

# Sociology

## Global and Southern African Perspectives



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women and 59% of men had sexual intercourse in the four weeks preceding the survey, and a further 27% and 23%, respectively, had sex in the previous year. An equal proportion of men and women had never had sex (12%). Married and cohabiting couples were far more likely than single and divorced people to have been sexually active in the preceding month. Men and women in their thirties, living in urban areas and from Gauteng had higher rates of sexual activity than those in other age and residence categories.

## 9.2.6 Extramarital sex

What about married people having sex outside of marriage? This practice, commonly called ‘adultery’ (sociologists prefer the more neutral term ‘extramarital sex’), is widely condemned. Table 9.1 shows that almost two-thirds of South African adults consider extramarital affairs ‘unacceptable’. The norm of sexual fidelity within marriage is thus a strong element of our culture.

However, of course, actual behaviour does not always live up to the cultural ideal. A 2016 national survey showed that 16% of South African men and 6% of women who were married or cohabiting had sexual intercourse with someone who was neither their spouse nor lived with them in the twelve months preceding the survey (Statistics South Africa, 2017: 31–32). Of these, 39% of the men and 52% of the women reported that they had not used a condom during the last sexual intercourse with such a partner. Stephenson (2010) investigated risky extramarital sex (unprotected and outside of a cohabiting or marital relationship) in eight sub-Saharan African countries and found that cohabiting men were less likely than married men to engage in risky extramarital sex. Furthermore, those who had some education and were employed had higher rates of risky extramarital sex than uneducated and unemployed men. He also found that in communities with higher levels of gender equity, where ratios of men and women with access to education and employment were more equal, the prevalence of risky extramarital sex was lower.

## 9.2.7 Sex and older adults

While research on the sexuality of older people is sparse, this is set to change as the world’s population ages rapidly (see Chapter 16, ‘Ageing and the elderly’). Contrary to popular belief, which holds that older people are disinterested in sex, studies from around the world suggest that people in their fifties and sixties, and some well into their eighties, continue to have sexual desire and to engage in sexual activity (Heidari, 2016). A number of factors are associated with varying levels of sexual activity among the elderly. In a study focusing on South African adults over the age of fifty, Chirinda and Zungu (2016) established that **sexual life expectancy** (SLE) – the number of remaining sexually active years an individual can expect to live at a particular age – differed by gender. While men have an SLE of 12.7 years at age fifty, it is only 7.2 years for women. By age seventy, the gap narrows to three years for men compared to one year for women. They also found that the presence of a chronic medical condition, a positive HIV status and lack of exercise had a negative effect on sexual activity levels. Lusti-Narasimhan and Beard (2013) also point out that in some societies, cultural norms – where sexuality in old age is frowned on – and gendered norms – which apply this norm more strictly to women – frame the social environment in which the sexual activity of older people can occur. Moreover, mental health issues such as depression, anxiety and dementia as well as the elderly’s living arrangements, whether home-based or institutional care, impact on whether and how people can pursue sexual intimacy in their later years.

**sexual life expectancy**  
the number of remaining sexually active years an individual can expect to live at a particular age

## 9.3 Sexual orientation

### 9.3 Analyse factors that shape sexual orientation.

Sexual orientation is a person’s romantic and emotional attraction to another person. The norm in all human societies is **heterosexuality** (*hetero* is Greek for ‘the other of two’), meaning sexual attraction to someone of the other sex. Yet in every society, a significant share of people experience **homosexuality** (*homo* is Greek for ‘the same’), sexual attraction to someone of the same sex. Keep in mind that people do not necessarily fall into just one of these categories; they may have varying degrees of attraction to both sexes.

The idea that sexual orientation is not always clear-cut is confirmed by the existence of **bisexuality**, sexual attraction to people of both sexes. Some bisexual people are equally attracted to males and females; many others are more attracted to one sex than the other. Finally, **asexuality** refers to a lack of sexual attraction to people of either sex.

