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Masculinity, Sociability, and Tuberculosis Risk: Sharing Practices in Gendered Spaces of a South African Township

Edmond Madhuha 

Steve Biko Centre for Bioethics, University of the Witwatersrand, Johannesburg, South Africa
Email: edmond.madhuha2@wits.ac.za

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Abstract

Tuberculosis transmission in South Africa is marked by significant disparities across gender, race, and class, with Black working-class men bearing a disproportionate burden. An eighteen-month ethnographic study in Modimolle utilizes Northern Sotho concepts of personhood to analyze the sociocultural structuring of tuberculosis infections. Findings indicate that men perform masculinity through ritualized sharing of alcohol and tobacco in male-dominated spaces. Although these practices promote comradeship and solidarity, they also increase the risk of tuberculosis transmission. Effective interventions should address the moral values underpinning masculine sociability to inform culturally relevant, gender-sensitive strategies aimed at reducing health disparities. By grounding tuberculosis risk in local understandings of masculinity, the article contributes to masculinity studies and, drawing from medical anthropology and sociology, deepens knowledge of infectious disease in global health and African studies.

Keywords: tuberculosis; masculinity in sociability; personhood; Northern Sotho values; Modimolle; South Africa

Introduction

Tuberculosis (TB) transmission in South Africa is unevenly patterned across gender, race, and class, with Black working-class men disproportionately affected. While structural explanations often emphasize poverty, capitalist extractivism such as mining, and circular labor migration, these accounts may overlook the sociocultural practices through which men construct identity and reproduce conditions for TB exposure. This article argues that masculinity, performed

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through access to and use of male-dominated spaces, shapes TB transmission. Specifically, I demonstrate that rituals of sharing alcohol, cigarettes, and *zol*¹ reinforce masculine belonging while concurrently increasing TB exposure, as these practices occur in close proximity in communal settings.

These sharing practices among men are not merely social activities but reflect a culturally specific conception of masculinity, interpreted here through the lens of personhood as understood by Pedi speakers. The concept of personhood is more generally contested and understood differently across disciplines such as philosophy, psychology, law, anthropology, sociology, and medicine. From sociological and anthropological perspectives, personhood manifests in everyday interactions. For instance, Karp's (1980) study of the Iteso demonstrates how the social act of beer drinking shapes key rituals associated with personhood, including child-naming ceremonies and various social and economic exchanges. Beer drinking, though seemingly mundane, is closely tied to the processes that constitute personhood. Participation in beer drinking, as Karp (1980) notes, serves as a social glue that helps establish an individual as a person.

This conception reflects a relational view of personhood, which is central to this study. In the Bapedi community, relational personhood is expressed through values including *seriti* (dignity, integrity, respect), *botho* (humanness, Ubuntu), *maitshwaro* (manners, moral conduct), and *seemo* (social standing, influence). Rather than treating these cultural values as abstract, this article empirically demonstrates how men in Modimolle enact them by sharing alcohol, cigarettes, and *zol* in taverns and shebeens.² These values are often expressed in poorly ventilated male spaces, reinforcing masculine identities and relational personhood. Similarly, as seen in Uganda, bars serve as primary venues for leisure and social interaction outside domestic or occupational settings (Scherz, Mpanga and Namirembe 2024). The social processes of beer consumption and smoking, and their links to identity and relational personhood, build on Mager's (2010) analysis of beer as a symbol of masculine solidarity in South Africa and extend Suggs's (1996) concept of "communal masculinity," where Tswana men historically reaffirmed their labor prowess through collective beer drinking.

The concepts of masculine solidarity and communal masculinity, as articulated by Mager and Suggs, are conceptualized here as "masculinity in sociability," grounded in specific cultural values and practices. For marginalized men in the context of tuberculosis, this construct embodies a duality that has two dimensions: at the individual level, sharing behaviors affirm individual identity within social structures; at the public health level, these same behaviors simultaneously increase TB risk, particularly in poorly ventilated spaces. TB illness and associated stigma can further erode personhood by diminishing social recognition. This duality offers a framework for understanding the elevated TB burden for marginalized men. Addressing this duality is crucial for health professionals developing targeted TB interventions. By utilizing a relational conception of personhood, this article introduces an Africanist perspective on tuberculosis-related health disparities, advances scholarship in masculinity studies, and, through insights from medical anthropology and sociology, elucidates the social dynamics shaping tuberculosis risk, thereby contributing to public health and African studies.

This research is part of a broader ethnographic study on masculinities and tuberculosis among Black working-class men in Modimolle, Limpopo province,

conducted from 2020 to 2021. Fieldwork coincided with South Africa's COVID-19 lockdowns, which included bans on alcohol and tobacco. Despite these restrictions, men in townships, including Modimolle, often continued customary sharing practices central to masculinity in sociability, disregarding government limits on gatherings.

Reflecting on my ethnographic fieldwork, I acknowledge my positionality as an immigrant who arrived in Modimolle before starting postgraduate studies. I integrated into the community by opening a spaza shop,³ which supported my family and helped me gain “insider status.” Daily interactions with customers enabled me to learn Sepedi, the predominant local language, and to deepen my understanding of community norms. Participation in community activities, such as funerals, and in a local religious group further deepened my understanding of local practices. This extended immersion enabled close engagement with participants' experiences, supporting an empirical investigation of masculinities and tuberculosis risk.

Modimolle, a non-mining township, provides a unique perspective on disease transmission, as most TB research among men in South Africa focuses on mining and labor migration. This study emphasizes the sociocultural dimensions of TB in a non-mining context. The town is part of a predominantly rural municipality where agriculture is the main economic activity. The area also faces the proliferation of informal settlements, reflecting economic marginalization common in many South African towns.

The study used unstructured and semi-structured interviews with men aged twenty to sixty, all diagnosed with tuberculosis. Most participants had not completed Grade 12. Some relied on the state's monthly temporary disability grants of R2000 (about US\$120), while others depended on the COVID-19 Social Relief of Distress grants of R350 (about US\$20). Participants were purposively selected with the help of community health workers at the local clinic. Due to ethical considerations and TB stigma, community health workers played a key role in the selection process.⁴

The sample also included six health professionals: five community health workers and one nurse overseeing the HIV/AIDS, STI, and Tuberculosis (HAST) unit at the clinic. All community health workers were women, highlighting the gender dynamics characterizing the profession. Five individuals were selected from a pool of twenty-eight based on availability and willingness to participate. Most participants identified as Bapedi, which was reflected in the use of Sepedi during interviews.

