among young men in urban Mwanza according to their economic status and the inability to fulfil their male roles as provider and breadwinner had a significant impact on their perceived sexual power (see the case of Danfold in Chapter Three and Six of this dissertation). In my study, young men with weak economic power proved to have economic anxiety, worries and distress, which, in turn, manifested themselves in the discourse on the loss of sexual power.

Secondly, young men's efforts to cope with economic difficulties associated with living in the urban setting influenced directly and indirectly their sexual performance concerns. For instance, working for long hours in order to earn enough money and engaging in hard work, which often paid little, led to other sets of problems. Long working hours and engaging in hard works signified maleness on one hand; however, although such activities were said to increase their economic incomes, they often made young men feel tired and physically exhausted, a condition they thought affected their sexual performance (see for instance the case of Nyehunge in Chapter Three). Most young men in my study expressed that the nature of the works they performed had a negative effect on their sexual performance and relationships. For instance, they reported that after returning home from long hours working in hard works, they were completely "worn out" (*wameisha kabisha*) to the extent that they could neither sexually satisfy their partners nor perform sexual intercourse with satisfaction.

Similarly, excessive alcohol consumption, which seemed to strengthen my interlocutors' male identity and sense of masculinity in the absence of economic stability had negative consequences on sexual performance. Staying out late in bars drinking until midnight was one of the show-off activities through which young men in urban Mwanza achieved and enacted their sense of manhood. However, according to some of my interlocutors, functions of alcohol interfered with their internal organs such as the brain, liver and kidney, which they thought of being essential organs during sexual intercourse. It was also reported that after excessive drinking some young men "slept like logs" (*wanalala kama magogo*), others had bad smell, which caused their sexual partners not being at ease for sexual intercourse (see also Phong, 2008:146).

Thirdly, besides the above presented circumstances, a man's social status in Mwanza City was also defined in terms of his ability to perform 'well' sexual intercourse. As it is the case with other African societies, in Tanzania, the theme of being a 'real man' revolved strongly around his sexuality (see Silberschmidt, 2001; Dilger, 2003). For instance, the way young men in urban Mwanza perceived sex was equaled not only to sexual intercourse and/or penetration but also 'goal-oriented' in terms of lasting long during

sexual intercourse, sexual stamina, claims about successive, forceful and multiple sexual rounds as well as bringing their sexual partners to climax during the sexual act. These perceptions influenced and pressurized young men in my study to illustrate 'high-standards' of sexual performance in order to achieve honor, respect, fame and acceptance from both their peers and sexual partners. The failure to live up to such 'ideals' of masculinity and sexuality was a source of considerable anxiety. As illustrated in Chapters Three and Four, some young men who perceived to have sexual deficits alienated themselves from their peers and potential sexual partners and feared to engage in sexual relationships. Such form of alienation was also likely to influence perceived forms of sexual performance concerns such as the loss of sexual desire (see the case of Marwa in Chapter Three) or in Zhang's words (2015: 101) "imagined impotence."

Furthermore, the said social circumstances (socio-economic changes, the nature of jobs and the perceived failure to live up to societal expectations, which drew on the notions of a phallocentric and performance-oriented male sexuality) were sources of stressful situations among young men in urban Mwanza. These stressful situations manifested themselves in the sexual deficits, weakness or loss of sexual power among young men themselves. Again, from the young men's point of view, men's sexual performance concerns were culturally expressed in terms of idioms of food and drinks intake, modern family planning methods, the baby boys' umbilical cords as well as religious and spiritual interpretations. These were particular cultural modes of expressing distress among young men in Mwanza. Therefore, from the young men's perspectives, sexual performance concerns (and their inability to engage in sexual intercourse satisfactorily) were a result of the interplay of multiple factors such as financial difficulties, the pressure to become a material provider in one's sexual relationship, and the pressure to prove one's masculinity during sexual intercourse as well as the cultural discourse about the 'ideal' male body.

It was from such social and cultural circumstances that bodies, which failed to live up to the normative discourses of a phallocentric and performance-oriented male sexuality largely emerged as problematic, undesirable and an 'enemy' for 'ideal' masculine identity formation. As illustrated in Chapter Four, in the advent of sexual performance concerns,

young men's bodies 'dys-appeared' and largely, they felt frail, weak, old and betrayed. Similar observations were made by Williams (1996) who argued that the course of the chronic illness trajectory leads to a shift from 'normal' states of embodiment to dys-embodiment. Similarly, young men's sexual performance concerns in Mwanza disrupted their intentions of performing 'ideal' masculinities and constricted their movement as men in the social word. Therefore, in the context of sexual deficits or the perceived inability to perform 'well' sexually, the taken for granted young men's sexual performances became central in their daily lives or in Leder's (1990:84) conceptualization, they appeared "as a thematic focus of attention, but precisely in a dys-state."

Again, the metaphoric language of describing men with sexual performance concerns communicated the bodily experiences and facilitated the thematization and problematization of the body not only as an alien or foreign thing but also as dysfunctional. These experiences were expressed through metaphoric descriptions of a dys- or malfunctioning penis as *mbilikimo* (literally translated as "pygmy"), *kidole cha mtoto* (literally translated as "child's finger"), *kibamia* (literally translated as "okra") or *mitambo haisomi, netwok haikamati* (literally translated as "*no network signals, weak signal").* Other terms included: *mwana hapigi mbizi* (literally translated as "the child cannot dive"), *bunduki haina risasi* (literally translated as "the gun has no bullet"), *jogoo hapandi mtungi* (literally translated as "the rooster doesn't climb the pitcher"), and *jogoo hawiki* (literally translated as "the rooster does not crow"). Taken together, these terms revealed how young men came to feel dys-embodied, alienated, betrayed, confined, and limited by their bodies experiencing sexual deficits. Moreover, my findings suggested that young men's embodied experiences of their inability to perform sexually were also dependent on the objectifying gaze of other people such as peers, relatives and sexual partners.

