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**Male Rape or Consensual Sex: Hidden Hegemonic Masculinities by Zulu Speaking Men with Disabilities**

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**Abstract**

Male rape is a phenomenon that is assumed to be rampant in warzones and prisons, where the perpetrator is commonly a man. In contrast, male rape where the perpetrator is a woman in the domestic space is still ambiguously conceptualised across cultures, largely because of the hegemonic masculinities embedded in society. Written from a hidden masculinities approach, this paper seeks to explore and conceptualise how Zulu speaking men with disabilities perceive their experiences of sex with their female caregivers. Qualitative data used in this paper was drawn from focus group discussions conducted in a community engagement project, titled 'gender-based violence among people with disabilities in South Africa'. This paper contributes to gender studies on consensual sex, male rape and masculinity debate by exploring the contradictions that exist on how Zulu speaking men with disabilities respond to sexual acts that take place between them and their female care givers. They argue that their families' and communities' understanding of their sexual relationships with their caregivers, as gender-based violence and male rape is a misperception. Thus, to resist this, they argue that what communities refer to

as ‘rape of men with disabilities by female care givers’ is not actually rape; but consensual sex. To justify their argument, they use the Zulu masculine perspective that a man does not turn down sexual advances by a woman.

**Key words:** *Male Rape, Consensual Sex, Hegemonic Masculinities, Zulu Men With Disabilities, Zulu Masculinities*

## **Introduction and Background**

Rape is a phenomenon that is highly contested in African patriarchal cultural contexts when the victim is male, and perpetrator is a female. This is explicitly linked to masculinity and power relations between the perpetrator and the victim. Such conceptualisations raise some contradictions if the ‘assumed’<sup>1</sup> victim of rape is a man with a disability and the ‘assumed’ perpetrator is an able-bodied woman. This conceptualisation tends to force male victims of rape to suffer in silence owing to the power dynamics attached to rape. According to hegemonic masculinities, a ‘real man’ cannot be a victim of rape (Morrell, 1998), because rape is conceptualised as an application of power and force to a weak victim.

The South African legislation defines the crime of rape under Criminal Law (Sexual Offences and Related Matters) Amendment Act 32 of 2007. Rape falls under the broad category of sexual offences, which includes sexual assault, incest, bestiality and flashing, among other crimes. According to the act, “any person (‘A’) who unlawfully and intentionally commits an act of sexual penetration with a complainant (‘B’), without the consent of B, is guilty of the offence of rape” (Criminal Law (Sexual Offences and Related Matters) Amendment Act, 2007). This includes the oral, anal or vaginal penetration of a person with a genital organ; anal or vaginal penetration with any object and the penetration of a person’s mouth with the genital organs of an animal. In this act both men and women can be victims as well as the perpetrators of rape.

Feminist research on rape tends to focus on a male as a perpetrator and female as a victim (Javaid, 2016; Cohen, 2014). In patriarchal contexts there are still contestations on whether a woman can be a

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<sup>1</sup> We use the term ‘assumed’ because of the ambiguities on the sexual autonomy of people with disabilities in some African contexts.

perpetrator of rape and a man a victim. Moreover, feminists perceive rape as a method of coercive control and domination and a “conscious process of intimidation by which all men keep all women in a state of fear” (Brownmiller, 1975, 15). However, according to Brownmiller (1975, 292), male victims of rape are not neglected or actively ‘forgotten’, although female victims take precedence. Rape is commonly situated in a hierarchy embedded within patriarchal relations and it is assumed that it enables men to exercise power and control over women and is perceived as one aspect of social control (Javaid, 2014). Javaid (2014, 4) argues that “research in the area of male rape has expanded via clinical examinations, and examination from a psychiatric model of comprehending rape. Such explanations have concentrated on prison rape as this was the only acknowledgement of male rape, historically.” Gender research acknowledges that there is male rape taking place in prisons and warzones, because those are places where men are incarcerated, and their physical power is stripped away.