To develop a nuanced understanding of TB transmission, participant observation was conducted in taverns and shebeens, allowing immersive engagement with participants' daily lives. This approach enabled detailed observation and interviews with group members (Creswell 2007). The observed taverns and shebeens, located within residential premises, attracted substantial patronage, especially on weekends and at month end. Although these establishments have evolved from their historically exclusive origins—serving only men and including women as sex workers (Watt et al. 2012)—they remain predominantly male-oriented. Suggs (1996) notes the absence of women in the bars he studied in Botswana, describing them as male domains, while Scherz, Mpanga and Namirembe (2024) similarly

report that most bar patrons in Uganda are men. The following section conceptualizes masculinity in sociability.

Masculinity, sociability, and health: Theorizing gathered spaces

Building on the premise that masculinity in sociability arises from local conceptions of personhood, gender is defined here as a social construct that assigns specific cultural roles and expectations to individuals (Tsang and Wassersug 2018). This definition underscores the role of social structure in shaping both gender and personhood. Anthropologically, Western worldviews typically regard the individual as autonomous and complete, whereas non-Western perspectives often conceptualize the person as a “dividual” interconnected with the community (Young 2019, 96). Therefore, social context is fundamental to understanding interpretations of personhood.

Social processes, such as socialization and identity formation, are central to the concept of personhood (Molefe 2018; Nkechi and Benjamin 2023). In his critique of the bioethical principle of “respect for autonomy,” rooted in Western thought, Behrens (2018, 128) argues that it is limited because it overlooks African worldviews, which understand persons primarily through their relationships. In African communities, as Molefe (2018) argues, the community plays a vital role in shaping personhood. Similarly, Nkechi and Benjamin (2023, 310) concur that “existence entails other beings” in the African context, underscoring the relational dimension of personhood. However, persons who are racialized, disabled, elderly, belong to lower social classes, or are marginalized due to gender, sexuality, or illness are often perceived as having diminished personhood. As Wolf-Meyer (2025) observes, individuals often assess personhood by adherence to social norms.

Niehaus (2013) demonstrates relational personhood empirically by showing that African funeral rites, including night vigils, ritual cleansing, and communal ceremonies, reaffirm and redefine social bonds that persist beyond death. Conceptions of personhood must therefore recognize the influence of both material and intangible forces and the importance of considering the individual’s “existential situation in its totality” (Manganyi 2019, 530). Additionally, Young (2019) observes that personhood develops through active interactions within social and corporeal contexts, implying that masculine identities are similarly constructed through interpersonal engagement and cultural influences.

From an indigenous knowledge perspective, Morrell and Swart (2005) contend that postcolonial African frameworks prioritize communal and environmental bonds over Western individualism. In essence, the social context in which individuals are embedded significantly shapes the conception of personhood. Mfecane (2018) further explains that masculinity stems from both material and spiritual origins, with ancestors playing a crucial role within the individual’s self-conception. Masculinity is regarded as an active performance contingent on context, rather than an immutable essence (Tsang and Wassersug 2018). While the material environment is important, masculinity is equally rooted in cultural and spiritual values. Applying gender theory, I analyze the concept of “masculinity” to understand men’s ongoing preoccupation with identity, a process shaped by societal norms and expressed at personal, interpersonal, and structural levels.

Karp (1980, 109) contends that sociability “exists in and, for itself,” creating environments where social bonds and identities are continuously formed and renegotiated, often unconsciously. Building on this, Mager (2010) argues that sociability in shebeens extends beyond recreation and actively reinforces masculine solidarity. Rich, Nkosi and Morojele (2015) similarly note that drinking spaces are not merely leisure venues but also foster social bonding, provide men with respite from personal challenges, and occasionally offer social support. Suggs (1996, 599) describes beer in southern Africa as a “special food” integral to social life, playing a central role in events such as marriages and labor cooperation within patrilineages. Among the Iteso of Uganda and Kenya, Karp (1980) finds that beer drinking is intrinsic to social and cultural practices. While Mager (2010) emphasizes beer drinking’s role in cultivating masculine solidarity, this study highlights how rituals of sharing beer, cigarettes, and *zol* within gendered spaces not only forge masculine identities and sociability but also contribute to plausible pathways for TB transmission.

To appreciate masculine identity in African contexts, Mfecane (2018) recommends developing theories grounded in local perceptions of reality rather than uncritically adopting external frameworks. These theories should treat masculinity as a social construct shaped by the intangible aspects of personhood inherent in traditional African thought. Existing research (Karp 1980; Mager 2010; Mfecane 2011; Scherz, Mpanga and Namirembe 2024; Suggs 1996) indicates that beer consumption is a significant element of masculine identity. Building on these insights, the study demonstrates that masculinity in sociability is culturally informed and grounded in Sepedi values of *seriti*, *botho*, *maitshwaro*, and *seemo*.

Rathete’s ethnography of Northern Sotho cosmology elucidates a three-part ontology of personhood comprising *mmele* (body), *moya* (soul), and *seriti*. Although *seriti* is translated as “shadow,” Rathete (2007, 30) clarifies that it transcends this literal interpretation to denote a metaphysical facet of existence, embodying a supernatural expression of an individual’s spiritual and social identity within Bapedi belief systems. Building on this tripartite framework, Niehaus (2013, 131) introduces *madi* (blood) to describe a four-dimensional model of personhood in South Africa’s Lowveld. He posits that *moya*, associated with ancestors and the Holy Spirit, resides within the body, whereas *seriti* exists externally, representing a person’s dignity and reputation within the community. While these components typically coalesce into a single person, Niehaus (2013) asserts that they can occasionally remain separate and be transferred to others. This exemplifies a flexible conception of personhood shaped by relational dynamics. Collectively, Rathete and Niehaus demonstrate that Northern Sotho cosmology integrates the physical body, spiritual essence, and social bonds into a cohesive yet constantly evolving notion of personhood.