Nevertheless, despite the fact that sexual performance concerns disrupted the young men's intentions of expressing their masculinity through sexual intercourse, a condition that made their bodies appear in a dys-state, young men in urban Mwanza were not just

passive victims of the situation. Closer examination of young men's navigation in their everyday life revealed how they renegotiated their masculine identity, which facilitated the process of "re-embodiment" (Williams, 1996:39). They developed various coping mechanisms and tactics, which enabled them to realign between body, self and society. In the advent of the perceived inability to perform 'well' sexually, which often led to both loss of confidence in young men's bodies and their selves, young men were self-reflective, self-conscious and self-critical about their identity of performing masculinities. This occurred in three ways as follows:

Firstly, as indicated in Chapter Five, young men in Mwanza renegotiated ambivalent emergent masculine behaviours such as developing more intimate relationships with their partners by becoming very close, humble, polite and obedient as well as relying more on enacting 'traditional' forms of masculinities characterized by control, dominance, aggressiveness and less emotional expression in their sexual relationships. These alternative forms of masculine behaviours, or in Inhorn and Wentzell's (2011:801-803) words "emergent masculinities," were shaped by multiple and partly contradicting discourses about manliness in Tanzania. For instance, while a globalizing emancipatory discourse on gender challenged local gender imbalances, gender-based violence, and called for changes in gender norms, local discourses in Mwanza idealized control, dominance, and less emotional expression among men (see, Wight et al., 2006; Mosha et al., 2013; Wamoyi et al., 2019).

Besides the presented emergent masculinities, young men in urban Mwanza re-embodied their ways of being men through practicing non-penetrative sex such as diligently dealing with "women's heightened sexual zones or parts" (*kucheza na sehemu zenye nyege*) like licking the ears, neck, breasts, thighs and feet. Other options involved: "playing with female genitals with fingers" (*kupiga vidole*), "deep kissing" (*kupiga denda*), "licking female genitals" (*kuzama chumvini*), and sexual chatting over the phone. These sexual practices facilitated the process of realignment of young men in the context of sexual performance concerns. Young men learnt such practices largely through consulting peers and social media such as sexual booklets, newspapers, internet or watching online

television and pornography. As indicated in Chapter Five, social media in Tanzania played a key role in influencing the process of renegotiating alternative sexual practices, which allowed young men in my study to restore their sense of male identity.

The third way in which young men in Mwanza City aimed at restoring their sense of masculinity was through their engagement with the available healing market as a form of social navigation (see Vigh, 2006; Utas, 2005; Huang and Yeoh, 2011; Denov and Buccitelli, 2013; Tuckett, 2015). As demonstrated in Chapter Six, men's engagement with the healing market evolving around sexual performance concerns was facilitated by hegemonic constructions of *rijali* forms of masculinities. This stood in contrast to the prevailing argument in masculinity studies that hegemonic forms of masculinities deter men from seeking help (see Bujra, 2000; Backer and Ricardo, 2005; Mahalik et al., 2007; Burke, 2010; Lwambo, 2011; Nyamhaanga et al., 2013). My findings revealed that young men who endorsed such *rijali* forms of masculinities, particularly in terms of seeking for 'expert' sexual performance, were more likely to tactically navigate the healing market, which involved both traditional herbal remedies, pharmaceutical products as well as biomedical treatments. Among the tactics employed by young men in Mwanza City were: disclosing their concerns to people selectively and indirectly, depending on their social network(s). Other tactics involved the use of euphemisms for buying of treatments and drugs such as "battery," "Magufuli," "power," "charger," "booster," "push-ups," and other sexual slangs in accessing the available treatment therapies in the healing market around sexual performance concerns in the city. Young men's efforts to act towards their bodies was a sign that young men in my study were active social actors who creatively and tactically plotted as well as actualized their plans of becoming and staying 'real men.'

7.4. Contributions to the medical anthropology literature

My findings contribute to the medical anthropological literature on men's sexual health, sexual performance concerns, urban health and masculinity in several ways. First, due to the absence of ethnographic data on men's sexual performance concerns in Tanzania (or the wider African region), my study offers a deeper insights on the subjective experiences and practices of sexual performance concerns among young men in the country. For

instance, previous scholars in Tanzania and other African countries focused mainly on the physical causes of erectile dysfunction (see Berrada et al., 2003; Fatusi et al., 2003; Seyam et al., 2003; Amidu et al., 2010a, 2010b, 2010c, 2011; Achhab et al., 2008; Idung et al., 2012; Oyewo, 2012; Mutaganywa et al., 2014; Oyelade et al., 2016; Pallangyo et al., 2016 and Salama et al., 2018). Based on the existing findings from such empirical studies in African countries, young men's understandings, experiences and practices in regard to their perceived sexual deficits had not been examined in the literature. Thus, my research, which employed ethnographic methods, can advance our understanding to the growing body of knowledge in the field of men's sexual health and sexual performance concerns in African countries, and in Tanzania in particular, through examining their subjective experiences and practices.

Furthermore, my study elaborated on the multiple social and cultural circumstances under which sexual performance concerns occur among young men in Mwanza. With the particular focus on young men's understandings of the importance of sexuality and sexual performance concerns, this study provides valuable findings on the broader anthropological understandings of illness and suffering in the region and other parts of the world (see for example Inhorn and Brown, 1990; Sylvia, 2000; Mshana et al., 2006; Bhasin, 2007; Benedict, 2014; Mkhwanazi, 2016; Workneh et al., 2018). Like the present study, the above mentioned studies emphasize that health and illness are both socially and culturally constructed and vary among societies and cultures. Hence, this study speaks to the biomedical personnel and clinicians that etiologies of sexual performance concerns are not only limited to biological, physical and pathophysiological factors alone but also to a wide range of social and cultural contexts.