**heterosexuality**  
sexual attraction to someone of the other sex

**homosexuality**  
sexual attraction to someone of the same sex

**bisexuality**  
sexual attraction to people of both sexes

**asexuality**  
a lack of sexual attraction to people of either sex



It is important to remember that sexual attraction is not the same thing as sexual behaviour. Many people, perhaps even most people, have experienced attraction to someone of the same sex, but far fewer ever engage in same-sex behaviour. This is in large part because our culture discourages such actions.

In South Africa and around the world, heterosexuality is considered the norm because, biologically speaking, heterosexual relations permit human reproduction. Even so, most societies acknowledge the existence of homosexuality, and some have even celebrated it. Among the ancient Greeks, for example, upper-class men considered homosexuality the highest form of relationship, partly because they looked down on women as intellectually inferior. As men saw it, heterosexuality was necessary only so they could have children, and ‘real’ men preferred homosexual relations (Kluckhohn, 1948; Ford & Beach, 1951; Greenberg, 1988).

### 9.3.1 What gives us a sexual orientation?

The question of how people come to have a particular sexual orientation is strongly debated. The arguments cluster into two general positions: sexual orientation as a product of society and sexual orientation as a product of biology.

#### Sexual orientation: A product of society

This approach argues that people in any society attach meanings to sexual activity, and these meanings differ from place to place and over time. Following early work done by Michel Foucault (1990, orig. 1978), Hanne Blank (2012) points out there were no distinct categories of people called ‘heterosexuals’ and ‘homosexuals’ until the late nineteenth century, when scientists and psychiatrists from the West, and eventually the public as a whole, began defining people that way. Moreover, these terms were used hierarchically, so that a ‘heterosexual orientation’ was considered ‘normal sexuality’, and anything else was inferior and deviant (Katz, 2007, orig. 1995). This understanding of sexuality continues to be pervasive today. However, as Blank and others point out, far from being simply innate, obvious or natural, we have to learn a heterosexual orientation from our society. This happens in a myriad of ways, and while it is not explicit (like being taught how to add or subtract numbers at school), it happens all the time. We learn the characteristics, meanings and expectations of heterosexuality through the way in which we use language, our understandings of nature, the way families are structured, our interactions with religion and the media, and our experiences and expectations of romantic love, dating, marriage and cohabitation, childbearing and childrearing, sexual desire and sexual activity (Rogers, 2012). In short, we are socialised as sexual beings. The ‘Thinking about diversity’ box that follows takes a look at one example of how this process of **sexual socialisation** occurs.

#### sexual socialisation

the process by which we learn the values, norms, beliefs, roles and behaviour with respect to sexuality that are deemed appropriate by our culture

### Thinking about diversity

#### Learning about sex: Young Xhosa men and the *kasi* curriculum

Sociology's basic insight, that we are social beings who have to learn how to become members of our society, applies just as much to the formation of our sexual identities and our understandings of sexuality. Sexual socialisation from a young age and into young adulthood contributes a great deal to this. Sexual socialisation refers to the process by which we learn the values, norms, beliefs, roles and behaviour with respect to sexuality that are deemed appropriate by our culture. Various agents of socialisation – family, schools, the media, religion and others – all play a part in teaching us the ‘rules’ of sexual expression. This includes rules about modesty, nudity, privacy, sexual language, physical touch and affection, intimate relationships, and when, with whom and how sexual intercourse itself is appropriate (Shtarkshall, Santelli & Hirsch, 2007).

In a study of young heterosexual Xhosa men living in Mdantsane township and surrounding areas in the Eastern Cape, Hodes and Gittings (2019) explored their experiences and understandings of sex. Drawing on previous studies, they point out that schools, the church and health clinics are crucial for how these young men learn about sex and related matters. However, underpinning the socialisation that happens in these formal institutions is a conservative morality that views youth sexuality as immoral, indecent and potentially dangerous, with the risk of pregnancy and sexually transmitted disease. The result is that school teachers, religious leaders and medical professionals socialise young people in accordance with a ‘curriculum’ that focuses narrowly on advocating sexual abstinence and advising on the precautions to take in order to make sex safe. In sum, this “education is largely devoid of recognition of sexual desire and pleasure” (Hodes & Gittings, 2019: 451). Their research thus sought to examine how young men learned about the pleasure, desire and enjoyment aspects of sex.

