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“Indoda” in the dawn of the HIV/AIDS epidemic: A study of masculine ideals, behaviors and practices among black heterosexual men living with HIV

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A thesis submitted to the Faculty of Humanities, University of the Witwatersrand, Johannesburg, in fulfillment of the requirements for Masters degree in Sociology

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To God, you have helped me realize my greatest potential and it was only through your mercy and grace that this was possible.

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Declaration

I declare that this thesis is my work and has been written by me in its entirety .It is submitted for the degree of Master of Arts in Sociology at the university of Witwatersrand South Africa. I have not submitted it for any degree or examination at any other university.

_____ Nomaswazi Mthombeni March 2016

ABSTRACT

Following a qualitative approach and using diaries and the anthropological tool of ethnography, the study engaged black heterosexual men living with HIV to explore and describe their masculine ideals, values and behaviors in the dawn of the HIV epidemic. The findings revealed that the fabric that made "*Indoda*" varied and changed over time but to be *Indoda ,* a man had to have one's own family and consequently be the head of the family "*Intloko yo Muzi".Indoda* was also detailed as someone who was "*iQhawe*",a warrior who fought many battles of invulnerability and endured hardships. The findings suggested that although participants strove to attain these specifications, they were also restricted and burdened by them; especially those who were under varying degrees of pressure as a result of the different social, economic and political transitions that were taking place. HIV was seen as a threat to the constructions of hegemonic masculine ideals and thus exposed a budding crisis of masculinity that men in this context were confronted with. While HIV seemed to alter ones identity for some of the participants, other participants revealed that HIV did not change their lives in anyway. Among these participants, multiple relationships with '*roll ons*'; secrets and low condom use were rife. The other group of men who differentiated themselves from those who were HIV negative challenged the dominant notions of masculinities and reconstructed their masculinities in more positive ways. In this way, these men inhabited a subjective position of agency by taking control of their lives and accepting and driving their *Z3.* The study concluded that masculine norms behaviors and values are fluid and it is through continuously engaging in critical examination of the discourses that construct masculinity that new constructions of what it means to be a man can emerge.

Keywords: Masculinity, HIV, Indoda , Intloko yo muzi, iQhawe,crisis of masculinity,roll ons , reconstructed masculinities,agency, Z3

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Chapter 1

Introduction

The landscape of the HIV/AIDS discourse in South Africa is defined in very particular ways and has formed the fabric of how the epidemic has been understood. Women have been positioned, whether through cinematic representations such as the movie Yesterday (Roodt,2004) or contemporary studies, as the face of HIV/AIDS with authors describing the epidemic as a "crisis for women"(Carroll et al,2007:199). Indeed, if one considers statistics, it is notable that women are the group that is most affected by HIV/AIDS.

As a result of this, policies and programs on addressing gender inequalities in the context of HIV have largely excluded a focus on men (Higgins, et al., 2010). Where men have been included, they have been represented as "drivers of the epidemic" (Reid and Cornell, 2004:20) or threats to the spread of HIV/AIDS because of their 'deviant' and 'hypersexual' masculinities (Stillwaggon,2003).

Such descriptions imply that men are central to the problem of HIV/AIDS and have been marked in narratives as 'reckless infectors', 'rapists' and 'oppressors' (Kometsi,2004). The fixation on this becomes a means of constructing men as the group at the center of the spread of HIV/AIDS yet; they are neglected when solutions are sought.

The marginalizing discourse of men and masculinity in the context of HIV/AIDS is however, being contested by a small but growing body of scholars who have called for less restrictive and simplistic ways of describing men and their behaviors in relation to HIV/AIDS. Morrell (2001) contends that masculinity is constructed in the face of a multitude of influences such as race and class and that certain life events may also

contribute to the complex environment in which gender identity is negotiated.

This report attempts to provide a more erudite account of men's position in the HIV/AIDS epidemic. It will highlight the complexities of hegemonic masculinities and explore how these constructions may be harmful not only to women but also to men. It will also consider the possibility of gender change where men are responding to the challenges posed by hegemonic masculinities and HIV in constructive and emancipatory ways.

Background

South Africa is in the third decade of the HIV and AIDS pandemic, and there is growing confidence that it can be halted (UNAIDS 2014a:8). The rate of new HIV infections is in decline, substantial progress has been made in preventing HIV infection among children, more people living with HIV know their status and the number of AIDS-related deaths has been reduced (UNAIDS 2014a:9). However, despite this progress, by the end of 2013, 35 million people were living with HIV across the globe and this number is increasing as a result of greater access to treatment. Although the number of new infections worldwide has decreased, it is still very high at 2.1 million new infections in 2013, 16% of which occurred in South Africa (UNAIDS 2014a:18). Of the total number of people living with HIV, 24.7 million live in sub-Saharan Africa, the most affected region.