To examine how sociocultural values shape the notion of personhood, I asked my interlocutors about their perspectives on what it means to be a man in Modimolle. Their responses were as follows:

In my understanding, a man in Modimolle is recognized through *di ketso tsa gage – me diro ya gage* [his deeds and works], and through *seriti sa gage* [his

dignity and respect]. Through these, one can say, “there is a real man.” (Timmy Mabunda, interview, Modimolle, September 10, 2020)

My experience is that you can tell there is a man *ka maitshwaro a gage* [because of manners and behavior, the way he conducts himself], *seemo* [social standing], and *botho* [humanness, Ubuntu, the sum of human values]. These are the characteristics we consider when we say that someone is a man. This is my view of what makes a man. (Erick Maketa, interview, Modimolle, August 18, 2020)

These excerpts examine participants’ perceptions of masculine personhood by integrating tangible elements, such as actions and provider roles, with sociocultural values, including *seriti*, *maitshwaro*, *seemo*, and *botho*, as expressed in quotidian social interactions. Notably, these frameworks are flexible rather than rigid. Although *maitshwaro* encompasses a broad array of conduct guidelines, it is closely associated with civility and approachability. *Seemo* pertains to social standing and influence, whereas *botho*, akin to Ubuntu, reflects shared human dignity and responsibility. Morrell and Swart (2005) highlight Ubuntu’s principles of brotherhood, sharing, and respect, and Molefe (2018) notes that Ubuntu’s value is primarily earned through one’s conduct and is highly esteemed.

Overall, participants’ accounts and Molefe’s interpretation indicate a relational conception of personhood. Within this framework, masculinity is evaluated by an individual’s adherence to community values and practices rather than by personal autonomy. As a result, masculinities grounded in cultural traditions that are manifested through rituals of gathering, shared consumption, and reciprocity have concrete effects. These social interactions influence men’s vulnerability to tuberculosis, highlighting the relationship between health outcomes and the cultural values shaping masculine identity. The following section situates tuberculosis within South African and global contexts, focusing on the intersection of gender, space, and health.

Tuberculosis, men, and space: A South African perspective

Often referred to as the “ancient scourge” (Abel 2007, 1), tuberculosis primarily manifests in two forms—pulmonary, affecting the lungs, and extrapulmonary, impacting bones, joints, the brain, kidneys, or spine (Barberis et al. 2017; Bynum 2012; Sontag 1977). In 2016, tuberculosis was the leading cause of death from infectious diseases and ranked among the top ten causes of death globally (Olaleye and Beke 2018). The COVID-19 pandemic altered these trends, making TB the thirteenth leading cause of death in 2021; however, it remained the second deadliest infectious disease after COVID-19 (World Health Organization 2021). As the threat of COVID-19 waned, TB regained its position as the leading cause of death attributable to a single pathogen, as confirmed in 2023 (World Health Organization 2024). The 2023 estimates indicate approximately 10.8 million cases worldwide, with 55 percent in men, 33 percent in women, and 12 percent in children (World Health Organization 2024, 2). This gender disparity

reflects complex sociocultural and behavioral factors, including health-seeking behaviors influenced by gender norms.

Gender shapes TB patterns. Broom (1998) argues that gender both restricts and empowers individuals, thereby influencing risks and benefits at personal and societal levels. Similarly, gender affects exposure and vulnerability, which in turn influence the risk of infection and disease progression (Thorson and Garcia-Moreno 2009). Empirical evidence supports these assertions. For example, men are more likely to experience delayed diagnoses (Chikovore et al. 2017; Meintjes et al. 2008) and to interrupt treatment (Ramaliba et al. 2017). These behavioral and structural constraints worsen health outcomes and may increase community transmission by prolonging infectious periods. These findings affirm that gender is a critical factor in understanding the epidemiology of TB.

Furthermore, gender disparities in health literacy lead to different health outcomes. Surveys in Lesotho and South Africa indicate that women generally have a better understanding of TB etiology, symptoms, and transmission than men (Luba et al. 2019; Shamu et al. 2019). These knowledge gaps are associated with more proactive health-seeking behaviors, suggesting that greater awareness may reduce infection risk and promote treatment adherence. Consequently, gender-sensitive interventions are essential to address the structural inequalities and behavioral patterns that perpetuate the tuberculosis burden.

Although tuberculosis cases increased following the COVID-19 pandemic, evidence indicates that the global death rate attributable to TB has decreased. The World Health Organization (2024) estimates that tuberculosis caused approximately 1.25 million deaths in 2023, down from roughly 1.32 million in 2022. Mortality statistics reveal a notable gender disparity: in 2023, around 568,000 adult men died from TB, while 352,000 adult women and 166,000 children also died (World Health Organization 2024, 13–14). These data highlight gender disparities in tuberculosis mortality but provide limited insight into the underlying reasons for the higher mortality rates among men.

Horton et al. (2018) highlight the global neglect of men in tuberculosis control efforts. Likewise, Allotey and Gyapong (2008) emphasize the importance of understanding how gender relations influence the management of communicable diseases, including tuberculosis. Such understanding is essential for addressing health disparities between women and men. In regions with high disease burdens, such as South Africa, overlooking these dynamics may perpetuate transmission cycles. Analyzing constructs of masculinity and men's perceptions of the disease is imperative, as these factors significantly influence health behaviors associated with tuberculosis transmission.

The risk of TB infection depends on exposure patterns, including proximity to infectious individuals and the duration of contact in high-risk, poorly ventilated environments, as well as the prevalence of disease within the community, which reflects regional epidemiological trends (Davies 2005; Mathema et al. 2017; Olaleye and Beke 2018). To gain a comprehensive understanding of these risks, sociocultural norms, such as gendered spatial practices, may offer additional insights. Therefore, beyond biological susceptibility, external determinants—including the infectiousness of source cases, social behaviors such as smoking and alcohol consumption, and environmental factors like indoor air pollution—also

contribute to increased transmission risk (Narasimhan et al. 2013; World Health Organization 2024). Significantly, environments that facilitate the transmission of *Mycobacterium tuberculosis*—characterized as enabling the bacilli’s “transit from one host to the next” (Bothamley 2005, 527)—are often shaped by social factors.