Drawing on extensive interviews and focus group discussions, Hodes and Gittings identify another curriculum – the *kasi* curriculum – as being particularly important for learning about these aspects of sex. It incorporates informal teaching, sharing information and gaining insights from interactions in the neighbourhood as well as with peers, friends and older men. Hodes and Gittings found, first, that pornography and everyday conversations with male peers were crucial for understanding what constituted sexual pleasure, especially around foreplay and sexual arousal. This was predominantly framed as essential for allowing young men to make women more receptive to sexual intimacy. Clearly linked to their masculine identity and sexual prowess, the men in the study recognised and valued the sexual enjoyment and physical pleasure of women, and regarded these as the foundation of a stable romantic relationship. Second, through *ulwaluko* – the Xhosa rite of passage from boyhood to manhood involving a period of isolation, initiation and circumcision – young men learned the expectations and meanings of being a ‘real man’. Central to this were pressures imposed on them by their peers, older men and *amakhankatha* (caregivers at initiation school) to have unprotected vaginal sex shortly after returning from initiation. Not only was this considered an essential element of true masculinity, it also reinforced the superiority of the *ndoda* (traditionally circumcised men) as compared to the *inkwenkwe* (uncircumcised boys) or medically circumcised men.

Taken together, the formal socialisation that happens within schools, religious meetings and clinic visits, and the informal socialisation that occurs with other men in their immediate environment, are separate yet complementary processes that shape the heterosexual masculine identities of the young men.

### What do you think?

1. Why do schools and health clinics focus on the negative consequences of sex rather than on its pleasurable aspects?
2. Is there an informal curriculum about sex in everyone's life? What is yours?

Similarly, society plays an important role in constructing homosexuality. Anthropological studies show that patterns of homosexuality differ from one society to another. In Siberia, for example, the Chukchee Eskimo have a practice in which one man dresses as a female and does a woman's work. The Sambia, who live in the Eastern Highlands of New Guinea, have a ritual in which young boys perform oral sex on older men in the belief that eating semen will make them more masculine. In southeastern Mexico, the local culture defines people not only as female and male, but also as ‘muxes’ (MOO-shays), a third sexual category. Muxes are men who dress and act as women, some only on ritual occasions, some all the time. Such diversity around the world shows that sexual expression is not fixed by human biology, but is socially constructed (Murray & Roscoe, 1998; Blackwood & Wieringa, 1999; Rosenberg, 2008).

### Sexual orientation: A product of biology

Another body of evidence suggests that sexual orientation is innate, or rooted in human biology, in much the same way that people are born right- or left-handed. Arguing this position, Simon LeVay (1993) links sexual orientation to the structure of a person's brain. LeVay studied the brains of both homosexual and heterosexual men, and found a small but important difference in the size of the hypothalamus, a part of the brain that regulates hormones. Such an anatomical difference, he claims, plays a part in shaping a person's sexual orientation.

Genetics may also influence sexual orientation. One study of forty-four pairs of brothers, all homosexual, found that thirty-three pairs had a distinctive genetic pattern involving the X chromosome. The gay brothers also had an unusually high number of gay male relatives, but only on their mother's side. Such evidence leads some researchers to think there may be a ‘gay gene’ located on the X chromosome (Hamer & Copeland, 1994). More recently, some researchers have advanced an epigenetic theory of sexual orientation. This means that sexual orientation is not caused directly by a gene, but by a process of biological development after birth involving hormones and the brain. Such a theory is consistent with the position that biology plays a key role in guiding sexual orientation and also offers an explanation for the fact that, so far, no one has identified a ‘gay gene’ (Blue, 2012; Richards, 2013).