Heterosexual sex is the leading cause of transmission in this context and one of the fundamental contributing factors to the extent of the pandemic in this geographical area is the heightened risk of HIV infection among young women and adolescent girls (UNAIDS 2014a:18). According to the South African National HIV Prevalence, HIV Incidence and Behaviour Survey (Shisana, et.al2014:37, 38), which was conducted using a sample that represented the general population (not only an antenatal population as this is generally the case with prevalence studies), total male prevalence continues to be much lower at 9.9% than female prevalence of 14.4%. This ratio is noticeable from a young age (15- 19), where the prevalence rates are 0.7% for men and 5.6% for women. According to the authors, this suggests that young women are “contracting HIV by having sex with older men” (Shisana et al 2014:37). Male prevalence rates reach these levels at age 20-24 (5.1%), whereas the prevalence rate for women in this age group

would already have tripled to 17.4%. The highest prevalence among women is in the 30-34 years age group (36.0%), while among men it is in the 35- 39 years age group at 28.8%. Prevalence among men aged 40-44 (15.8%) is significantly lower than among women of similar age (28.0%). After the age of 60, male prevalence at 4.6% exceeds female prevalence of 2.4% (Shisana et al 2014:38).

It is increasingly evident that the particular vulnerability of women and girls is "shaped by deep-rooted and pervasive gender inequalities" (UNAIDS 2014b:92). Unequal gender relations is a significantly more pronounced risk factor in countries where women have a low socio-economic and political status and, consequently, limited access to services and a reduced capacity for demanding protection against HIV transmission from their sexual partners (UNAIDS 2011:70). According to Leclerc-Madlala (2008:18), these drivers of gender inequity and HIV transmission are prevalent in most sub-Saharan African countries. As we entered the 21st century however, the summary of the impact of HIV and AIDS changed. According to Drimmie (2002) , HIV has stripped nations and families of their young people. While all they while worsening poverty, reversing human development, deepening gender inequalities and eroding the ability of governments to maintain essential services, reducing labor productivity and supply and putting a brake to economic growth. These conditions have consequently put people and household in even more risk or vulnerable to the epidemic and that is why it is important for the cycle to be broken.

However, since these observations were made in 2002, the quality of life and life expectancy for people living with HIV has been substantially improved as a result of the increasing availability of antiretroviral treatment (ART). They improved so much that by the end of 2013, 12.9 million people around the world were receiving ART (UNAIDS

2014a:14). A notable increase in antiretroviral access has occurred since 2010, mostly among a small number of countries such as South Africa, which reports a third of the increase (UNAIDS 2014a:14).The South African Department of Health (DOH) has made HIV care, treatment and support services widely accessible to South Africans and has succeeded in developing the largest ART program in the world (South Africa, Department of Health 2012:2). According to the Minister of Health, Aaron Motsoaledi, the total number of people on ART increased from 923 000 in 2010 to 1.4 million in 2011; by October 2012, the DoH had reached its target of 2 million people on treatment (South Africa, Department of Health 2012:9-10). In its 2012/2013 Annual Report, the DoH stated that 612 118 people were initiated on ART in that year which means "the Department is on track to reach the target of 3 million patients on ART by 2015/2016" (South Africa, Department of Health 2013:43).

Gender relations have been identified as a key element in HIV prevention, and existing literature suggests that they do affect health outcomes in general and HIV transmission in particular. In the course of the pandemic, we have seen a large number of HIV prevention and educational programs aimed at women. However, it is argued here that for HIV prevention programs to be effective, both men and women have to develop sexual health behavior that works mutually to prevent HIV transmission.

This study therefore contends that engaging men effectively in the HIV discourse is a vital component in reducing HIV prevalence and incidence rates. It is therefore in this context that my study sought to explore masculinities (ideals, behaviors and practices), gender relations and its link(s) with HIV.

Aim of the study

Rationale and objective

As highlighted, in many studies conducted in South Africa on gender and HIV, socially constructed norms of masculinities that result in unequal gender relations and high risk sexual behavior have been identified as key contributing factors to HIV transmission. Research conducted by scholars such as (Pronyk,et.al 2006:1973) have linked gender norms, or socially accepted gender behavior, to the increased risk of HIV transmission. While scholars such as Jewkes (2002) have contended that women's low social economic power as well as entrenched ideas of manhood and masculinities and men's implicit need to control women, has played a role in increasing the risk of transmission.

It is therefore in the context of the link between masculine behaviors, practices and HIV transmission that this study sought to gain a deeper understanding of participant's perceptions of masculinities (practices, behaviors etc.) and the potential risks that masculine behavior poses for HIV transmission (if it does at all). On the other hand, a small but growing body of research has shown that men, particularly those living with HIV are transforming harmful masculine practices in positive ways by resisting harmful practices associated with hegemonic forms of masculinities (Mfecane,2007).

Specifically, the study aims to interrogate how black heterosexual men living with HIV experience their masculinity, whether and if so how this status impacts on their views of themselves as men and lastly, the implications that these constructions may have on contributing to the spread or preventing the spread of the HIV/AIDS epidemic.

In light of this, the objectives of the study were therefore:

- To identify the constructions of masculinity by a group of heterosexual black men who are living with HIV.
- To understand how men living with HIV narrate and experience their masculinity and whether their HIV status impacts on their views of themselves as men (especially with regards to their behaviors).
- To critically consider the implications that these constructions have for men living with HIV and the epidemic as a whole.
- To investigate how constructions of masculinity in the HIV/AIDS discourse impacts on men's efforts to curb the spread of HIV, on their involvement in the care of those affected by HIV and the support they feel is available for men living with HIV.