Smoking impairs immune function and increases the risk of TB. Smokers with TB are nine times more likely to die than non-smokers (Wessels, Walsh and Nel 2019). Alcohol similarly increases the likelihood of TB infection and non-adherence to treatment protocols (Louwagie et al. 2014). These issues attracted renewed attention during South Africa’s stringent COVID-19 lockdown, beginning in March 2020 and extending through successive phases of restrictions. This period was marked by an unprecedented five-month ban on the sale of alcohol and cigarettes (Albernaz et al. 2023; Egbe et al. 2022). The 2020 regulations prohibited the sale of “tobacco, tobacco products, e-cigarettes and related products” (South African Government 2020, 22), driven by concerns that communal practices such as sharing cigarettes or pipes in densely populated townships could facilitate virus transmission and that smokers faced an increased risk of severe COVID-19 illness, potentially overwhelming healthcare facilities (Filby, van der Zee and van Walbeek 2022; Saloojee and Mathee 2022). As Dr. Nkosazana Dlamini-Zuma, then Minister of Health, noted, sharing tobacco products not only impairs lung function but also hinders social distancing measures, thereby promoting viral spread (Savides and Hunter 2020). These measures exemplify how sociocultural practices, especially those embedded in masculinized public spaces, influence the dynamics of infectious diseases. Just as COVID-19 restrictions underscored the dangers of shared smoking rituals, TB intervention strategies must also address the sociocultural norms that endorse high-risk behaviors within male-dominated environments. Accordingly, analyzing constructs of masculinity within these settings is vital for understanding the transmission and enduring presence of TB among men.

Social context shapes masculinities, and men’s spatial interactions provide critical insights into TB transmission within this demographic. South African TB research has traditionally focused on mining, particularly gold mining, where exposure to silica dust is a primary cause of TB. The incidence among South African gold miners is estimated to be four to ten times higher than in the general population (McCulloch 2014; Mutendi and Macdonald 2018). The movement of mineworkers between workplaces and residential communities facilitates the spread of TB beyond mining regions. Although these structural factors are significant, the emphasis on mining often overshadows gender-specific and sociocultural transmission pathways, especially those rooted in men’s social interactions. This study argues that men’s frequenting of entertainment and social venues fosters sharing practices that reinforce masculinity and belonging, while simultaneously creating conditions conducive to TB transmission. While previous research highlights workplace hazards, malnutrition, and overcrowded hostels in mining environments (McCulloch and Miller 2023), this study draws attention to poorly ventilated, male-dominated entertainment spaces as overlooked sites for TB spread.

The burden of tuberculosis predominantly affects low-income countries and areas marked by pronounced inequality, thriving in resource-limited settings

where poor living conditions facilitate transmission. As a disease intrinsically associated with poverty, TB proliferates in environments where systemic disparities such as substandard housing, overcrowding, and limited healthcare access promote transmission. For example, in Limpopo province, the location of this study, approximately 55 percent of TB patients are co-infected with HIV, highlighting interconnected epidemics driven by social deprivation (Matakanye et al. 2021). Similarly, research in the Eastern Cape indicates a correlation between poor housing quality, overcrowding, and elevated TB rates (Cramm et al. 2011; Kapwata et al. 2022). These findings emphasize TB's status as a quintessential disease of poverty, both reflecting and perpetuating social and economic inequality. South Africa, with a Gini coefficient of 0.63 (World Bank, 2018), exemplifies a critical social context for examining how structural inequalities shape TB transmission, patient experiences, and strategies to reduce its incidence. Within this framework, which considers TB a condition rooted in structural deprivation, the subsequent section investigates how taverns—as gendered spaces where beer, belonging, and breath intersect—influence men's susceptibility to infection.

Taverns as gendered spaces: beer, belonging, and breath

South Africa ranks fifth globally in alcohol consumption among drinkers, with the average individual imbibing about 30 liters of pure alcohol annually (Eighty20 2023). Nationally, consumption patterns are predominantly male: about 62 percent of men drink weekly or monthly compared to 36 percent of women (Eighty20 2023). These gender disparities are reinforced by social norms that normalize regular and heavy drinking among men while paradoxically framing dependence or overt intoxication as a sign of weakness (Fontes Marx et al. 2021). In Modimolle, both healthcare practitioners and men living with tuberculosis identified collective beer drinking and smoking in taverns and shebeens as key social practices that shape masculine identity and increase TB risk.

In my discussion with community health worker Linda Ndlovu, she said:

Regarding TB, many men enjoy being in groups where they drink beer and smoke, and that is why most of them fall ill with TB. (Linda Ndlovu, interview, Modimolle, July 20, 2020)

Linda's observations are consistent with extensive evidence on the gendered dimensions of alcohol consumption. They corroborate Suggs's ethnographic research among the BaTswana, which identifies public beer drinking as a marker of "masculine behavior" (1996, 608), and support Mager's historical analysis of the development of "cultures of masculine beer drinking" in South Africa (2010, 9). Notably, Linda's assessment underscores the duality of masculinity in sociability—while men forge and reinforce identities through sharing, they also increase their risk of contracting TB.

To illustrate the gendered and spatial distribution of taverns and shebeens in Modimolle, I refer to Figure 1 to highlight how male-dominated spaces not only foster shared social practices that shape masculine sociability but also serve as



Figure 1. A group of men engaging in a game of dice and socializing outdoors at a shebeen. Source: Personal photos, February 7, 2021.

venues that heighten TB risk. The shebeen depicted, which attracts men, is privately owned by Mr. Tshepo Motau,⁵ who built a “stop-nonsense”⁶ barrier around his property. This is a common practice to conceal activities from authorities and enhance security. Additionally, Mr. Motau operated a spaza shop on the premises, managed by his spouse. Despite the ongoing COVID-19 pandemic, patrons frequently disregarded health guidelines, including social distancing, mask-wearing, and the use of hand sanitizer. I was noticeable for wearing a face mask while patrons drank beer, smoked, and socialized in close proximity.