Mounting evidence supports the conclusion that sexual orientation is rooted in biology, although exactly how this process works is still under study. Crucially, this includes explanations for a heterosexual orientation. No single biological determinant of heterosexuality, nor of homosexuality or any other sexual orientation, has been conclusively identified by scientists. It is also likely that the environment plays some part in the formation of our sexual orientations. As

a result, LeVay (2011: xvii) emphasises that despite advances in knowledge since he first began his research, we are still “[unable] to explain in any precise way why any particular individual becomes gay or straight, let alone bisexual.” Remember that sexual orientation is not a matter of neat categories. Most people who think of themselves as homosexual have had some heterosexual experiences, just as many people who think of themselves as heterosexual have had some homosexual experiences. Explaining sexual orientation, then, is not easy.

There is also a political issue here with great importance for gay men and lesbians. To the extent that sexual orientation is based in biology, homosexuals have no more choice about their sexual orientation than they do about their skin colour. If this is so, shouldn’t gay men and lesbians expect the same legal protection from discrimination as black South Africans?

### 9.3.2 The sexual orientations of South Africans

What share of our population is heterosexual? Homosexual? Bisexual? This is a difficult question to answer because, as noted previously, sexual orientation is not a matter of neat categories. In addition, not all people are willing to reveal their sexuality to strangers or even to family members. However, results from the nationally representative survey mentioned at the beginning of this chapter showed that 97% of South Africans self-identify as ‘heterosexual or straight’, while 1.4% (or 530 000 people) identify themselves as gay, lesbian, bisexual or ‘other’ than heterosexual (The Other Foundation, 2016: 29). This was true “across all population groups, living in both rural and urban areas, across all age groups, at all levels of educational attainment (primary, secondary and tertiary) and in almost all income groups” (The Other Foundation, 2016: 29).

### 9.3.3 The gay rights movement in South Africa

The first openly gay organisation in South Africa, the Law Reform Movement (LRM), was set up under apartheid in 1966 with a specific goal in mind: to oppose proposed amendments to the Immorality Act, which, at their core, would make homosexuality entirely illegal. Led by a group of white gay professionals, it consciously did not take a stand against apartheid and thus marginalised black homosexuals. The LRM was able to limit changes to the law in a way that allowed homosexuals to live their lives relatively undisturbed as long as they were discreet. With this victory, the movement died off (Pushparagavan, 2014).

It took more than fifteen years for the next gay and lesbian organisation to be established in 1982. Originating in Johannesburg, the Gay Association of South Africa (GASA) was explicitly non-political and although committed to meeting gay needs, “functioned predominantly as a meeting place for white middle-class gay men” (De Vos, 2007: 435). By 1983, however, on the strength of global anti-apartheid sentiment, GASA was expelled from the international gay rights association and the organisation slowly petered out. In the meantime, from the mid-1980s onwards, widespread social unrest and increased resistance to apartheid encouraged political awareness for South Africa’s gay population. Cape Town-based Lesbians and Gays Against Oppression (LAGO) formed in 1986 with explicit connections to the anti-apartheid struggle. Two years later, Gays and



When characters Senzo and Jason (played by Thami Mngqolo and Zolani Xaluva) in the popular television soapie *Generations* kissed on screen in September 2009, South African viewers were left shocked (City Press, 2009). While this storyline was widely criticised by some, others argued that showing gay characters in the media was important for helping to change society’s intolerant views on homosexuality.

Source: Gallo Images/Drum/DIno Codevillla.