Although the findings of the proposed study cannot be considered a representative of all men since individual experiences are complex, vary over time and in different contexts, it will aid in describing the worlds, complexities, experiences and narratives of the men and as such, contribute to a much neglected area of research.

It is hoped that the experiences of men will be understood and the important roles that they can and are playing in fighting the spread of HIV will be brought to light.

Structure of the dissertation

A continuous literature review process will be employed throughout the report, framing the findings within relevant areas of previous research in each chapter.

Chapter One set the scene and introduced the study.

In chapter two the texts on existing literature around HIV/AIDS, men and masculinities are presented.

Chapter three begins with a discussion of the qualitative collection techniques employed in the study. I describe in detail the location where I worked as a volunteer and later as an HIV counselor, the inclusion criteria used to recruit participants for the study and the role of the organization where I did my work. I also discuss my position as an outsider-researcher and the challenges and opportunities presented by this. Some of the methodological limitations of the research are also addressed in this chapter, alongside the ethical considerations.

In the chapter that follows, 4, the empirical findings of the thesis are presented. These are based on the qualitative tools of diaries, diary interviews as well as the ethnographic tool of 'hanging out' utilized to collect data.

In the final chapter, the conclusions of the study are presented. The limitations are also considered along with future recommendations.

Chapter 2: Literature Review

Introduction

The literature review will present the texts on the intersection of the different themes that offer a conceptual background of the study. It will begin by discussing masculinities in the South African context. Thereafter a background on the pandemic will be presented, focusing particularly on its history and its changing nature. Finally, texts which explore HIV/AIDS as a gendered disease and sexuality and; masculinity in relation to HIV transmission in the South African context will be discussed.

Masculinities

Hegemonic masculinities

The term and concept of masculinities, referring to the plurality of ways of being men has been used for more than 10 years in the field of gender studies (Connell, 2003). This stresses that there are indigenous definitions and versions of manhood defined by different tribal and ethnic group practices; as well as historically newer versions of manhood shaped by Christianity and other factors such as western influence and the global media (Barker and Ricardo, 2005).

These masculinities do not however necessarily complement and sustain one another. Rather, they are relations of hierarchy, where one form of masculinity (heterosexual masculinities) acquires the status of being the dominant masculinity, which was popularized by Connell (2000) as the 'hegemonic masculinity'. This masculinity is concerned with the position of men in a gender order and how they are understood as patterns of practice which people (both men and women) come to engage in that position (Connell,2003)

The concept of hegemonic masculinity is then seen as a heterosexual masculinity that dominates a society and exercises its power over rival masculinities. These translate into cultural prescriptions of what it means to be a 'macho' or 'real' man (Wetherell and Edley,1999) and illustrates that it is not about being a male in itself that is associated with dominance and power but rather certain ways of being and behaving (Cornwall,2000). Central to the notion of hegemony is that it operates in taken for granted ways where the dominant construction of masculinity obtains the support of the oppressed by being seen by them as legitimate and accepted (Gramsci, 1971; Van Dijk,2001).

This concept has however been subject to criticism by scholars such as Demetriou (2001) for failing to fully theorize the relationship between hegemonic masculinity and subordinated or marginalized masculinities as a dialectical one where the latter influences the formation of hegemonic masculinity. Connell describes non-hegemonic masculinity as existing in constant tension alongside hegemonic masculinity but never as changing the shape of hegemonic masculinity. It is articulated as a dualist concept with a complete separation between hegemonic practices such as aggression, rationality or violence and non-hegemonic practices such as non-violence, emotionality or tenderness. The concept of hegemony is therefore "closed and unified totality that incorporates no otherness" (Demetriou,2001:347).

Demetriou(2001) instead proposes that hegemonic masculinities are formed of diverse practices that work together to serve and maintain patriarchy . This means then that hegemonic masculinity is not necessarily the western stereotyped ideal of a white,

heterosexual aggressive male, but can include black, gay or other masculinities. The conceptualization of hegemonic masculinity is thus hybrid and flexible and can appropriate diverse aspects of being male to sustain itself as a dominant form of power in historically changing contexts (Demetriou,2001).

Black men in the South African milieu

Within the South African context, masculinities of black men reflect both the countries turbulent past and are a cause of that turbulent past hence it can be said that masculinity and its historical context(s) are yoked (Morrell,2001). To illustrate this, Morrell (2011) highlights that in South African, two major experiences and traditions in the 20th century shaped the patterns of black masculinity. These were the workplace, primarily the mines, and rural life that became increasingly impoverished, as more and more people were crammed into smaller plots of land. From these mores, new forms of masculinities emerged while old social hierarchies that preceded colonialism also endured.

In the gold mines for instance, a reputation of being the quickest shaft digger was developed amongst Basotho workers. The result was a Sotho masculinity, which came to include the claim that all Basotho men were physically tough and strong and were able to undertake the most dangerous and grueling mining jobs (Guy and Thabane, 1988 cited in Morrell,2001).

Campbell (2001) recounts in her study how newer workers in the mines were encouraged by experienced workers to remember that they were men. A man, she narrates, was someone who had the responsibility of supporting his family and therefore had to put up with the risks and stresses of working underground. Men were thus those who were brave enough to withstand the rigors of work. These identities of

manhood were shaped and crafted by workers as a way of dealing with the fears and struggles of the day-to-day life at the mines and came to inform the essence of masculinity in the mines.