One Sunday afternoon, Mr. Motau’s shebeen yard was bustling with revelers. Outside the stop-nonsense on the dusty street, a group of young men gathered to play dice while others socialized, as shown in [Figure 1](#). Inside the yard, patrons reclined on empty beer crates, enjoying their drinks. Beyond the open yard stood an informal, poorly ventilated zinc-sheet structure where more patrons sat shoulder to shoulder, danced, and watched television. Although the outdoor scene of men playing dice appeared well-ventilated, the close proximity and shared activities—whether rolling dice or dancing—demonstrate the duality of masculinity in sociability. Social bonds among men are built and nurtured while conditions conducive to TB transmission are created.

Ethnographic observations reveal that drinking establishments can deter men from seeking health care. For example, on a Monday morning, before taverns opened at 10 a.m., I accompanied two community health workers to locate Charles, a TB patient who had missed a follow-up appointment. Although he was not at home, his brother directed us to a house across the street from a tavern where Charles was found drinking beer with a group of men. The brother’s familiarity with the location highlights how taverns function as daily venues for masculine socialization, opening early and attracting regular patrons. Even on weekday mornings, men’s drinking serves as both a performative display of masculinity and a social lubricant that facilitates interaction and community bonding while also posing a risk factor for TB.

These observations corroborate broader research findings. Mfecane (2011) notes that in Mpumalanga, beer consumption is deeply embedded in daily life

and symbolizes masculinity. Similarly, Albernaz, Lage da Cruz and Dias (2023) suggest that alcohol helps strengthen social bonds. Scherz, Mpanga and Namirembe (2024) portray Ugandan bars as crucial venues for male socialization, recreation, friendship, and the mobilization of social initiatives. Rich, Nkosi and Morojele (2015) investigate tavern patrons in South Africa's North West province and find that although some men visit primarily to socialize without necessarily consuming alcohol, the majority are encouraged to develop a high tolerance for alcohol and feel compelled to demonstrate it among their peers. Together, these studies highlight that spaces centered on beer are vital for male sociability and identity throughout sub-Saharan Africa, providing platforms for men to bond, share concerns, and seek support.

Dumisani Chauke, one of two male nurses in the local clinic's HAST unit, highlighted the structural risks of TB infection associated with men's sociability:

Taverns and shebeens are primary gathering spots for men, but their poor ventilation increases the risk of TB infection. These venues are predominantly male. Women attend less frequently, usually only on weekends or evenings, and tend to leave earlier than men. By contrast, a man might arrive at 9 a.m. and stay until midnight, increasing his exposure. Similar patterns of male sociability are observed at places like car washes, where men gather in large groups. Another problem is that men often skip proper meals, weakening their immune systems. For example, where does a man find the time to cook a proper meal if he spends most of his time at a tavern? (Dumisani Chauke, interview, Modimolle, March 3, 2021)

Dumisani's account shows that masculinized social environments promote sociability but also contribute to nutritional neglect among male patrons. With women and children generally at home, taverns function as key social spaces for men, which may partly explain the challenges many face in reducing alcohol consumption (Scherz, Mpanga and Namirembe 2024). In an informal discussion, community health worker Salome described eating a nutritious breakfast before visiting tuberculosis patients to strengthen immunity and reduce infection risk. During fieldwork, I adopted a similar routine, consistently having a substantial breakfast before engaging with participants. The contrast between Salome's preventive approach and Dumisani's portrayal of men's late-night tavern attendance highlights a behavioral distinction: while women and health workers prepare for the day, men often prioritize social interactions over self-care.

Unemployment drives many men to frequent taverns and other male-oriented spaces not solely for leisure but also for networking and exchanging limited employment information. In these environments, beer serves as a social lubricant, uniting men from different social classes and enabling them to negotiate their status and identity through shared rituals (Dumbili 2022; Mager 2010). As James Moeng, a twenty-eight-year-old TB patient, recalled:

I did not have steady employment. I earned some money washing cars. At the car wash, I mingled with older men who were formally employed, such

as traffic and police officers. We would drink beer together. They would ask how I was doing, and I told them I was on TB treatment. They encouraged me to follow my treatment schedule and be patient with the process so that I could recover my health. (James Moeng, interview, Modimolle, August 24, 2020)

James's account illustrates that beer bridges social hierarchies and provides access to broader masculine networks, consistent with Karp's observation that beer signifies "diffuse solidarity and unencumbered sociability" (1980, 84). Although James earned a modest income from piecework at a car wash—a male-dominated environment—beer enabled him to connect with wider masculine groups. Even unemployed men participate in beer drinking through reciprocity, as reflected in the Sepedi proverb: "*Bana ba motho ba ngwathagana hlogo ya tšie*" ("One's children share everything, no matter how small").

This dynamic echoes Nkechi and Benjamin's (2023) argument that reciprocity is central to personhood, as individuals are socialized into systems of mutual obligation that bind their fates and shape their identities. Consequently, James's access to encouragement for TB treatment exemplifies Menkiti's (2018) assertion that personhood is formed through lived morality and reciprocal recognition, where equality endures despite social differences. This aligns with Flikschuh's (2016, 439) philosophical claim that "moral membership in communal life" forms the foundation of personhood. Molefe (2018, 226) also notes that "the idea of personhood entails a morality of duties to others." Scherz, Mpanga and Namirembe (2024) similarly remind us that in contexts of scarcity, the bar fosters indulgence and unchecked generosity, a theme evident in South African settings, where, as Casper (2017) notes, men often spend limited resources on alcohol for peers, not necessarily expecting returns. Collectively, these insights highlight how reciprocity—through advice, drink, or smoke—fosters belonging, affirms personhood, and sustains masculine solidarity.

If James highlights the supportive aspect of reciprocity, Thabo Dube's account reveals its more fragile side:

I am an aspiring stand-up comedian and before my TB diagnosis, I performed at local taverns. Performing gave me regular access to taverns and shebeens, where I also drank beer and bonded with people. Many nights, I returned home late and intoxicated. On one occasion, I was mugged and woke up in the hospital. I believe that drinking too much beer and smoking contributed to my contracting TB. (Thabo Dube, interview, Modimolle, March 12, 2021)

Thabo's story illustrates how taverns function as both social hubs and sites of TB exposure. While biomedical explanations often emphasize poor ventilation or overcrowding, the social rituals themselves, such as prolonged drinking, sharing cigarettes, and communal activities, also create conditions that facilitate TB transmission. Men gather around a single bottle, passing it from mouth to mouth and literally sharing breath. Dice games, singing, and dancing also bring people

into close contact. For unemployed men like Thabo, these gatherings are essential to social life, strengthening masculine bonds while inadvertently increasing their risk of contracting TB.