Lesbians of the Witwatersrand (GLOW) in Johannesburg also linked gay rights with broader human rights. Before the end of the decade, LAGO was replaced by the Organisation of Lesbian and Gay Activists (OLGA). This would prove to be a significant moment for the gay rights movement in South Africa as a whole. OLGA was affiliated to the United Democratic Front, a broad-based coalition of civil society and political organisations (including the African National Congress, or ANC) at the forefront of the fight against apartheid. When the ruling National Party government began secret talks with the ANC to negotiate the end of apartheid, OLGA activists were able to meet with ANC members to argue for the inclusion of gay rights under a new democratic dispensation. It worked: a clause prohibiting discrimination on the basis of sexual orientation was included in the country’s 1993 Interim Constitution (De Vos, 2007; Pushparagavan, 2014; De Ru, 2013)

Concern that this clause might be dropped in the Final Constitution galvanised 43 gay and lesbian organisations to join together to form the National Coalition for Gay and Lesbian Equality (NCLGE) in late 1994. This organisation “embarked on an extensive lobbying campaign to ensure the retention of this clause in the 1996 Constitution ... and successfully lobbied members of the Constitutional Assembly” (De Vos, 2007: 440). With this, South Africa’s Constitution became one of the most progressive in the world. With the clause in place, the NCLGE (later known as the Equality Project) was able to bring a number of cases before the Constitutional Court in the following

years to further extend and establish other rights and freedoms for homosexuals and people of other sexual orientations (De Vos, 2007; De Ru, 2013). This included the scrapping of same-sex sodomy laws that criminalised homosexual sex acts and the passing of the Civil Union Act (No. 17 of 2006), which legalises same-sex marriage and extends all associated rights such as child adoption, immigration, inheritance and pension benefits. Furthermore, the Employment Equity Act (No. 55 of 1998) forbids discrimination on the basis of sexual orientation in the workplace and the South African Schools Act (No. 84 of 1996) allows for inclusive schools (Pushparagavan, 2014).

In line with the international gay rights movement, South Africa's organisations (which now include representation for people of all sexual orientations and gender identities) have brought attention to the problem of **homophobia** in society. Homophobia describes discomfort over close personal interaction with people thought to be gay, lesbian or bisexual (Weinberg, 1973). Today, the definition needs to include, of course, all possible sexual orientations other than just these. The concept of homophobia turns the tables on society: instead of asking "What's wrong with gay people?" the question becomes "What's wrong with people who can't accept a different sexual orientation?"

Despite legislative advances, **LGBTQIA+** South Africans who do not fit into the generally accepted heterosexual norm face prejudice and discrimination, and even violence. The discussion of hate crimes in Chapter 10 ('Crime and deviance') elaborates on this issue. However, recent data also shows that between 2012 and 2015, the number of people who strongly disagreed with allowing same-sex marriages dropped from 48% to 23% (The Other Foundation, 2016). Public attitudes towards homosexuality may therefore be moving towards greater acceptance.

#### **homophobia**

negative feelings, including fear, discomfort, hatred and mistrust about LGBTQIA+ people

#### **LGBTQIA+**

lesbian, gay, bisexual, transgender, queer, intersex, asexual and everyone with any gender identity

## 9.4 Sexual issues and controversies

### 9.4 Discuss several current controversies involving sexuality.

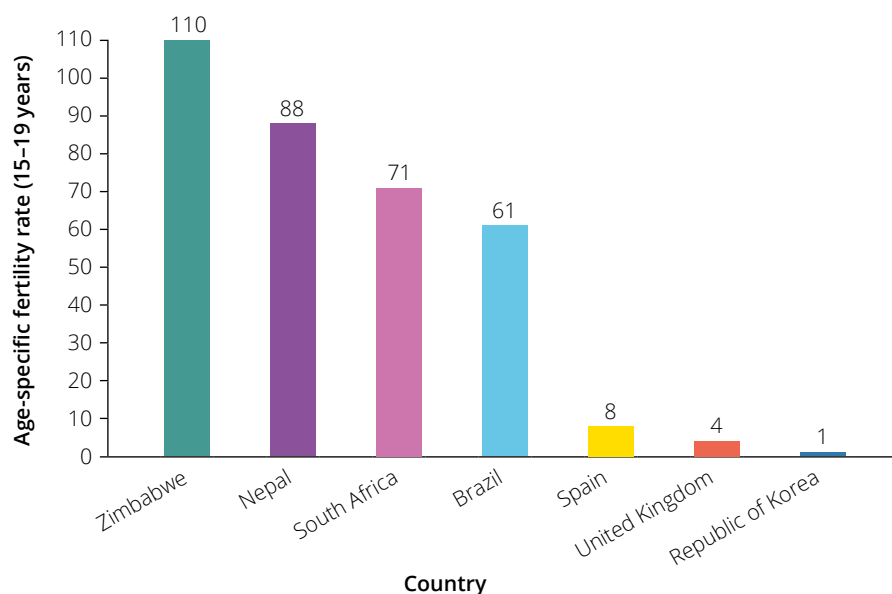
Sexuality lies at the heart of a number of controversies in South Africa today. Here we take a look at six key issues: teen pregnancy, pornography, sex work, transactional sex, sexual violence and abortion.