Victims of male rape also include homosexuals, who are raped because of their sexuality (Msibi, 2009; Nel and Judge, 2008; Reid and Dirisuweit, 2002). According to research, victims of male rape are reluctant to report their violation owing to fear of negative reaction (Javaid, 2016). The security agents and society perceive men who report sexual violence or rape as powerless and contradictory to male sexuality (Javaid, 2014). This is worse if the perpetrator is a woman because rape is conceptualised as a weapon of power by men over women who are assumed powerless (Barnett, 2004). According to Morgan (1980), rape is a perfected act of male sexuality in patriarchal culture where men use sexual coercion, violence subjugation and possession as weapons of power.

Therefore, for some communities, particularly the traditional patriarchal communities such as the Nguni traditions, the Zulu people from KwaZulu-Natal a man cannot be a victim of rape. Judith Butler (1990) provides a useful analysis of the contestation of male rape by society. She argues that heterosexuality creates sexual differences where the gendered heterosexual body is understood with regards to the penetrator and the penetrated. The one with a penis is the penetrator and the one with a vagina is the penetrated. Thus the ‘most common’ sexual penetration among the heterosexual is culturally and religiously constructed as the penetrator who is regarded as the powerful on top and the penetrated and powerless under. Written from a hegemonic

masculinity perspective, this paper discusses the resistance and contestations of the existence of 'male rape' by Zulu speaking men with disabilities from traditional KwaZulu-Natal province. Data for this paper comes from a community engagement project in the period of September-December 2017. Data was collected through focus group discussions and was analysed through thematic analysis. This paper is divided into four sections, firstly, is a presentation of the theoretical lens of the paper. Secondly, is a discussion on the methodology adopted by the paper. Thirdly, is a presentation and critical discussion of the emergent themes on how Zulu speaking men with disabilities respond to assumptions that their sexual relationships with their able-bodied female care givers is male rape. Fourthly, is a discussion of whether the sexual relationships between men with disabilities and their able-bodied female care-givers is male rape or consensual sex. Finally, are the concluding remarks.

### **Rape and Hegemonic Masculinities Perspective**

The theory of hegemonic masculinities was coined by Raewyn Connell and collaborators in the late 1970s and was adopted by gender academics and activists in several ways (Connell, 1983; Carrigan, Connell and Lee, 1985). This theory is contested and hence has been conceptualised in various ways, mainly as an ideal set of values that are established by men in power and functions to include and exclude, and to organize society in gender unequal ways (Morrell, Jewkes and Lindegger, 2012). Hegemonic masculinities combine several features: a hierarchy of masculinities, differential access among men to power (over women and other men), and the interplay between men's identity, men's ideals, interactions, power, and patriarchy (Morrell et al, 2012). This theory is relevant in understanding men with disabilities' hidden hegemonic masculinities in a context of their sexual relationships with female care givers because

...it presents different versions of masculinity such as, how men should behave and how putative 'real men' do behave, as the cultural ideal. The concept of hegemonic masculinity provides a way of explaining that though a number of masculinities coexist, a particular version of masculinity holds sway, bestowing power and privilege on men who espouse it and claim it as their own" (Morrell, 1998, 608).

Hegemonic masculinities may be perceived differently depending on context. Some contexts accept the fluidity and flexibility of masculinities while some contexts, particularly traditional African societies perceive masculinity as rigid and unchanging. Therefore, we are able to talk about African Zulu masculinities. Scholars have critiqued traditional African masculinities that are considered rigid and unchanging across social and human science disciplines as dangerous (Togarasei, 2013; Haupt, 2008). African masculinities are not only defined by the physical location or space, but by the socio-cultural factors embedded in Africa (Lupenga, 2014). As a result, in applying hegemonic masculinity approach one has to be cautious of the physical space and socio-cultural factors attached to the physical space of the participants.