Scholars such as Morrell (2001) also highlight that the complex situation in South Africa of formal white control and the agency of black laborers in the mines played out through violence. Afrikaans speaking supervisors asserted themselves through violence which was legitimated in racist discourse and taught in schools and families. While black men resisted and validated violence as a way of dealing with power inequalities. It was not surprising then that violent masculinities took root in newly created townships during this period (Morrell,2001).

In addition to this, Morrell (2001) describes some of the 'masculinities' that have since been encountered in the South African climate. These have come to include the notions around:

- Men with guns(Cock 2001; Swart 2001; Xaba 2001; Wardorp 2001)
- Ukubekezela: African Life Savers (Hemson, 2001)
- Gay men (Reddy, 1998; van der Meide, 1998; Louw 2001)
- Hybrid men - (GETNET 2001; Field 2001)

The different hues of black masculinities that emerged in South Africa therefore attest that the images and styles of masculinity are distilled from the social landscape. They were both synonymous with violence and risky sexual behavior while also synonymous with strength, resilience and macho-ness. Lastly, they were multiple, changeable and shaped by culture, politics and the environment (Morell,2001). Thus in analyzing the

discourse of young men, the plurality and fluidity of gender norms will be taken into account.

The new man

Masculinity studies, which are situated within the social constructionist camp, have begun to contend that dominant masculinities are open to change. From these and other sources, a picture of "The new man" has emerged. Morrell (1998) inscribes that "Although a caricature, it is helpful to identify some of his features: introspective, caring, anxious, outspoken on woman's rights, domestically responsible. The new man also turned his back on competitive sport, sexist jokes, and violent outdoor pursuits."

Writers from this social construction perspective see those from the more essentialist men's movement as a threat to this "new man". Morrell calls men to then challenge destructive masculinities and puts forward the suggestion that fathers should encourage their sons to play non-aggressive sport. They should also be encouraged to assist in household tasks along with their sisters and mothers. He further proposes that laws that discourage violence should be supported and guns should be opposed in government and the street. Lastly, he prompts that men should participate in decision making as equals with their spouses, not making decisions alone or unilaterally. In this way, men will be able to challenge the forms of masculinity which result in violence and conflict.

As a result of this, a series of workshops and policies have been put forward by government and NGOs around gender equality and masculinity. These strategies have been effected to sketch out a vision of what a ‘new man’ may look like in order to do away with the violent ,aggressive and negative behaviors and attitudes that have

constructed what a real man should be (Daphne,1999).

HIV/AIDS

Contemporary understanding

After 1991, the number of heterosexual cases of HIV/AIDS increased. The focus of the epidemic changed from one, which was closely identified with gay men, to injection users to being a heterosexual pandemic. Women, who were virtually invisible in the earlier stage of the epidemic, became the primary face of the virus- a face deserving sympathy and support, if not rescue. Pregnant women, who could pass on the virus to their infants and prostitutes who could pass HIV to their clients were the two faces of women who appeared in the discourse (Higgins et al.(2011). Scholars such as Higgins et al. (2011) highlight how, this doctrine framed the vulnerability paradigm, a model latent within research literature on the discourse of HIV/AIDS. According to this paradigm, women are susceptible to HIV because of biological differences in susceptibility (Higgins, et al.,2011).

The paradigm also rests on the belief that the differences in susceptibility can be attributable to social and cultural factors that reduce sexual autonomy in comparison to men. For instance, scholars like Worth (1989) and Amario et al. (2001) argue that gender inequality place women in unequal power positions that make pressing for condom use for example difficult if not impossible. These power dynamics increase women's vulnerability to HIV exposure.

Other scholars like Cancian (1986) and Logan et al. (2002), writing within the vulnerability paradigm, also note that gender socialization also increases women's

susceptibility to HIV by leading them to place premium on love and romantic relationships. They mention that even if they possess the agency to do so, women may not want to negotiate for condom use because condom use seem antithetical to trust, love, closeness and fidelity.

This vulnerability paradigm has however has been critiqued by a wave of feminist and academic scholars alike (Higgins, et al,2008, Higgins, et al ,2010). They questioned whether this way of understanding women in the discourse is the most useful way to conceptualize gender inequalities. They highlight that despite the fact that heterosexual men are too infected with HIV, HIV risk translates into vulnerability only for women. It ignores that African men, men who have sex with men or male injection drug users are also hindered by power differentials involving race, ethnicity, social class, sexuality and global structures of inequality (Higgns et al,2010). The description or lack thereof of the biological susceptibility of uncircumcised men in South Africa illustrates this vulnerability among men. Higgins et al (2010) highlight that a large body of research on male circumcision as a preventative effort focuses stubbornly on the likely effects of male circumcision on women and on the ways that men's voracious sexuality undermines the protective effect of circumcision.

The other major pillar of the vulnerability model ascribes women's greater likelihood of encountering an HIV-positive partner to gender based social inequalities. This assumption was challenged by the fact that many women display sexual agency and strength in their interpersonal relationships with men (Seidel and Vidal, 1997). Additionally, in all locations, including South Africa, women's sexual resistance to condoms has been relatively unexplored. Theorist's within the HIV field have developed

a behavioral model that directly or indirectly acknowledge the role of pleasure for both partners in shaping the uptake and use of male condoms (Barker and Ricardo, 2005). However, the empirical research on this topic has focused on men, demonstrating that many men do not like using condoms because they curtail sexual sensation (Khan et al, 2004). Contrastingly, researchers rarely consider the how condoms effect on pleasure may alter women's preferences or use patterns.