### 9.4.1 Teen pregnancy

Being sexually active can result in pregnancy, and thus demands a high level of personal responsibility. Teenagers may be biologically mature enough to conceive, but many are not emotionally mature enough to appreciate the consequences of their actions. Statistics South Africa (2018: 13) reported that in 2017, the births of 98 445 babies to mothers aged nineteen and younger were registered at Home Affairs offices. Of these, 1 302 were to mothers aged between ten and fourteen years of age. A further 24 461 births to mothers aged nineteen years and younger were registered, although these were filed late (a year after the birth). As the figure in the 'Global snapshot' box on the next page shows, our country's rate of births to teens is lower than most low-income countries in the world, but significantly higher than those of the high-income nations.

Among women in all racial and ethnic categories, low level of parental education and low income sharply increase the likelihood that they will become sexually active and have an unplanned child. In 2016, between 15 and 18% of South African teenage girls in the lower wealth categories had given birth, compared to between 4 and 8% in the higher wealth brackets (Statistics South Africa, 2017). Just two years before, "dual orphans were more than twice as likely to experience an unwanted pregnancy before the age of sixteen compared to paternal orphans and those with both parents alive" (Department of Social Development, 2014: 4). Larger households, where parental supervision and care may be strained, also increase the likelihood of teenage pregnancy. Religious beliefs and cultural traditions, which either see sexual practices as taboo or somehow 'morally wrong', restrict teenage knowledge about biology and pregnancy, contraception and sexual rights. There is a distinct urban-rural dimension too, with 19% of rural teenagers having begun childbearing by age nineteen, compared to 13% of those living in urban areas. Furthermore, teenage pregnancy correlates with educational achievement of the mother, so that, for example, 14% of girls younger than age nineteen who were pregnant with their first child in 2016 had not completed primary school, compared to 3% for those who had completed high school (Statistics South Africa, 2017). Whether lower educational levels are a cause or effect of teenage pregnancy is a contentious issue. Whatever the case, however, it is clear that having unplanned children raises the risk that young women (as well as young fathers) will not complete high school and will end up living in poverty (Martinez, Copen & Abma, 2011).

## Global snapshot



**Figure 9.1:** Age-specific fertility rate for females aged between fifteen and nineteen years in selected countries

This graph shows the age-specific fertility rate – the number of live births per thousand women – for females aged between fifteen and nineteen years for selected countries in the years 2014–2016. High-income countries, such as the Republic of Korea, Spain and the United Kingdom, have significantly lower rates of births to teen mothers than low-income countries such as Nepal and Zimbabwe. South Africa and Brazil, as middle-income countries, fall somewhere in between these two extremes. What social factors help to explain this pattern?

**Source:** Created by author Hagemeyer from data in United Nations, 2017.

Map of South Africa 9.1 shows the proportion of teenage females between the ages of fifteen and nineteen years who had a live birth in 2016 across the nine provinces in South Africa.

## Seeing ourselves



**Map of South Africa 9.1:** Percentage of females aged fifteen to nineteen years who had a live birth by province in South Africa, 2016

This map shows the percentage of teenagers who had a live birth for each of the provinces in South Africa in 2016. In what regions of the country are the rates relatively high? Where are they low? What explanation can you offer for these patterns?

**Source:** Statistics South Africa, 2017: 12.