Secondly, this research is also significant because it contributes to the anthropological literature on urban health, and particularly on non-communicable diseases by examining various aspects of the urban context, including unemployment, low incomes, the nature of informal jobs and urban poverty that shape the process through which people understand their (sexual) health concerns. This work indicates the power of the urban contexts in shaping multiple aetiologies of diseases and illnesses (see Obrist, 2003; Obrist

et al., 2003a; 2003b; Parkar et al., 2003; van Eeuwijk, 2003). In addition, urban circumstances that influence the occurrence of illness, in this case sexual performance concerns, are embedded within broader socio-economic transformations, which have implications for male identity and sexual behaviours. Drawing on Zhang's (2015: 71) concept of "one thousand bodies of impotence" in connection with Nichter's (1981: 379) concept of "idioms of distress," the closer examination of the urban context in Mwanza City highlighted multiple conflicts and psychosocial stress situations among young men, which, in turn, manifested themselves in various forms of sexual performance concerns. For instance, Barg and Kauer (2005) indicate that, social stressors of the urban environment and how human beings adapt to such stressors affect their health. Thus, by focusing on the meanings of sexual performance concerns from young men's own point of view, my study helps to understand the urban context-specific nature of sexual performance concerns in Mwanza City, Tanzania.

Thirdly my study has also made a unique contribution to understanding the ways in which young men in Mwanza themselves experienced their sexual deficits or weakness. By extending Leder's (1990) concept of the "dys-appearing body" beyond pain, disability and death to the field of men's sexual performance concerns, my analysis revealed how young men come to feel dys-embodied, alienated and betrayed by their bodies in moments of 'poor' sexual performance. Although there is an extensive literature on the phenomenological experience of the body in the context of illness, and particularly on the chronic illness trajectory (see Low, 1994; Charmaz, 1995; Williams, 1996; Bullington, 2009; Zeiler, 2010; Wilson, 2012; Kvigne et al., 2014), case studies of young men experiencing erectile difficulties and ejaculation concerns extend the knowledge to non-chronic illnesses by indicating how the body becomes biographically disrupted in the context of sexual performance concerns. For instance, Williams (1996:23) argues that, "the typical course of the chronic illness trajectory involves the shift from an initial state of embodiment, one in which the body is taken-for-granted in the normal course of everyday life, to an oscillation between states of dys-embodiment and attempts at re-embodiment." Indeed, as Williams (ibid.) argues, young men in Mwanza felt their bodies in a dysfunctional and malfunctioning states and creatively navigated the healing market

around sexual performance concerns in order to stay or become sexual 'experts.'

Fourthly, there appears to be little information on the renegotiation of masculinities and sexual practices in the context of gender-specific illnesses, and particularly on men's sexual performance concerns. Existing information on gender-specific illnesses largely comes from prostate cancer (see for example Chapple and Ziebland, 2002; Oliffe, 2006; Kelly, 2009; O'Brien et al. 2007; Gannon et al., 2010). Few studies explored how men re-construct their masculinities following the loss or deficit of sexual power and the ones available are limited to elderly men (see Wentzell, 2003; Inhorn and Wentzell, 2011). Thus, my study contributes new knowledge to this field by examining emerging masculinities and sexual practices in the context of sexual performance concerns among young men in urban Mwanza. In particular, this study provides valuable insights for understanding the multiple ways in which young men cope with sexual deficits in their everyday life and the factors shaping their coping strategies. By building on Inhorn and Wentzell's (2011:801-803) concepts of "emergent masculinities" and Vigh's (2006; 2009) concept of "social navigation," my work revealed that young men in Mwanza were active social actors who creatively and tactically responded to and coped with sexual performance concerns in multiple (and partly contradictory) ways.

Finally, adding to the scholarship on masculinity (for example Cornwall and Lindisfarne, 1994; Connell, 1995; Courtenay, 2000; Mane and Aggleton, 2001; Hodgson, 2003; Cornwall, 2003; Connell and Masserschimidt, 2005; Ouzgane and Morrell, 2005; Reihling, 2013) this research goes beyond the widespread argument on masculinities in Africa that hegemonic forms of masculinities deter men from seeking help and/or utilizing health services (see Backer and Ricardo, 2005; Mahalik et al., 2007; Burke; 2010; Lwambo, 2011, Skovdal et al., 2011; Nyamhanga et al., 2013). In short, these scholars provide illuminating cases, which indicate that notions of masculinity that require men to be superior, resilient and fearless act as an obstacle to health positive behaviours as well as help-seeking behaviours. In contrast, by examining how young men in Mwanza engaged with the healing market around sexual deficits, my findings suggest that local discourses about manliness in Mwanza City acted as facilitators rather than

obstacles to their use of sexual enhancement products. As such, hegemonic masculinities centred on notions of performing 'well' sexually (or masculine attitudes of being *rijali*), superior, powerful and avoiding expressing weakness encouraged young men to seek help in moments of their perceived inability or failure to perform sexually. Thus, my findings added another view of masculinity in the context of sexual performance concerns because young men who endorsed *rijali* forms of masculinity were more likely to navigate the terrains of the healing market and vice versa.

7.5. Avenues for future research

In summarizing my findings on young men's subjective experiences and practices of sexual performance concerns in Mwanza City, it is essential to acknowledge that while researching this topic I found more questions and aspects of the topic that have not been answered or covered in the present study but require investigations in the near future. In this final section, I outline three additional aspects for future research endeavours.