African masculinities, particularly Zulu masculinities are said to be influenced by Shaka's masculinities that defined an ideal man as strong, assertive and aggressive. Zulu traditional communities are hierarchical, and men enjoy power in all spheres of life, they make decision in all areas of society including the domestic space. Zuma's rape trial that was widely covered by media between December 2005 to May 2006 exposed Zulu traditional masculinities on consensual sex and rape. Zuma's argument that his accuser 'Khwezi's dressing, wrapped in 'khang' was an invitation for sex, particularly his argument that if he did not act on this invitation he would have been in trouble and even accused of rape reveals the Zulu masculinities on consensual sex and rape. We use Zuma's trial as example of Zulu masculinities on consensual sex and rape because Zuma in his trial referred to Zulu culture as the influence of his decision to have sex with 'Khwezi'. There seem to be no male rape in Zulu masculinities, otherwise Zuma's argument that his accuser came to his bedroom half naked and asked for a massage would have been overturned by his legal representative to say the accuser raped him. It is worth noting that different men contribute to the reproduction of dominant masculinities in their unique historical and cultural settings. As a result, hegemonic masculinity is constantly changing and culturally contingent (Connell, 2005; Connell and Messerschmidt, 2005) for different contexts.

According to Meel (2009), in South Africa, males who report rape are those who were sodomised while those who are raped by women hardly ever report such incidents. This is because of the stigma attached to being subjugated by a woman in a 'man's world'. Since people with disabilities are predominately desexualised and degenerated within an ableist culture (Shakespeare, Gillespie-Sells and Davies, 1996), their lived

experiences of sex are largely generalised. Owing to their marginalisation in society, some African black men with disabilities contribute a unique form of masculinity that is contradictory and unanticipated in a context of sexual intercourse. Therefore, hegemonic masculinities are constructed and reconstructed over time depending on the context of masculinity. According to Shakespeare et al (1996, 62) “prevailing images of masculinity, and of disability, offer conflicting roles and identity”. As a result, men with disabilities construct masculinity similar but different from able-bodied men. Like the majority of men, they demonstrate their masculinity through physical embodiment of masculinity ideals – or what the male body is expected to do - for example sexual risk-taking behaviours (Connell, 2005). This is encouraged by the societal pressures to prove one’s masculinity. Lupenga (2014) argues that the strong link of masculinity to the performance of sexuality contributes to the undervaluing of the disabled body, which is tied in one’s lived, and embodied dilemmas experienced at personal level.

Therefore, disability for some is failure to perform the functions of men constructed and approved by their societies. According to Shakespeare et al. (1996), the privileges that patriarchy awards to able-bodied men may not be awarded to men with disabilities. This presents a binary of men in terms of ability and disability, whereby disability highlights the struggle of the body to perform masculine functions approved by society. However, recent research by Peta, McKenzie and Kathard (2015) indicates that African men with disabilities claim their urgency and sexual superiority on the grounds that they are male; they identify more with their masculinity than with disability, drawing masculine power that is awarded to them by patriarchy.

Hegemonic masculinities are dangerous to society because assumptions are that masculinity or maleness is characterised by strength, dominance, power, authority and control over women, minimal emotional expression, risky behaviour, heterosexuality, homophobia, sexual drive, competitiveness, and such other characteristics (Togarasei, 2013). This conceptualisation of hegemonic masculinity puts men at risk of sexual violence, physical abuse and other forms of abuse owing to fear of reporting such incidents. Relying on hidden hegemonic masculinities, this paper focuses on the perspectives of sexual relations between Zulu speaking men with disabilities and their able-bodied female care givers. Disability scholars have identified and discussed the contradictions that exist in disability and masculinity (Shakespeare et al, 1996; Morris, 1991).

Disability is perceived to be a threat in a man's masculine status. Participants in Ostrander's (2008, 592) study highlighted that disability diminishes their masculinity because it affects their sexual encounters, intimate partner selection, body image, and self-defense. This is because masculinity is weakened when the gendered performance breaks down (Connell, 1995). Sexual relationship or intercourse between a man with a disability and an able-bodied female caregiver is explored from hidden hegemonic masculinities from the perspective of Zulu speaking men with disabilities.

## **Research Methodology**

This paper is based on qualitative data resulting from a community engagement project in South Africa's KwaZulu-Natal Province in September to December 2017. Participants of this community engagement project comprised of six Zulu speaking men with disabilities between the ages of 20-45. Participants did not fall in a homogenous group of disability. Some were born disabled and some acquired the disability post-childhood. As a result, their lived experiences of disability differed.