These ethnographic insights are consistent with Casper's (2017) observations on male friendships and alcohol consumption in South Africa, where drinking symbolizes masculinity and shapes social interactions. The narratives of James and Thabo further demonstrate how reciprocity—through shared drinking, smoking, and social support—fosters solidarity, affirms personhood, and shapes gendered vulnerabilities to TB. The next section explores personhood values by examining smoking rituals as extensions of sharing practices that reinforce masculine bonds while increasing TB risk.

Seriti, botho, and the rituals of sharing cigarettes and zol

Personhood is not an abstraction; in this context it is informed by cultural values. *Seriti*, often translated as “personality and dignity” among the Bapedi of Limpopo (Rathete 2007, 30), also signifies respect and integrity. My discussion with thirty-two-year-old Thapelo, whom I met at a local tavern, reveals that:

Seriti is about *hlomphe* [respect] and dignity. A man with *seriti* respects himself and others. Even when provoked, he must stand firm without fighting because losing control means losing *seriti*. (Thapelo Mafa, interview, Modimolle, October 20, 2020)

Thapelo associates *seriti* with respect, dignity, self-restraint, and composure, framing it as a relational value that diminishes when control is lost. This view reinforces the idea that personhood is achieved through social conduct. The expression of *seriti* also clarifies *botho*, as the self-respecting individual is expected to treat others with respect. In this study, men enact these values through reciprocal sharing of cigarettes, *zol*, and *braaied* or barbecued meat. Such sharing is not just habitual but a performative act of *seriti* and *botho*, reinforcing masculine solidarity. Similarly, Karp (1980) found among the Iteso that sociability is marked by a willingness to engage in social exchanges. Fannie Mashishi, a fifty-one-year-old participant, offers insight into sharing and its implications for TB exposure. Reflecting on his diagnosis, he remarked:

Isn't it true that we share cigarettes and smoke together? I am sure that is where the problem lies. Smoking is my biggest challenge. I smoke cigarettes, and maybe through sharing cigarettes, I contracted TB. You see those guys who gather at the roadside and repair sofas? Those are the people I associate with, and we smoke together. (Fannie Mashishi, interview, Modimolle, November 6, 2020)

Fannie's rhetorical question, “Isn't it true that we share?” presumes a collective understanding of this norm and highlights the expectation of communal smoking, a practice locally known as “skyf.” In township slang, calling for a *skyf* means

sharing a drag on a cigarette or a *zol*. Refusing to share a cigarette or *zol* breaches the ethics of *botho* (humanness) and undermines the social expectations of being a “sociable person.” Like beer, tobacco and *zol* circulate not just as commodities but as tokens of belonging and happiness, binding men through what Karp (1980, 109) calls “the exclusion of individualizing interests.” Such rituals are especially common in spaces where prolonged proximity facilitates TB transmission (Morrison, Pai and Hopewell 2008). For Fannie, communal smoking was not just a habit but the very space of masculine belonging. However, this social belonging heightened individual vulnerability to TB and facilitated possible transmission among group members.

Similarly, Timmy Mabunda and Charles Mashaba attributed their TB exposure to the social aspect of smoking:

Erm, eish, I am not sure because I meet and mingle with lots of people. But let me be honest with you, it could be due to sharing cigarettes. As men, we share cigarettes a lot, and TB is very common among men. (Timmy Mabunda, interview, Modimolle, September 10, 2020)

I used to smoke and drink with close friends; one passed away from TB, and another was on TB treatment. We shared everything. (Charles Mashaba, interview, Modimolle, September 7, 2020)

Timmy’s hesitant introduction: “Erm, eish, I cannot say,” reveals an awareness that even routine acts like sharing a cigarette can have serious health consequences. He quickly frames sharing as an almost inevitable masculine ritual: “As men we share cigarettes a lot.” His observation that “TB is very common among men” presents the disease as both a statistical reality and a result of gendered social habits. Charles’s account is similarly vivid, directly linking a friend’s death and another’s illness to shared smoking and drinking customs. His statement, “We shared everything,” shows how norms of reciprocity extend beyond gestures of friendship to practices that can transmit disease. There is also a sense of collective resignation, as smoking and drinking with close friends are so ingrained that their health consequences seem an unavoidable aspect of brotherhood.

These accounts emphasize not only the mechanisms of TB transmission but also how men perceive risk in relation to their social obligations, which reinforce and reaffirm masculine identity. Here, smoking is best understood as a collective rather than an individual practice, as both interlocutors describe cigarette sharing as a communal activity among men. Molefe’s (2018) conception of personhood as dialogical and other-regarding is instructive: being a person involves pursuing self-realization through responsibilities to others. Even when harmful, communal smoking in this context operates as a moral practice of recognition, validating masculine personhood through reciprocal sociability.

This observation was further confirmed during an interview with Thabang, a local DJ I met at a tavern, who reflected:

Sharing is not just about generosity; it is about empathizing with another person—*kwelo bohloko*. If I have cigarettes and see someone without any, I

put myself in his shoes. That is *botho*. (Thabang Moselane, interview, Modimolle, February 20, 2021)

In this context, *seriti* and *botho* are inseparable, each shaping and sustaining the other. As Behrens (2018) observes, Ubuntu or *botho* situates personhood within interdependence and communal life. Masculinity in sociability and personhood are inherently relational, expressed through sharing practices embedded in the moral framework of *botho*. Given the social and reciprocal nature of smoking, Thabang's account underscores the centrality of empathy in sharing, reinforcing the concept of *Verstehen* as an interpretive understanding of social action (Ritzer, 2011). In the African worldview, as Nkechi and Benjamin (2023) argue, personhood is not innate but socially and actively cultivated. Achieving masculine personhood through *botho* thus relies on empathetic engagement and sharing, which, as Nyirenda (2024, 24) notes, is fundamental to attaining virtue and moral wisdom. Yet, this pronounced masculine expression of empathy also conceals an unintended risk of TB transmission.