Firstly, my study was conducted only in urban areas of Tanzania. A similar study should be conducted in rural areas of the country so as to have a comparative perspective on what 'really' causes sexual deficit or weakness in young men's sexual powers. For instance, with regard to this aspect, questions that need further exploration are: what does sexual performance mean among men in rural settings? How is the phenomenon of men's sexual deficit experienced in rural areas? How does the rural-specific context influence perceptions of 'poor' sexual performance? How and where do men with perceived sexual failures seek help? No doubt that answers to these research questions need more case studies of (young) men in rural settings and ultimately will generate findings, which go beyond the present study in Mwanza City.

Secondly, this study largely explored the voices of young men in urban Tanzania. However, the voices of women and potential partners have not been adequately captured in my study. For instance, women's perceptions and/or their reactions towards men's sexual performance concerns were largely left out in my research. Now the question with regard to this aspect is: what is the women's experience of their partners' sexual

performance concerns? O'Connor et al. (2011) examined the attitudes and experiences of erectile dysfunction from the female partners' perspectives in New Zealand. However, these scholars indicated that, "the interviews conducted were limited in their level of depth, as evidenced by their relatively short duration, due to the much larger overall focus of the study as an intervention study and the need to interview a large number of women" (ibid., 12). As these scholars suggest, more illuminating insights may be obtained by conducting an ethnographic study with women and potential female partners whose partners experience sexual power deficit in urban Tanzania. Therefore, in order to arrive at a more comprehensive understanding of the phenomenon in question, a more in-depth exploration of women's voices is required.

The third area of which I found more questions than answers during my research in Mwanza was on sexual enhancement products. The present study illustrates that young men consume a range of sexual enhancement products in order to become and/or stay *rijali* men. Although my study illustrated how young men in Mwanza act towards their bodies in moments of their perceived sexual failures by engaging with the healing market around sexual performance concerns, I did not examine how the bodies of those young men who recovered after using such sexual enhancement products 'remembered' that terrible situation and biographical ruptures. Eli (2016: 71) writes, "after severe illness, there are stories: narratives strands to suture discontinuities of identities, practices and the lives." Thus, a study with this research question on narratives of illness recovery after using sexual enhancement products could be of great importance in order to understand how male bodies remember and articulate past bodily discontinuities.

Similarly, this study addressed young men's tactics of engaging with the available healing market in urban Tanzania. However, the lived effects of using these (sexual enhancement products) are missing in my dissertation. Thus, another study should be carried out with the purpose of examining the lived effects among young men who are users of sexual enhancement products. Furthermore, I suggest another study, which should go deeper into sexual enhancement products themselves. For instance, another research could focus on where the products come from in order to situate them locally, regionally and globally.

For instance, I mention in my study that the Maasai people are selling sexual enhancement products in Mwanza City but I do not explain the significance of that, which I think has something to do with 'selling cultural authenticity.' Again, I mention in this study that at "*Msikiti wa Ijumaa*" (literally translated as "Friday Mosque") there were a lot of medicine men who sold sexual enhancement substances. Why were there a lot of medicine men outside the mosque? Is there any relationship between religion and traditional healing? These questions need further research. Also, product names themselves are fascinating, and one could collect names and terminologies of sexual enhancement products available in the healing market in urban Tanzania and explore the meanings and attitudes they convey about gender, men's bodies, and their place in the society.

7.6. Concluding remarks

In spite of what was reported about sexual performance concerns in the Tanzanian Parliament by government representatives (see Introduction), this study has yielded more insights and conclusions that add and enrich such underlying debates in the Parliament. Thus, my study extends the government representatives' responses on men's perceived inability to perform 'well' sexually by exploring how young men themselves make sense of their sexual performance concerns. This study builds on anthropological works (see for example Wentzell, 2008; Wentzell and Salmeron, 2009; Inhorn and Wentzell, 2011; Wentzell, 2013; Wentzell, 2014; Zhang 2015) that emphasize the importance of understanding sexual health concerns from men's own point of view and from a broad social and cultural anthropological perspective. Without exploring this phenomenon of sexual performance concerns from the young men's own point of view, the government's responses on the topic would remain incomplete and limited to physical and psychological aspects only.

Therefore, the findings presented in this study demonstrate that sexual performance concerns among young men in Mwanza City are social and cultural, and are shaped by a number of social forces. Again, the findings of this study make an original contribution to the scarce knowledge about men's sexual performance concerns in urban Tanzania. This study is not only original, but also relevant because to my best knowledge, there is

no qualitative (ethnographic) research that has been conducted on the theme of sexual performance concerns in Tanzania (or the wider Sub-Saharan African region). Thus, this study fills the gap in the existing research and creates new understandings of the subjective experiences and practices of the phenomenon from young men's own point of view.

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APPENDIXES

Appendix 1: Consent Form and Interview Guide – English and Kiswahili

Consent Forms

Consent to Participate in a Research Study
Male Sexual Dysfunction and Its Implications on Perceptions of Gender and Sexuality among Young Men in Tanzania

Introduction

- You are being asked to be part of this study Male Sexual Dysfunction and its Implications on Perceptions of Gender and Sexuality among Young Men in Tanzania.
- You were selected as a possible participant because of your knowledge and awareness of male sexuality issues.
- We ask that you read this form and ask any questions that you may have before agreeing to be in the study.

Purpose of Study

The purpose of the study is

1. To examine the subjective perceptions of male sexual dysfunction in urban settings.
2. To understand the experiences of young men experiencing sexual dysfunction in urban settings in relation to their overall sense of being man.
3. To explore the meanings of practices young men use in urban settings in coping up with bodily changes particularly those related to sexual dysfunction.
4. To examine the nature of healing market that emerges around male sexual dysfunction in urban settings and the various therapies that it offers.