### *Profile of research participants*

<b>Pseudonym</b>	<b>Age</b>	<b>Type of Disability</b>	<b>Onset of disability</b>
Jay	37	Physical impairment	Since birth
Lee	40	Blind and mobility impaired	Blind from birth and mobility impairment at teenage stage
Cee	34	Blind	Since childhood
Jee	26	Quadriplegic	Since birth
Tee	30	Cerebral palsy	Since childhood
Kay	28	Paraplegic	Since childhood

The project received the ethical clearance from the health studies department at the university in June 2016. An invitation to participate in the study was distributed electronically to different organisations and institutions in the disability sector in Gauteng and KwaZulu-Natal. Individuals and organisations indicated their willingness to participate in the project and made contact with us by means of the contact details provided on the invitation. We started the project with a 'Disability

Indaba' at the University of South Africa in August 2016 which attracted many organisations and stakeholders from the disability sector. In the Disability Indaba, we agreed with prospective participants on the convenient dates for data collection. The data was collected through focus group discussions under the theme gender-based violence (GBV) among people with disabilities. All participants were briefed beforehand about the ethical principles governing research with humans, particularly those considered as vulnerable. Issues of informed consent as a prerequisite for participating in the focus group were explained to all participants and they submitted their signed consent forms before the commencement of focus groups. As a result, participants joined the focus group discussions voluntarily and their identities were not revealed in this paper according to the ethical requirements. As much as it is impossible to ensure confidentiality of data collected from focus groups, we explained to participants that what was discussed in the focus groups is confidential, thus, our report does not publish any names of individuals or organisations that participated. It is important to note that the sample used in this study is small and does not constitute a representative sample of all Zulu speaking men with disabilities. Instead, it reflects and provides snapshots on perceptions of Zulu speaking men with disabilities if sex between a man with a disability and an able-bodied female care giver is a form of gender-based violence, particularly male rape. The project ran six focus group discussions on the theme GBV among people with disabilities.

Our questions focused on the theme of how people with disabilities conceptualise and experience gender-based violence. Responses brought up the theme of rape and societal perceptions of rape and consensual sex between a men with disabilities and able-bodied female care-givers. This is just a small portion of data collected from the focus group discussions, that was raised by participants who contested society perceptions of sex between a disabled man and an able-bodied female care giver as a form of GBV and male rape. Focus group discussions were recorded as participants discussed their experiences of GBV which mainly focused on society's perceptions and constructions of disability and sex. An IsiZulu linguist transcribed and translated data from IsiZulu to English. Then data was subsequently analysed through thematic analysis with a view of isolating major themes and sub-themes.

## **Consensual Sex or Male Rape- Perceptions by Zulu Speaking Men with Disabilities**

Focus group discussions revealed some contestations on how sex between a disabled man and an able-bodied female care-giver is perceived as male rape by society. In this section, we shall focus on two emerging trends from the focus groups. The two themes that we address were: ‘a woman cannot rape a man’ and ‘disability does not mean asexuality’.

### ***A woman cannot rape a man***

All participants in this study agreed that as much as they are vulnerable to any form of GBV, there is nothing like rape of a man by a woman in their Zulu culture. Participants were contesting the society’s perception that men with disabilities are vulnerable to male rape by their able-bodied female care givers because of their disabilities. One of the participants, Jay, a 37-year-old man using a wheelchair said:

people are quick to defend us because of our disability, if an able-bodied woman makes sexual advances to me (a disabled man) or has sex with me, people often accuse her of raping me, no one listens to whether I consented or not. I am a man, how can a woman rape me? For example, if my sister-in-law comes to my bed and forcefully remove my pants; I accept, because she is not raping me, she is helping me by giving me something nice...amaswidi (sweets), sex is nice.

Kay, a 28-years-old man with Paraplegia echoed Jay’s view, as well saying:

some women are curious about the sexual lives of men with disabilities. They will ask me questions like ‘how you have sex when you are like this?’ Then others just do not ask, they simply grab you whenever an opportunity presents itself. These opportunities are plentiful because we are always isolated. As you asked if we regard this as rape.... personally, I do not because I will be penetrating a willing woman and having oncamnce” (an isiZulu word meaning ‘nice things’), but the community and family are quick to judge this as male rape.