The participants' stories show that men's understanding, rooted in *seriti* and *botho*, regards sharing as a moral duty, even when it risks their health. For them, not passing a cigarette or *zol* would be a betrayal of the community and a breach of normative values, illustrating how these social practices are closely linked to masculine identity, even as they unintentionally increase TB risk. This aligns with David Dickinson's (2020) analysis of South African township life, where alcohol, tobacco, and *zol* promote social bonds but also create health vulnerabilities.

The tension between cultural norms and public health became more evident during South Africa's COVID-19 lockdown. Minister Dlamini-Zuma's ban on cigarettes, satirized in Max Hurrell's song (Vivier 2020), highlighted how state paternalism clashes with masculinities rooted in shared rituals. Although COVID-19 and TB transmission differ, both expose the paradox of communal practices in which *seriti* and *botho* uphold dignity and humanness yet also increase disease risks in poorly ventilated spaces.

Terry Tlou's story highlights this duality. Co-infected with HIV and TB, thirty-nine-year-old Terry, who appeared physically weak during our interview, shared his experiences with me:

I smoke cigarettes, and it is easy to catch TB. On Fridays, there must be brandy and whisky, you see. There is no way TB will not infect me. As a man working with heavy machinery [Tractor Loader Backhoe driver], I drink strong alcohol like brandy and smoke marijuana [cannabis] with friends. On weekends, you will find me drinking beer and smoking, sometimes without even eating. When I come home from work on Fridays, I set up my *braai* stand, we eat meat with friends, and then we begin drinking and smoking. (Terry Tlou, interview, Modimolle, February 1, 2021)

Terry Tlou's account of weekends filled with braaied meat, brandy, beer, and cannabis reveals a routine that fosters comradeship yet weakens immunity to TB

infection. His *braai* practice with friends exemplifies *seriti* and *botho*, expressed through hospitality and embodying *umuntu ngumuntu ngabantu* (“a person is a person through others”) (Ntombana 2009, 76; Rathete 2007, 43). Molefe (2018) similarly stresses that within African moral thought, humanity is realized through responsibilities to others, and this ethic is reflected in Terry’s practices of drinking, smoking, and sharing food with friends. Still, the value of *seriti* must be seen along a continuum rather than as fixed. This is illustrated by Thabang, who remarked in relation to men’s practices in space:

When we drink together, there is happiness. However, a man with *seriti* knows when to stop drinking, as overdrinking diminishes your *seriti*. (Thabang Moselane, interview, Modimolle, February 20, 2021)

Seriti and *botho* mediate sharing practices among men, fostering masculine bonding and comradeship. Thabang’s narrative reinforces the idea that masculine personhood, informed by these cultural values, entails responsibility to oneself and the community. Yet failure to adhere to the script diminishes personhood, ultimately heightening TB risk. Terry’s admission, “There is no way TB will not infect me,” highlights the health consequences of prioritizing communal belonging over personal well-being, particularly as he describes continuous drinking without nourishing his body. Terry’s story echoes global findings linking heavy smoking and alcohol consumption to TB (Soh et al. 2017) and reflects the nutritional neglect observed by Dumisani.

While structural factors such as HIV co-infection, malnutrition, and inadequate ventilation elevate tuberculosis risk, it is the reciprocal sharing practices grounded in dignity, humanness, and community that shape men’s daily exposure. Analyzing how masculinity, expressed through sociability, transforms shared cigarettes, *zol*, and meat into significant rituals reveals the structuring of TB among men. These sharing rituals are not just spontaneous acts of camaraderie; they are regulated by *maitshwaro* and *seemo*, as discussed in the following section.

***Maitshwaro* and *seemo* in masculinized spaces**

Building on the interplay of *seriti* and *botho* in shaping communal sharing rituals, *maitshwaro* (social conduct) and *seemo* (social standing) structure how such practices are valued. While *maitshwaro* emphasizes civility, approachability, and responsibility—extending to moral conduct—*seemo* reflects the influence and respect a man gains by adhering to these norms. Together, the two form a moral framework of masculine sociability in which *maitshwaro* prescribes ways of social engagement, while *seemo* outlines the social capital gained through these interactions. This aligns with Menkiti’s (2018) argument that, in the African worldview, moral function is central to the definition of personhood, a point echoed by Nkechi and Benjamin (2023, 309), who emphasize that among the Tiv, personhood is intertwined with moral probity. Put differently, social standing (*seemo*) depends on conduct (*maitshwaro*), enacted and performed through

masculinities in masculinized spaces. These dynamics are vividly illustrated in the account of thirty-six-year-old Richard Mnisi, who lives in a subsidized government-built reconstruction and development programme (RDP) house and whose narrative reveals how gendered norms foster solidarity and produce risk. He recalls discovering his TB diagnosis mid-game in a cramped tin room:

I realized I had TB only after spending days playing PlayStation and TV games in that *mokhukhu* [tin room] with friends. After the TB diagnosis, I didn't hide it. I told my friends I was undergoing TB treatment. One admitted he had defaulted, ashamed to disclose his condition to us. Still, we continued smoking and drinking together with him until I finally said, "Guys, this room has no ventilation, let's move outside." Since then, we have played our games in an open-air shelter. We had chosen that tin room to keep others out, not realizing that we were killing ourselves. (Richard Mnisi, interview, Modimolle, February 8, 2021)

In Richard's story, *maitshwaro* is shown through deliberate disclosure, breaking the silence that many men fear could threaten their *seemo* (social standing). However, by choosing honesty, he also exhibits responsibility and concern for others, supporting Nkechi and Benjamin's (2023) view that ethical relations are vital to being fully human. *Seemo* is evident as peers follow his lead in disclosing their concealed diagnoses, thereby augmenting his influence and social capital, with *maitshwaro* as the performance and *seemo* as the ensuing currency.