Description of the Study Procedures

- If you agree to be in this study, you will be asked to do the following things: first to sign the consent form. Then you will be asked questions on male sexual dysfunction and its implications on perceptions of gender and sexuality. I will request also to record our interview.
- The duration for this interview is estimated to be 45 minutes. However this stated duration can increase or decrease depending on how you answer the questions.
- The information obtained will be used for writing PhD thesis

Risks/Discomforts of Being in this Study

- The study has no risks. However some of the questions may embarrass you. Please you are not forced to answer the questions that you do not feel to answer. There is a risk that your

data can be accessed but I will make sure this does not happen. In order to do so, your names will not appear anywhere in the report.

Benefits of Being in the Study

- There is no direct benefits of your participation. However, you may feel proud to be part of this study on male sexual dysfunction and its implications on perceptions of gender and sexuality.

Confidentiality

- This study is anonymous. I will not use your names or any information about your identity. I will not include any information in any report we may publish that would make it possible to identify you.
- The records of this study will be kept strictly confidential. Research records will be kept in a locked file, and all electronic information will be coded and secured using a password protected file.

Right to Refuse or Withdraw

- The decision to participate in this study is entirely up to you. You may refuse to take part in the study *at any time* without affecting your relationship with the investigators of this study. Your decision will not result in any loss or benefits to which you are otherwise entitled. You have the right not to answer any single question, as well as to withdraw completely from the interview at any point during the process.

Right to Ask Questions and Report Concerns

- You have the right to ask questions about this research study and to have those questions answered by me before, during or after the research. If you have any further questions about the study, at any time feel free to contact me, Simon Mutebi at mtbsmn@yahoo.com or by telephone at 0766 881 354. Or to Director of Research, University of Dar es Salaam at research@udsm.ac.tz or by telephone 2410500 Ext. 2084 0r 2410727
- If you have any problems or concerns that occur as a result of your participation, you can report them Director of National Institute of Medical Research at www.nimr.or.tz au Tel: +255 22 2121400 Fax: + 255 22 2121360

Consent

- Your signature below indicates that you have decided to volunteer as a research participant for this study, and that you have read and understood the information provided above. You will be given a signed and dated copy of this form.

Subject's Name (print): _____

Subject's Signature: _____ Date: _____

Investigator's Signature: _____ Date: _____

FOMU YA KUOMBA RIDHAA YA KUSHIRIKI KATIKA UTAFITI WA UPUNGUFU WA NGUVU ZA KIUME NA MADHARA YAKE KATIKA MITIZAMO YA KINGONO NA KIJINSIA KWA VIJANA

Utangulizi

- Unaalikwa kushiriki katika utafiti huu wa **upungufu wa nguvu za kiume na madhara yake katika mitizamo ya kingono na kijinsia kwa vijana**

- Umealikwa kushiriki kwasababu wewe ni kijana, kijana mwenye upungufu wa nguvu za kiume, mwenzi wa kike, muuza dawa za kuongeza nguvu za kiume, daktari anayehusika na matibabu ya watu wenye upungufu wa nguvu za kiume au ni mtu mwenye uelewa juu ya upungufu wa nguvu za kiume.

- Tafadhari chukua hatua kusoma au kusililiza ninapokusoma mambo yaliyomo kwenye formu hii ya kuomba ridhaa kabla ya kukubali kushiriki. Unaweza uniulize maswali kama kutakua na kitu chochote ambacho hakiko wazi vya kutosha au unahitaji maelezo zaidi.

Madhumuni/Malengo ya utafiti

Madhumuni ya utafiti huu ni kutaka kujua na kupata maoni yenu juu ya upungufu wa nguvu za kiume kwa vijana na madhara yake katika mitizamo ya kingono na kijinsia. Utafiti huu unapenda kufahamu zaidi juu ya:

- Mitizamo mbalimbali iliyopo juu ya upungufu wa nguvu za kiume kwa vijna
- Uzoefu wa vijana walio na upungufu wa mguvu za kiume katika maswala mazima ya kuwa mwanaume
- Kujua maana mbalimbali ya viitu au njia ambazo vijana wanazitumia kukabiliana na upungufu wa nguvu za kiume
- Kuchunguza aina mbalimbali za matibabu ya upungufu wa nguvu za kiume katika jiji la mwanza.

Maelezo juu ya utafiti

- Iwapo utaamua kushiriki katika utafiti huu, nitakuomba kutia saini au kuweka alama yeyote kwenye fomu hii ya ridhaa na kisha ntakuuliza maswali kadhaa juu ya upungufu wa nguvu za kiume na madhara yake katika mitizamo ya kingono na kijinsia. Ntaomba pia kunasa majibu yako kwenye kinasa sauti kwasababu siwezi kuandika kwa haraka kila unachokisema na sipendi kupoteza mawazo yako.
- Takribani mahojiano yatadumu kwa muda wa dakika 45. Huu muda unaweza kupungua au kuongezeka kutegemea mawazo au maoni uliyonayo au uelewa wako ulionao juu ya utafiti huu.
- Matokeo ya utaafiti huu yatachapishwa katika ripoti za kitaaluma ili kuniwezesha kupata digrii ya uzamivu (PhD)

Athari

- Sitegemei kwamba utapata athari zozote zile ila huenda ukakwazika kwa baadhi ya maswali utakayoulizwa. Si lazima ujibu swali litakalo kufanya ujisikie vibaya. Upo uwezekano kwamba taarifa zako zinaweza kuonekana na mtu amabaye haruhusiwi kuziona. Hata hivyo nitatumia kila juhudi kuhakikisha hili halitokei na sitaingiza jina lako katika kumbukumbu zangu zozote za maandishi au kinasa

sauti au kwenye riporti ya mwisho ili mtu yeyote asiweze kufahamu taarifa zako mahususi.