There are two issues that emerge from Jay and Kay’s views: firstly, they contest the public perception that a man with a disability is vulnerable to

rape by a female care giver. Secondly, they reveal hidden hegemonic masculinities, where a 'real man' does not turn down sexual advances by a woman, parallel to Zuma's argument, that a 'real Zulu man' cannot turn down a woman sexual advance.

Lee, a 40-year-old man who is blind rationalised a woman's sexual advances to a man with a disability as sexual favour. According to Lee, if a woman comes and starts touching and kissing him, it is a favour to both parties. He said:

I grew up isolated from other children. I taught myself some of these things because there was no one to teach me, so when a female friend, relative or any woman comes and wants sex with me, I consider it as favour to me and her. It is not rape as many people suggest! I accept because she would be doing me a favour and by accepting, I would be doing her a favour; since she is helpless and weak. The society, our families and the police think that this is rape because as disabled people, they believe that we are weak and cannot make our sexual decisions by consenting to sex. Everyone wants to treat us like children who need protection and it is unacceptable.

Cee, who is 34-years-old and has always been overprotected by her family stated that:

Some of our families are paranoid about our safety, our homes are in mountainous places, you know KZN...so they ask our relatives to assist with care giving in their absence, particularly when they are gone to work, and the children are at school. Those relatives are usually female and distant, so if she shows that she has sexual interest in me and she touches me, yes, I will give it to her. I am a man. A man does not resist a woman's sexual advances. But I will not tell my family because their paranoia will spoil the relationship. How can you then call this rape? She is giving me attention I never get from anyone else, because I am always protected and treated like a child!

On probing, the facilitator said: "Oh, so you will be stealing each other behind the family's backs?"

Cee: "Yes, and thus not rape, but the family will say it's rape, to me it's not rape, we are just exploring and enjoying each other... (laughter)"

Hegemonic masculinities define risky sexual behaviour as being a 'real man'. Lee and Cee's comments suggest that even if a woman is in a

domineering position, it is not acknowledged by them as domineering because it contradicts masculinity.

### ***Disability does not mean Asexuality***

Participants in the focus group kept on blaming communities and their families for treating them as asexual beings and children. One of the participants, Jee, a 26-year-old man with quadriplegia said:

At least if someone comes to me for sexual favours, she knows that I am also a sexual being and I have sexual needs like everyone else. She gives me something sweet and in turn I do the same. It is unfair because some women are now afraid to have sexual relations with us because they are sometimes accused of raping us. Some women prefer to be secretive because of this misperception. Like any other person we are sexual beings, we have sexual needs. Society must stop dictating to us on how and who we can have sex with, like able-bodied men, we [men with disabilities] enjoy sex and we want to explore it, it makes us real men, the third leg down there must work, why disabling him...

Tee, who is 30-years-old and has Cerebral Palsy also confirmed Jee's sentiments saying:

Since I became a teenager I could see the discomfort that my parents experienced as they noticed the changes in my body. They have never allowed me to go for any outdoor activities with my age mates...but my younger brothers can go. My parents say I will get hurt. Funny enough, they are not aware that some women find me attractive and want to 'play' with me. So now I give them what they expect...I act as if I do not have a girlfriend or have never had sex before, while if I get privacy I enjoy myself...I am now a man not a child!

### **Masculinity and Disability in a Context of Sexual Relationships with Care Givers**

Zulu masculinities are very visible from participants of this study. For participants disability does not alter their masculinity, they perceive their sexual relationship with their female care givers in connection to their masculinity. This resonates with Chappell (2014)'s findings where the Zulu speaking young people with disabilities 'placed more significance on

culture and gender, rather than their disability, in constructing discourses of love and relationships'. From a critical point of view, participants do not complain about the sexual advances they receive from their caregivers, they confirm that they liked it. It is worth noting that all the participants' caregivers were female; as a result, there was a female-male relationship. This relationship forced men to focus on the rigid, misogynistic attitudes of hegemonic masculinity shaped by the Zulu traditional perceptions of gender roles and heterosexuality, where a man does not reject sexual advances by a woman as it emerged from the former South African president Jacob Zuma's rape case. Themes such as masculinity, GBV/male rape, sexual independence and power emerged from the participants as they contested society's perceptions on sexual relationships that they have as men with disabilities with their able-bodied female care givers as "male rape".