The literature presented above highlights how the discourse of HIV/AIDS has been conceptualized. It is evident therefore that the discourse of HIV/AIDS is gendered in nature. The unequal balance of power between young men and women ,combined with the patterns of risk taking behaviors among young men suggests that they (young men) play a key role in shaping the epidemic (Barker and Ricardo,2005). The next section will explore the literature around gender norms, sexuality and masculinities in relation to HIV.

Men and HIV

Masculinity and Sexuality

Numerous researchers have affirmed that gender norms are among the strongest underlying social factors that influence sexual behaviors (Barker and Ricardo,2005). Ideals of masculinity such as those which espouse male sexual needs as uncontrollable, multiple partners as evidence of sexual prowess and dominance over women (physically and sexually), can place both young men and young women at an increased risk of HIV (Kalipeni et at., 2009).

Gupta (2000) highlights for instance how these constructions of masculinity influence

sexuality by presenting a hydraulic model of male sexuality which is grounded on the belief that multiple sexual partners are essential for men .Research exploring Zimbabwean males beliefs regarding HIV/AIDS and sexuality for instance, found that more than 80% of men participating in the study felt that having multiple partners was normal and necessary (Chiroro, Mashu & Muhwava, 2002).

This is also echoed by Hunter's (2005) study on masculinity in a KwaZulu-Natal town where the practice of having multiple concurrent partners serves to define *isoka* and thus, manhood. These studies strengthen the view that men across all cultures, tend to have more sexual partners than women and thus on average experience more exposure to risk situations and can be expected to infect more partners in a lifetime (UNAIDS 2013). Women in contrast, are expected to be passive and innocent on matters related to sex and are thus placed at a heightened risk of HIV infection (Rivers and Aggleton,1998).

Barker and Ricardo (2005) add that the right to have multiple partners is reinforced through traditions such as polygamy for instance, which are closely linked to the norm by which masculinity is expressed through sexual conquest and prowess. They argue that these links have important implications for sexual behaviors and choices particularly in terms of the number of partners and use of condoms. They note that although traditionally polygamy placed men in a role of power over their wives and restricted extra marital affairs, it has in some settings become more informally interpreted as a man's right to have many sexual partners as he wishes. This social sanctioning of multiple partners can thus be linked to expectations that a man should have sexual relations with a number of women by the time he gets married (Barker and

Ricardo , 2005).

Gupta (2000) in addition, points out that there are prevailing cultural beliefs that can put men and their partners at risk, for instance the Swati and the Zulu cultures who expect men to be more experienced and knowledgeable about sex. He argues that by adhering to these prescribed gender roles, young men, by default, often have a disproportionate share of power and voice in intimate relationships.

The intersection of these different gender roles has been seen by scholars to perpetuate HIV infection risks for both young men and women while significantly expanding the epidemic (Barker and Ricardo, 2005). There is therefore a general consensus among many scholars that there is a link between masculinity and sexuality, where reckless sexual encounters or multiple partners may be viewed as part of the definition of what it means to be a man.

Masculinity and stigma

It is noted by scholars such as Goffman (cited by Mahajan et al, 2008), that social determinants such as gender constructs, poverty, vulnerability and prevalent misconceptions reinforce the stigma associated with HIV/AIDS. This view is espoused by Gupta (2000) who notes that the expectations of men to be invulnerable can discourage attempts to protect themselves from potential infection and can lead to denial of their risk. This is also supported by Foreman (1999) who mentions that men often neglect protecting themselves in safe-sex behaviors such as condom use as it is seen as inherently 'unmasculine'. Implied in this expectation of men to be invulnerable is the notion that the factors that increase men's risk to HIV, as identified by Gupta

(2000), are not perceived by men as making them vulnerable, but instead taken for granted as forming part of a normative construction of masculinity.

Scholars such as Barker and Ricardo (2005) also note that HIV/AIDS testing follows traditional gender norms that are related to health seeking. They argue that many young men have the perception that clinics are 'female' spaces and that real men do not get sick. This view is expanded by Mahajan et al. (2008) who notes that these views and highly stigmatizing atmospheres can encourage higher risk behaviour and individuals who are infected to be less likely to disclose their status to their partner.

Gupta (2000) further points out that masculinity are often defined in terms of dominant notions of heterosexuality, resulting in homophobia and stigmatization of men who engage in sex with other men. Fear of the stigma associated with same-sex relations can force men to keep their sexual behavior a secret and deny their risk of contracting sexually transmitted infections. This increases their own risk as well as the risk of their male or female sexual partners.

It is evident, from the literature presented above that the intersection between masculinity and HIV/AIDS center mostly on risky sexual behaviors that are described as driving the epidemic. One of the consequences of this kind of discourse is that it marginalizes men from efforts to curb the epidemic and denies men of their experience of being affected by HIV/AIDS through a restrictive focus on their role as infectors (Barker and Ricardo,2005) .