The *mokhukhu*'s appeal as a gendered space lies in its promise of exclusive brotherhood and comradeship, which are pertinent to men's identity and personhood. Its tin-walled enclosure, dense with smoke and laughter, symbolizes belonging and masculine solidarity through shared rituals of smoking, gaming, and drinking beer. Rathete (2007) similarly describes men's informal gatherings, such as impromptu televised match viewings, as performative scripts of masculinity rooted in relationality rather than individualism (Morrell and Swart 2005). These practices, underpinned by *maitshwaro*'s emphasis on sharing, rely on collective approval, in which respect is earned solely by maintaining the in-group. This moral economy, however, carries unintended risks of TB transmission, further demonstrating the duality of masculinity in sociability. This is because the sharing behaviors occur when men congregate in close proximity under specific architectural conditions with inadequate ventilation. Indeed, the masculine scripts that unite men through shared space, secrecy, and loyalty create danger, as Richard's stark reflection, "we were killing ourselves," shows. Richard's group, akin to Zambia's TB-prone tented theatres (Murray et al. 2021), exemplifies how enclosed, male-dominated spaces facilitate disease spread even as they foster belonging. By leading the group outdoors, Richard questions and reaffirms communal rituals while renegotiating boundaries. His success demonstrates that *maitshwaro* and *seemo* are adaptable cultural values, showing that when an individual of sufficient standing redefines proper conduct, the group adheres accordingly.

This insight suggests broader potential for intervention. Instead of framing ventilation and hygiene as top-down directives from biomedical authorities, health campaigns should draw on existing moral frameworks, empowering respected community members to model new norms. Demonstrating that genuine *maitshwaro* and enhanced *seemo* arise from protecting each other's health and social bonds can encourage the adoption of protective practices. In this way, these practices become acts of *maitshwaro* that increase *seemo*, transforming high-risk male spaces into environments of shared well-being.

In an interview I conducted with Kenny Sefako, he emphasized how the values of *maitshwaro* and *seemo* intersect and manifest in men, stating:

In Sepedi, we say, *lentswe la monna le tšwa ga tee ka lapeng la gage*—when a man speaks, he must be obeyed. A man's authority depends on the finality of his word. In practice, when a man reprimands (*kgalemela*), sets a rule, or decides within his household, he does so once, as repeating himself signals weakness and undermines his *seemo* [social standing]. As the saying goes, *monna ga arabisiwi*—you don't speak back to a man. (Kenny Sefako, interview, Modimolle, January 20, 2021)

Using the proverb "*lentswe la monna le tšwa ga tee...*," Kenny articulates the cultural foundation underpinning masculine personhood. Authority, consistency, and responsibility mark masculine personhood and what a man says must be obeyed. The proverb shows that personhood is relational and expressed through social conduct (*maitshwaro*). However, masculine personhood may diminish, especially when a man repeats himself. It is reciprocated at the household and community levels, as Kenny illustrates with the statement, "you don't speak back to a man." Kenny's explanation gives substance to the rationale behind the group members' adherence to Richard's guidance on changing their gathering space. In other words, relational authority and social standing (*seemo*) operate within a framework of reciprocal responsibility and social conduct (*maitshwaro*). By relocating the group to an open space, Richard reduced the risk of TB transmission and infection while enhancing communal bonds. He exemplified how ethical conduct and social influence mutually reinforce one another in masculine sociability. Consequently, when respected community members display health-promoting behaviors that reflect *maitshwaro* and enhance *seemo*, groups tend to adopt safer social practices.

Conclusion

This study establishes that tuberculosis transmission among marginalized African men is fundamentally a sociocultural phenomenon. By centering conceptions of personhood and masculinity shaped by Northern Sotho values—*seriti* (dignity), *botho* (humanness), *maitshwaro* (conduct), and *seemo* (social standing)—the research demonstrates that masculinity operates as a mode of personhood through which men construct selfhood and identity. Masculinity in sociability fosters comradeship and solidarity through ritualized sharing of alcohol and tobacco in communal

spaces. These practices generate a duality: they reinforce masculine bonds and belonging while concurrently increasing the risk of TB transmission.

Instead of conceptualizing sharing practices solely as “risk factors,” this study interprets them as morally meaningful acts that underpin and sustain personhood and masculine identity in marginalized settings. The analysis highlights the relationship between gender and TB infection, demonstrating that men’s elevated disease burden results from culturally embedded practices in spaces where breath, beer, and social bonds intersect. This research advances African masculinity studies and global health debates by showing that solidarity can serve as both a resource and a risk. Men utilize behaviors associated with masculinity in sociability to construct and affirm identity within specific social contexts, even as these behaviors heighten the risk of TB transmission.

This reconceptualization presents new opportunities for public health by reframing close proximity during sharing practices in poorly ventilated, male-dominated spaces as more than an epidemiological risk. Such proximity symbolizes the bonds of comradeship that are integral to masculine personhood. Recognizing this prevents the overemphasis on behaviors as risk factors at the expense of their social significance in constructing masculine identity, which may undermine behavioral change efforts. Instead of marginalizing practices associated with masculine personhood, interventions should align with cultural values such as *seriti*, *botho*, *maitshwaro*, and *seemo*. The positive dimensions of these values, which promote community, can be harnessed to transform high-risk spaces into environments of collective well-being. While solidarity and belonging contribute to men’s increased TB risk, they can also be reframed as resources for health and resilience, benefiting both men and the wider community. Ultimately, reducing TB transmission requires more than merely medical interventions.

Author Biography. Edmond Madhuha is a postdoctoral research fellow in the School of Clinical Medicine at the University of the Witwatersrand. He holds a PhD in health sociology. His research focuses on health inequalities, exploring gendered, classed, and racial differences in tuberculosis risk among Black working-class men. He is a 2023 CCNY Fellowship recipient.

Notes

1. Zol is Southern African slang for a hand-rolled cigarette of cannabis.
2. Shebeens are unlicensed informal drinking sites.
3. A spaza shop is a tuckshop.
4. The study was approved by the University of the Witwatersrand’s Human Research Ethics Committee (Medical) (Protocol No. M190951) and by the Limpopo Provincial Government’s Department of Health through the National Health Research Database (NHRD) (Reference No. LP-202002-006).
5. All names of research participants are anonymized to protect their identities.
6. A stop-nonsense is a colloquial South African term referring to concrete walls around a building or house. It is commonly used in townships.
7. Skyf is an Afrikaans slang word meaning cigarette, a puff, and sometimes dagga or marijuana. Among smokers in townships, calling “Skyf!” to someone smoking a cigarette or zol is socially reciprocated by sharing the same cigarette.

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