### ***Masculinity and male rape***

In Zulu masculinities there is no such thing as 'male rape'. According to the participants, any sexual acts taking place with the care giver is consensual, rather than rape. Rape is feminised due to the power issue attached to it. Roberts (2013) argues that owing to fear of judgement and stigmatisations, male victims of rape often rationalise the abuse. It is not clear from these participants if they rationalised sexual intercourse initiated by their female care givers due to fear of judgement. However, what clearly emerges from the focus group discussions is that participants blamed communities for rationalising their sexual relationships with caregivers in a negative way, specifically as GBV or rape. For participants, GBV is the perceptions of society and family that 'demasculinise' them because of their disability, rather than the sexual advances and sex they receive from their caregivers.

Studies on masculinity and disability highlight that men with disabilities resist negative discourses of disability by renegotiating hegemonic masculine characteristics within their impairment that assist them to develop a confident self-identity (Shuttleworth et al., 2012). Lindemann and Cherney (2008) argue that some men with disabilities use sport to challenge the ableist assumptions about disability and masculinity. They use sports to reconstruct their hegemonic masculinity that is considered a norm by society. In addition, Gershick and Miller (1997) highlight that men with disabilities from an American context

negotiate masculinity in three patterns that they conceptualise as the three 'R' framework, which includes reformulation, reliance and rejection of the values and norms upheld by dominant masculinity. Reformulation is when men with disabilities reformulate dominant hegemonic masculine ideals parallel to their limitations or disability. Reliance is when men with disabilities rely on the dominant conceptions of hegemonic masculinity ideals and are likely to internalise feelings of inadequacy (Shuttleworth et al., 2012). Rejection is when men with disabilities reject the dominant hegemonic masculinity by reconstructing an alternative masculinity for themselves (Gershick and Miller, 1997). In this case, it seems participants reject that women can perpetrate rape to a man because male rape demeans manhood. In a context where the masculinity of men is under threat, participants of this study reformulate their own Zulu hegemonic masculine ideals that they are comfortable with. They focus on their gender identity as Zulu men, rather than the focus of their families and communities which is mainly on their disability. Their perceptions of masculinity are consistent to Murphy's (1987, 96) analysis where 'being a man does not mean just having a penis - it means having a sexually useful one. Anything less than that is indeed a kind of castration'.

The stigmatisation of people with disabilities contributes to how they want to fit in a society where they are often discriminated and marginalised. Therefore, even if their disability denies them access to the hegemonic masculinities such as being a 'real man', they seem to embrace anything that can allow them fit into the system by using their sexual encounters with caregivers to their own advantage and maintaining their status of power and identity in the male group. In this case, it is not about sexual experience, but about sexual autonomy and protecting their male identity. Hegemonic masculinities socialise boys and men to risk takers, brave and powerful. Some men perceive having sex with a woman as a source of power over women. Feminist theorists of rape such as Brownmiller (1975) assert that man's physical attributes, such as strength, size and sexual anatomy, "led to the realisation that women could be controlled and traumatised by using sex as a tool of domination" (Buss and Malamuth, 1996, 270). In rape contexts, the penis is perceived as a tool of power (Brownmiller, 1975) that should be put into use by performing its duties of penetration. To be masculine according to participants is not to be vulnerable, but it is a celebration of manhood, where the penile strength is not undermined even under suspicious circumstances. Some sexual encounters these men describe are

suspicious as male rape, because of the power a caregiver has over a man with a disability. However, we believe in an effort to fit in the rigid Zulu masculinities that were exposed by Zuma's court trial, these men portray the penis as a symbol of power and their manhood even if the sexual encounter with the caregiver takes place under 'suspicious' conditions of rape. On the other hand, whether they engage in sex under duress or not, there is a strong doubt that this is male rape, because there is consensus. Rape occurs where there is force and intimidation, none of the participants reported intimidation. The other muddle is that rape is conceptualized as forced vaginal intercourse (penile-vaginal intercourse). Although, the new Sexual Offences Bill in South Africa accounts for forced anal or oral sex but it does not include vaginal intercourse forced on a man by a woman (Meel, 2009). Therefore, in hegemonic masculinities, it is still believed that a man cannot be overpowered and raped by a woman, rather a woman comes to a man because she is attracted to him and appreciates his manhood. It emerges and parallel to Zuma's Zulu masculinity that emerged in his trial that a man cannot deny or turn down a woman's sexual advances because it is a transgression in Zulu masculinities.