Chant and Gutman (2000) argue that dominant notions of sexuality and gender are

relationally constructed through the participation of both men and women and as a result, attempts to address problematic aspects of masculinity that marginalize and negatively position men are less likely to succeed.

It has also been noted that by focusing on the position of women in the epidemic, the needs of men who are living with HIV are often overlooked. Men often find support structures such as clinics inaccessible as they are mostly modelled on women's needs (Brouard, Maritz, Van Wyk & Zuberi, 2004). Men are also often subject to stigmatization at health service providers, which has been illustrated by the need for clinics aimed at men's health care. Furthermore, the lack of support contributes to men living with HIV being at a higher risk for utilizing maladaptive avoidant coping strategies such as alcohol or drug abuse and increased risky sexual behavior (Olley et al., 2003).

A growing field of study

In recent years this restrictive discourse has however slowly begun to change. Ignorance of the complexities of men's experience and simplistic depictions of men as 'the problem' have given way to a small but growing area of research exploring men's positions in society. This can be seen in the manner in which authors have begun to identify some of the destructive effects of marginalizing and negative depictions of men in the context of HIV/AIDS, the emergence in reports such as that from UNAIDS (2008) that advocate paying more attention to and empowering men and also in the emergence of biographical films such as *Dallas Buyers club* which highlights the subjective experiences of a man living with HIV/AIDS (Vallee,2013).

One study can also be identified that considers men's experience of living with HIV.

Mfecane (2007) explores constructions of gender identity by men and women living with HIV and receiving antiretroviral (ARV) treatment. The author describes how male participants constructed their masculinity as being transformed through the experience of living with HIV. Mfecane (2007) speaks of how participants reconstructed their masculinity through resisting harmful practices associated with hegemonic masculinity and transforming their masculinity in positive ways.

Mfecane (2007) states that changes in masculinity were mostly centered on men's role as financial provider as well as their sexuality. Being ill resulted in participants not being able to work and earn money, and thereby challenged the hegemonic notion of men being financial providers. Furthermore, living with HIV and receiving ARV treatment often resulted in sexual dysfunction as well as difficulties in establishing relationships with new partners. Mfecane (2007) notes how men participating in the study reconstructed their sexuality where their health took precedence over having regular sexual partners.

It is evident that the HIV/AIDS epidemic in South Africa demands action from across society. If the HIV crisis can be coupled with galvanizing a revolution in the way gender has been thought about then progress can be made in terms of curbing HIV spread, as well as benefitting the South African society in numerous other ways. It is thus incredibly important to support further research into the ways in which notions of masculinity impact on HIV/AIDS, in order to enable gender to take a more central position in HIV/AIDS education programmes.

Chapter 3: Research Methodology

Introduction

The study utilised a qualitative research design which allowed the researcher to explore the subjective accounts of participants experiences in order to gain a richer understanding of the topic (Maxwell,2012).

A qualitative line of inquiry was selected because it was more appropriate than the quantitative inquiry to meet the research objectives and answer the research question that was concerned with exploring the research participants perceptions of masculinities, gender relations and HIV prevention. As articulated by scholars such as (Maxwell,2012), qualitative research enables the researcher to obtain rich understandings of the meaning of experiences and events from the participants point of view. It also enables the researcher to gain better insights into the participants social context and how this context influences their perspectives and behaviours. The qualitative line of inquiry also allows the researcher to obtain descriptions and interpretations "in human terms rather than through quantification and measurement" (Terre Blanche , Kelly & Durrheim 2006:272).

The study used qualitative techniques such as diaries , diary interviews and ethnography to collect its data. This chapter will consider and elaborate on the various techniques utilized in the data collection process of the study and the issues related to these tools.

Study population and field site

The following section describes the inclusion criteria of study participants and the location of the fieldwork, setting the scene for later discussions.

Setting and sample

To gain access to the participants in the study, a non-probability sampling technique known as purposive sampling was utilized. This technique enabled the researcher to focus on particular characteristics of a population that would enable her to answer the research question. The inclusion criteria for the participation were firstly, black heterosexual men who were 18 years or older, secondly, the participants had to be conversant and literate in English, any Nguni language and Sesotho and, lastly, were openly living with HIV. The motive(s) for this selection were aligned with the objectives of the study but also driven by the ease of identifying participants. Secondly, the age range for the participants in the study was chosen because the study also tried to gain insights on the perceptions and understandings of masculinity (ies) over time and across the different age groups.

The six participants who were part of the research came to join the study in different ways. Four of the participants were referred by the director of the company where I had worked as a volunteer for 6 months while the other two were recommended by the participants.

The *Maluleni organization* was established 20 years ago to assist people in poor/ low socioeconomic communities who were affected and infected with HIV/AIDs. The organization supported communities (particularly low in income communities) with educating them on the different HIV prevention methods, administering free screenings

for TB and testing for high blood pressure and HIV. The staff at the organization provided free counselling and ran support groups for those men and women who tested positive for HIV. In this way, they played a role in educating and supporting the targeted communities on HIV prevention and treatment, TB and STIs.

The four participants who were sampled using this technique all worked in the organization as coordinators and HIV activists and were 'openly' living with HIV. Majority of these participants lived in informal areas between Duduza and Tsakane in the east of Johannesburg. Their roles as coordinators meant that they were responsible for ensuring that the counsellors provided the correct information on HIV and ran support groups for the individuals who were identified by the counsellors and the sisters from the local clinics as living with HIV.