Faida

- Hakuna faida yeyote ile utakayopata ya ya moja kwa moja katika kushiriki katika utafiti huu. Lakini unaweza kujisikia vizuri kwamba umeshiriki katika utafiti huu muhimu ambao utasaidia kujua upungufu wa nguvu za kiume na madhara yake katika mitizamo ya kingono na kijinsia.

Usiri

- Taarifa nitakazo kusanya wakati wa utafiti huu zitawekwa kwa usiri mkubwa. Hakuna mtu yeyote ambaye yuko nje ya utafiti huu amabye ataruhusiwa kuziona taarifa zako. Jina lako au vitambulishi vingine havitaingizwa katika utafiti huu.
- Maelezo yako ntayafungia kwenye kompyuta yangu yenye namba za siri ili kuhakikisha hakuna mtu anaweza kuzifungua taarifa hizi.

Uhuru wa kushiriki

- Ushiriki wako katika utafiti huu ni wa hiari yako. Iwapo utaamua kutoshiriki hautatendewa tofauti. Iwapo utakubali kushiriki katika utafiti huu unaweza kusitisha ushiriki wako muda wowote na uko huru kutojibu swali ambalo hupendi kulijibu.

Haki ya kuuliza maswali na kutoa ripoti juu ya malalamiko

- Iwapo una wasiwasi kuhusu kipengere hiki unaweza kuwwasiana na mimi mtafiti mkuu Simon Mutebi 0766 881 354 au Mkurugenzi wa utafiti chuo kikuu cha Dar es Salaam Tel 2410500 Ext. 2084 0r 2410727 au Barua pepe research@udsm.ac.tz

Iwapo una malalamiko wasilana na Mkurugenzi wa Taifa wa Taasisi ya Utafiti kupitia www.nimr.or.tz au Tel: +255 22 2121400 Fax: + 255 22 2121360

Tamko la kushiriki au kutoshiriki

Sahihi yako jini itaonyesha kuwa umekubali kushiriki katika utafiti huu. Nimesoma au nimesomewa fomu hii ya kuomba ridhaa ya kushiriki katika utafiti huu. Nimepata maelezo juu ya utaratibu wa utafiti huu, umuhimu wake, faida, athari na usiri wa taarifa zangu binafsi. Utapewa nakala moja ya fomu ya ridhaa kwa ajili yako.

Sahihi au alama ya mshiriki.....Tarehe.....

Sahii ya mtafiti mkuu.....Tarehe.....

Interview Guide

Interview guide

Please let's start our interview by requesting you to tell me about yourself?

- Probe: socio-demographic characteristics of the respondent such as age, marital status, education level, religion etc.

Who is the young man in the city?

- Probe the criteria used to define the young man in Mwanza city

What does it mean to be a young man in urban settings?

How do young men get in urban cities like Mwanza?

- Probe for push and pull factors

Please can you describe to me (your) young men's everyday life in the city?

- Probe for different techniques young men use to survive in the city and
- how they make a living in the city

What issues to (you) young men often discussion amongst themselves, between partners and with health care providers?

- Probe for the reasons of discussion such issues often?
- How is young men's phallus constituted in young men's expressions?

Please describe to me who is a real young man in your setting?

- Probe for criteria used to describe a real young man and
- Probe also the criteria used to describe a real young man in sexual arena

What do young men in Mwanza city say about sexuality?

- Probe: types of sexual intercourse
- Perceptions of young men on sexuality and gender
- What is your comment or reactions on such perceptions?
- What is the position of a young man on such perceptions? Do young men accept them or not and why?

How do young men describe good sex? What is it?

- Probe for criteria used to describe good sex for young men

How sex is important to young men's live?

- Probe for importance of sex in sexual in relationships and in general life and
- What do young men compare sex to be like?

In which ways and context do young men establish sexual contacts with female sexual partners?

- Probe types of sexual partners
- Reasons for engaging in sexual relationships

How do young men talk about their sexual experiences?

- Probe for successful and unsuccessful sexual experiences and the reasons behind them
- What criteria do young men use to evaluate successful and unsuccessful sexual experiences?

What are young men's sexual needs and desires?

- Probe for the role of sex to young men
- Probe for sexual needs and desires
- Probe on ideal sexual functioning
- Male libido

To what extent do young men's lived experiences fit with young men's sexual needs and desires?
What happens when young men's sexual needs and desires (ideal sexual functioning, male libido) do not match with their lived experience?

- Probe: What do they do?
- What kind of perceptions of gender and sexuality are emerging?

How do young men experience and interpret the situation of not meeting the young men's sexual needs and desires (sexual dysfunction)?

- Probe for the perceived causes and solutions

How does the community perceive men who fail to meet their sexual needs and desires? Probe for various names used to describe young men whose sexual experiences do not fit with their sexual desires.
What does the situation (sexual dysfunction) really mean to you/to young men?

- What aspects are considered in describing sexual dysfunction?
- How is male sexual dysfunction defined? Probe both young men, female partner and healers

What do you think are the causes of this situation?

- Probe: Factors that makes young men experience sexual dysfunction?
- Why young men at this stage?

How does your past sexual experience contribute your current understanding of male sexual dysfunction?

- Probe for past sexual experience
- Does the past sexual experience still important today? Why
- How does it influence understanding of the situation?

How does male sexual dysfunction manifest itself in the body?