The sexual encounter between a man with a disability and an able-bodied woman cannot be rape if the so called 'victims' are arguing that they consent by playing along. This then is society's prejudice of perceiving people with disabilities as asexual beings, dependents, perverts unable to make sexual independent decisions and in constant need of protection. This only weakens their sexual agency and independency. It is not clear if the sexual encounter between a man with a disability and able-bodied female care giver is a power exercise or not. Findings of this study do not show the reasons why female caregivers use men with disabilities for their sexual gratification. Nonetheless, it emerges that a power factor could be one of the key factors because some men with disabilities may not be able to fight off the perpetrator, therefore are forced to consent due to the idea that men must not express vulnerability. Conversely, denied sexual pleasure of people with disabilities by communities leads to dangerous perceptions of consensual sex, by raising some critical questions such as: when is sex consensual in a context of disability? Can consensual sex be measured by the dis/ability of the body? What about sexual feelings and emotions of a person with a disability?

### ***Sexual autonomy as a weapon power***

Although findings highlight Zulu hidden masculinities, it emerged that men with disabilities can arrogantly turn a situation meant to humiliate them to their advantage by suppressing their weaknesses and bringing up male psychology of dominance and control (Lindemann and Cherney, 2008; Ostrander, 2008). This politics of power played by men with disabilities to their advantage makes it difficult to highlight the prevalence of male sexual victimisation by women. It emerged in the findings that Zulu speaking men with disabilities rather romanticise the experience of sexual encounter with a caregiver as sexual autonomy rather than accept to be a victim. This is because of the hegemonic masculinities and heterosexual assumptions that are intrinsically embedded among Zulu men where a 'real men' want sex only with women. If a woman makes sexual advances even through sexual coercion to a man, it means they perceive that man as attractive and a 'real man'. The idea of 'masculinising' sexual penetration complicates 'male rape'. Who is illegible to define male rape? Can able-bodied female care givers' sexual advances to men with disabilities be perceived as male rape? All this should consider the sexual independence of men with disabilities, they are the ones who can say if they are raped or not, since they argue that their sexual relationships with able-bodied female care-givers is consensual, why should society question it.

On the other hand, the Zulu masculinities emerging from participants complicates the understanding of consensual sex and 'male rape' in highly masculinised societies. Participants experiences of discrimination and exclusion invited different strategies of resistance. Sexual autonomy is a weapon of power for these men. Thus, over protection by society and family seem to force them to develop and shape their own perceptions and attitudes of sex, masculinity and gender relations (Shuttleworth et al, 2012; Lindemann and Cherney, 2008; Ostrander, 2008) in an effort to exercise sexual autonomy. Lack of proper communicative practices with family members and interaction with peers contribute to the development of dangerous masculinities that increase the vulnerability of these men to life threatening sexual transmitted illnesses. Ultimately, they may end up fathering children they may never know, particularly if the caregiver chooses to hide the paternity of the pregnancy.

## Conclusion

Findings of this article confirm that dangerous hegemonic masculinities evolve from childhood experiences among men with disabilities. The quest to belong and accepted in a Zulu and male world contributes to how Zulu speaking men with disabilities shape their attitudes and perceptions of sex, masculinity and gender relations. The way they construct the sexual exchanges that take place between them and caregivers as consensual sex, suggest the fluidity of societal gender constructions. Each individual give meaning to gender experiences and performance according to his or her experiences that transcend cultural gender constructions. Findings raise a critical question on sexual experiences between people with disabilities and their able-bodied female care givers, if these are truly consensual or rape. It also seems what family and society perceive as male rape of men with disabilities by able-bodied female caregivers is not be perceived as rape by participants of this paper. The results point to the need for rolling-out education on the human and sexual reproductive rights of people with disabilities among family and broader community. This will assist each person to know where to put the boundaries in protecting a family or community member with a disability.

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