To identify the other participants for the study, a snow balling technique was employed. Snowball sampling is a technique that uses a small pool of initial informants to nominate others- through their social networks- who meet the eligibility criteria and could possibly contribute to a specific study (Whitely,2002). This sampling technique was used to identify two other men who participated in the study who were identified by one of the participants in the study. This method of sampling according to Whitely(2002) is effective in identifying individuals from 'hidden' or 'hard to reach' populations and assisted the researcher with reaching a more clandestine population of men who were not involved in any form of coordinating or activist work in the organization and whose status my have not been publicly known. This further assisted in gaining a broader perspective and understanding of the topic outside of those who were activists in the organization. The study also tried to get participants from different socioeconomic backgrounds however; the majority of the participants in the study were from low socio economic backgrounds because of the nature of where the research was

conducted. Although the overall sample was small, it allowed for a more detailed case study.

In addition to the six men who participated directly in the study, the researcher was able to engage in informal conversations whilst hanging out with many other women and men (close to 8) in the community. These conversations although were very informal ; provided contextual detail and a means of locating the experiences of the participants who were the focus of this research in relation to dominant notions of manhood and the dynamics of power that structure gender relations.

The different sites where we worked on the daily were low-income townships and informal settlements. In these different sites, the researcher was able to utilise ethnography, an anthropological research tool of 'hanging out' whilst actively observing the participants in their 'natural' settings.





Figure 1: Sites of mission and 'hanging out'

Data collection

The study took a close and fluid approach in trying to capture the construction(s) of masculinities of men living with HIV and the role that these constructions play in spreading or hindering the spread of HIV through the use of a combination of tools. These tools included diaries/diary interviews, ethnography or "hanging out", and informal conversations with other men and women from hanging out in the field. This section will provide a comprehensive account of each of the methods utilized in the study and their usefulness as well as their limitations in the data collection process.

Diaries

The diary method was the main instrument used to collect data in an attempt to gain a holistic understanding of the issues being investigated. This method of data collection afforded the researcher an opportunity to gather more information on the experience of living with an illness (Richardson, 1994), (Zimmerman and Weider,1977). This is because, the primary way in which people make sense of their experience is by casting their story in narrative form (Mishler, 1999,69). Mishler (1999) further notes that, "telling stories is far from unusual in everyday conversation, and it is apparently no more unusual for diarists to respond to questions with narratives if they are given some room to speak". Each person's identity presents a unique idea of self, a unique story, furthermore, As Mishler, (199:16) notes," our identities are defined and expressed through the ways we position ourselves vis-a-vis others along the several dimensions that constitute our networks of relationships". This approach to capture narrative data

and getting access to temporal and longitudinal information in a 'natural' context worked well for this study seeking to understand each individual experience.

The diaries used to guide the data collection process began with a set of guidelines and open ended questions which directed the participants because "the best way to learn about peoples subjective experiences is to ask about them in open ended ways" (Kako et al, 2011:281). The guidelines highlighted the purpose of the research and instructed the participants to write in every second day or at any other time(s) where they were reminded of their manhood (in a positive or negative way). Participants were also asked to write about anything else that they thought about or anything that they remembered from the past that was related to their experiences of their masculinities. For a more detailed review of the specifications of the diary please refer to the appendix

Before the diaries were issued, the objectives of the research had to be explained to one of the directors of the organization who also assisted in identifying and helping me access the four participants who were part of the study. The gatekeeper spoke to the four participants prior to me meeting them however; he encouraged me to wait for them to disclose their status to me. After meeting the four men, all four spoke openly about their HIV positive status and highlighted that they were living openly to everyone in the organization and to people in some of the communities where they did their work.

The diaries were first issued to the four participants in the study to keep for a week. The participants were gathered together and detailed training and instructions on how to use the diary were given to ensure that the participants fully understood what needed to be reported, how and when. After a week had passed, the participants expressed the need to keep the diaries for a bit longer because they had not had time to write. After

two weeks, they were collected and examined. Of the four diaries issued only two of the participants had written entries in the diary- each starting the diary with a summary documenting important landmarks in their lives and how they got involved in the organization as well as events in their lives that may have/put them at risk of HIV infection. Though this was not initially in the instructions that had been given to the participants, it highlighted an important strength of the diary method; that the participants keeping the diary –as opposed to the researcher- were also in control of the dairy and played a significant role at co-directing the diary. In addition to this, the method was relatively self-effacing because it allowed the participants to record information in their own time and at their own pace.

I also had to ensure that I reminded the participants regularly on whatsapp or through text messages to write and made plans to meet with these participants every second week to collect the diaries and have brief informal conversations about their experiences of writing and the material that was in the diaries. This process continued for only two months because participants expressed that keeping the diary was time consuming, while others expressed that writing was burdensome as it made them relive certain painful events in their lives that they didn't wish to revisit and therefore lost interest in writing regularly as time went by.