- Probe for changes in the body that are happening as the result of male sexual dysfunction
- What aspects or dimensions are used to describe the situation?

What are your views on this situation? How do young men view it? Why?

Is the situation permanent or temporal? Why

How do the perspectives of others (sexual partners, peer groups, health care providers, etc) shape your understanding of the situation?

- Probe: how you perceive yourself as a young man
- What is your perception of male sexual dysfunction

What are the perceptions of others (sexual partners, peer groups, health care providers, relatives etc) on young men who fail to meet their sexual desires? Why such perceptions?

How do you think others (sexual partners, peer groups, health care providers, relatives etc) view you? Or view young men with sexual dysfunction?

What do you think other people think of sexuality and gender?

- Probe what do you think other people think of male sexual dysfunction

What is your reaction to such perspective?

Is male sexual dysfunction assert or liability to young men? Why

Are young men self-conscious and self-critical of male sexual dysfunction? Why
What is the implications of male sexual dysfunction?

- Probe implications on both young men and their sexual partners

What do you/young men fear most on male sexual dysfunction?

How does male sexual dysfunction shape young men's relationships with their sexual partners, peer groups and their family members at large?

- Probe for sexual relationships with their sexual partners, peer groups and other community members in general

How has male sexual dysfunction affected young men's perceptions of gender and sexuality?

- Probe: what has changed in the concept of being a man, manhood and masculinity?
- What are new gender identities emerging in the event of male sexual dysfunction?

What challenges do young men and their sexual partners face as the result of male sexual dysfunction?

How do young men cope with the situation?

- Probe for coping up strategies

- How do young men adapt

What do you think is the contribution of religion on this situation?

- Probe how different religions influence young men's understanding and coping up strategies of male sexual dysfunction?

What kind of treatment do young men seek? Why do some young men seek treatment and others not? What factors influence them to seek treatment?
What kind of therapies are offered in the healing market of sexual dysfunction?

MWONGOZO WA MAHOJIANO

Naomba tuanze mazungumzo yetu kwa kunielezea kwa ufupi wewe ni nani?

- Dadisi juu ya taarifa za kidemographia kama umri, hali ya ndoa, elimu, dini etc

Vijana wa kiume ni akina nani kati jiji hili?

- Dadisi vigezo zitumikazo katika kumwelezea kijana wa kiume

Nini maana ya kuwa kijana wa kiume katika mazingira ya mijini?
Je nisababu gani zinazowafanya vijana wa kiume waje mijini kama Mwanza?

- Dadisi juu ya sababu vinazowavuta na kuwasukuma kuja Mwanza

Nakuomba unilezee juu ya maisha yako/maisha ya vijana ya kila siku hapa mjini?

- Dadisi juu ya njia mbalimbali kijana/vijana wa kiume wanazotumia kuishi mjini
- Dadisi pia juu ya namna wanavyopata kipato

Ni vitu gani huwa wewe/vijana wa kiume wanazungumzia mara kwa mara wakiwa pamoja na vijana wenzao na wapenzi wao pamoja na watoa huduma ya afya?

- Dadisi juu ya sababu ya kuzungumza vitu hivyo mara kwa mara

Naomba unifafanulie, Kijana wa kiume aliyekamilika ni wa namna gani katika maeneo yenu hapa?

- Dadisi juu vigezo vinavyotumika kumwelezea kijana aliyekamilika
- Dadisi pia juu ya kijana rijali ni yupi katika masuala ya ngono

Je vijana wa kiume wa hapa mjini mwanza wanasemaje kuhusu swala zima la ngono?

- Dadisi juu ya aina zote za ngono
- Dadisi pia mitizamo wa vijana juu ya maswala ya ngono na jinsia
- Je wewe kama wewe unasemaje juu ya hiyo mitizamo?
- Ni nini nafasi ya kijana wa kiume katika mitizamo hiyo ya kingono na kijinsia? Anakubaliana nayo au la? Na kwanini?

Je wewe /vijana wa kiume wanaelezeaje kuhusu ngono inayolidhisha? Ni ipi? Na ya namna gani?

- Dadisi juu ya vigezo vinavyotumika kuelezea ngono inayolidhisha kwa kijana wa kiume

Ni kwa jinis gani ngono ni jambo muhimu katika maisha ya kijana/vijana wa kiume?

- Dadisi umuhimu wa ngono katika mahusiano ya kimapenzi na katika maisha kwa ujumla
- Je wewe kama kijana/vijana wa kiume wanalinganisha swala la ngono na kitu gani katika maisha?

Ni kwa namna gani na kwa mazingira yapi vijana wa kiume wanaanzisha mahusiano ya kingono na wapenzi wao?

- Dadisi juu ya aina ya wapenzi wao

- Dadisi pia juu ya sababu ya kuanzisha mahusiano ya kingono na wapenzi wao

Je unazungumziaje /vijana wanazungumziaje uzoefu wao wa kingono?

- Dadisi juu ya uzoefu wa kingono uliokuwa mzuri na uliokuwa mbaya.
- Dadisi pia juu ya sababu na vigezo vinatumika kutathimini uzoefu wa kingono ulliomzuri na uzoefu wa kingono uliombaya kwa sasa

Je ni mahitaji yapi ya kingono unakuwanayo/vijana wa kiume wanayokuwa nayo wakiwa kwenye mahusiano yao ya kingono na wapenzi wao?

- Dadisi juu ya mahitaji ya kingono

Ni kwa kiwango gani uzoefu wako/wa vijana sasa hivi unaendana/unafikia mahitaji yao ya kingono kwenye mahusiano ya kingono na wapenzi wao?

- Dadisi: Ni kwa jinsi gani wewe kama kijana/vijana wanafikia mahitaji hayo ya kingono wanapokuwa na wapenzi wao

Je ni nini kinatokea endapo uzoefu wako kama kijana/ vijana katika maisha yao ya kingono hauendani mahitaji yao ya kingono pindi wanapokuwa kwenye mahusiano ya kingono na wapenzi wao?

- Dadisi juu ya hatua mabali mbali wanazozichukua
- Dadisi pia juu ya mitizamo mbalimbali ya kingono inayojitokeza baada ya kijana kupata hiyo hali

Je hiyo hali ya kijana/vijana kushindwa kufikia mahitaji yao kingono mnaichukuliaje?

- Dadisi juu vitu wanavyofikiri vinavyopelekea hiyo hali?

Je jamii ya hapa inawachukuliaje vijana wa kiume ambao wanashindwa kufikia mahitaji yao ya kingono na wapenzi wake?

- Dadisi juu ya maneno yanayotumika kuwaelezea vijana wa kiume wa namna hiyo.

Je hiyo hali ina maana gani hasa kwako wewe/kwa vijana?
Ni sababu gani unafikiri zimekufanya wewe/vijana wa kiume wapatwe na hiyo hali kwa sasa?

- Dadisi pia kwanini vijana wanahiyo hali katika kipindi hiki cha ujana wao?

Ni kwa jinsi gani uzoefu wako wa ngono uliopita/kipindi cha nyuma unachangia katika kuelewa hii hali ya kushindwa kufikia mahitaji yako kwa sasa?

- Dadisi juu ya uzoefu wa kingono uliopita
- Je huo uzoefu wa kingono uliopita/kipindi cha nyuma bado ni wa msingi kwa sasa?
- Ni kwa kinsi gani huo uzoefu unaendelea kuathiri uelewa wa hali ya kushindwa kufika mahitaji ya kingono?

Tafadhairi naomba unielezee ni kwa jinsi gani hiyo hali inagundulika au kujitokeza ndani ya mwili?

- Dadisi juu ya badadikiko yanayojitokeza ndani ya mwili kutokana na hiyo hali

- Dadisi pia vipengere vinavyotumika kuelezea hiyo hali

Je wewe unaionaje/vijana wanaionaje hiyo hali? Na kwa nini?
Je hii hali huwa ni ya kudumu au ni ya muda? Kwa nini
Ni kwa jinsi gani mitizamo ya watu wengine (kama wapenzi, makundi ya vijana na watoa tiba) juu ya uwezo wa kijana wa kiume kufanya ngono inachangia uelewa wako wewe juu ya hali ya kushindwa kufikia mahitaji yao ya kingono? Dadisi juu ya

- Ni kwa jinsi gani wewe unajiona kama kijana wa kiume?
- Ni nini mtizamo wako juu ya hali ya kijana kushindwa kufukia mahitaji yake ya kingono?

Je unafikilia watu wengine katika jamii hii (mafano wapenzi, marafiki, makundi ya vijana, watoa tiba au ndugu wengine wa karibu) wanaionaje hii hali ya kijana kushindwa kufikia mahitaji yake ya kingono? Na kwa nini
Je unafikilia watu wengine katika jamii hii (mafano wapenzi, marafiki, makundi ya vijana, watoa tiba au ndugu wengine wa karibu) wanakuonaje wewe/vijana wenye hii hali?
Je unafikili watu wengine wanafikili nini juu ya maswala ya ngono pamoja na maswala ya kijinnsia?
Je wewe unaichukuliaje hiyo mitizamo?
Je ni nini hasa mtizamo wa makundi ya vijana, wapenzi wa kike, ndugu wa karibu na watoa tiba juu ya hali ya kijana kushindwa kufikia mahitaji yake ya kingono?

Je hii hali ni mtaji au hasara kwako/ kwa vijana wa kiume? Kwanini
Ni madhara yapi unayapata/vijana wameyapata kutokana na hiyo hali ya kushindwa kufikia mahitaji ya vijana ya kingono?

- Dadisi juu ya madhara kwa vijana wenyewe na wapenzi wao

Ni kitu gani hasa wewe kama kijana/vijana wanakiogopa zaidi juu ya hii hali ya kushindwa kufikia mahitaji ya vijana ya kingono?
Ni kwa jinsi gani hali ya vijana hali inaathiri mahusiano ya vijana katika jamii?

- Dadisi juu ya mahusiono ya kingono na wapenzi wake, makundi ya vijana na wanfamilia kwa ujumla

Ni kwa jinsi gani hii hali imeathiri mitizamo ya vijana juu ya maswala ya kingono?
Ni kwa jinsi gani hii hali imeathiri mitizamo ya vijana juu ya maswala ya kijinsia?

- Dadisi juu ya nini kimebadilika katika dhana nzima ya kuwa mwanaume?
- Je ni utambulisho gani mpya wa kijinsia unejitokeza tofauti na awali kabla ya hii hali?

Ni changamoto gani unakutana nazo/vijana wa kiume na wapenzi wao wanakutana nazo kutokana na kuwa na hiyo hali?
Je ni mbinu gani vijana wanzitumia ili kukabiliana na hiyo hali?

- Dadisi pia juu ya maana ya mbinu hizo
- How do young men adapt to it?

Je ni mbinu gani vijana wanatumia kuhakikisha hii hali haiwapati?

Unafikiria ni nini mchango wa dini katika hili?

- Dadisi dini mbali mbali zinavvochangia katika kulewa na kukabiliana na hii hali

Ni matibabu gani vijana wanayatumia ili kukabiliana na hiyo hali?

- Dadisi juu ya matibabu mabali mbali yatolewayo,
- sababu ya kutumia matibabu na matokeo ya hayo matibabu