Whilst most of the two participants wrote regularly and with astonishing openness in the first month of getting their diaries, two of the participants wrote very little or nothing at all. They revealed that they did not have time to write because they were busy. As a solution to this problem, the two participants who did not have time to write in the diary everyday utilized an audio/oral diary instead of the pen to paper diary. This method was fashioned to accommodate those individuals who expressed that they

didn't have time to write every day and involved either calling the participants or asking them on a daily to reflect on specific parts/events in their lives that were relevant to the study while I wrote these accounts word for word as they were presented to me- as if the participants were writing in the diaries themselves.

The last two participants for the study were recruited through snowballing and they were both not involved in any sort of activism work for or in the organization. They were also given instructions about the diary beforehand and were given the diary to write in for an entire month before collecting them because it was not easy to access them. I followed the same procedure of calling and sending them text and whatsapps messages regularly to find out how they were doing but also to remind them to write. Unlike the other participants, they wrote more in the diaries. This could have been related to the fact that they were unemployed at the time and had more time to write. However due to the time limitation, the diary interviews (discussed in the next section) with these two participants were administered over the phone as opposed to face to face.

As already mentioned some of the participants wrote and spoke about their experiences with astonishing openness as they got more comfortable writing and talking to me. As a result, there were entries that were encumbered with information about other people 's lives and stories- despite giving the participants strict instructions not to compromise the privacy of any other third person or even reveal who they have sex with or the status of anyone either than themselves. The study considered it vital to consider the sensitivity of friends and family members and or any other third party who may have not wished to have their details shared (as they featured in some of the participants stories). This matter was handled through carefully distinguishing between the entries

that were a source of analysis and those that were not included in the report for ethical reasons.

Overall, the diary method proved to be the best tool to collect data because it encouraged participants to focus on the daily activities and reflections of their lives. Additionally, the diaries produced distinctive and embodied accounts of the individual's lives that engaged with the social scripts of the illness experience at particular points in time.

Diary interviews

While the diary could have been used as a standalone method Milligan et al.(2005) highlights that a greater depth of using the diary can be gained from the diary interviews where questions about the diary entries are explored in detail. This according to Corti (1993,1) is considered to be one of the most reliable methods of obtaining information because it situates the produced narratives from the diaries within the intersecting connects of space and time as well as broader socio economic and political contexts. The diary interviews therefore enabled me to explore the context(s) of the entries that also assisted with the analysis of the diary content. All of the aspects aided in adding to the value and the richness of the data produced in the diaries. The diary interviews also aided in reducing analytical misrepresentation and for those participants who were not comfortable in writing in the style of the diary, it presented an opportunity to ensure that the experience that may have been difficult to convey through the written word were included.

The diary interviews with four of the participants that were purposively sampled took place in the different sites during the lunch breaks and they usually lasted 15-30 minutes depending on how much information was volunteered by the participants.

There were no fixed interview schedules instead; participants were asked to expand on some of the themes that arose in the diaries and other concepts that were unclear. In total, 3 diary interviews were conducted with the four participants. The first set of the diary interviews took place in the week after receiving the diaries back from the participants and the discussions that took place during these interviews were centered on the short life stories presented by the participants in the beginning of their diaries. This was an important process because it not only allowed me to understand the different contexts of each participants but it also allowed me to uniquely direct and guide the direction of the diary according to each participant's experience and context. For instance, participants who were married with children were asked to focus more on those aspects of their lives and participants who didn't have children were asked to focus on different aspects of their lives in their diaries and in the interviews.

The two interviews that followed focused and expanded strictly on what was presented in each participant's diary from the directions given in the first roll out of the diaries.

The diary interviews with the other two participants that were sampled using the snowballing technique were administered telephonically owing to time constrains and these lasted about 10-20 minutes and were conducted twice. The first one took place a week after they had returned the diary for the first time and the other took place three weeks after they returned the diary for the second time around. Unlike with the first four participants, these participants wrote more and I had developed the skills to support my participants and to ensure that they were writing regularly.

The diary/diary interview method was also combined with different methodological tools that allowed for close attention to issues of interest to the study. These included 'hanging out' through participant observation and following the paths of the individuals

as they navigated through their everyday lives. These other methods were useful in uncovering hidden dialogical details that could not be captured through the use of the diary method alone.

Ethnography, "Hanging out"

Ethnography or "Hanging out" describes the anthropological research method of studying people or groups of people in a detailed manner in order to gain rich knowledge and information about interactions, behaviors and perceptions held within the group (Reeves, 2008). This involves immersing one's self in spaces where the people/groups of people are and observing their interactions and behaviors.

An important component of ethnography is observation and is the process through which the researcher learns about the group being studied (Kawulich,2005). There are different types of observation, namely, *complete observer*, which is where the researcher is hidden in plain sight and the group is not aware it is being observed. The second type is *observer as participant*, which is when the researcher is an outsider and participates in the group activities when necessary, or desired but their primary concern is observation. The third type is *participant as observer*; this is when the researcher is already a member of the group but takes up the role of studying the group as a researcher (Kawulich,2005).

For the study, my role was observer as a participant. After my intentions were clarified and permission to volunteer was granted, I was able to participate as observer as participant. This process became important for the study for two reasons. Firstly, preliminary observation allowed me to see and understand the context of the participants what were part of the study. It also gave me a chance to see 'masculinity at play'. Secondly, being an observer as participant gave me the chance to observe and

begin to understand the natural setting without the contamination that comes with being a researcher. I was able to pick up on cultural terms and at times, witness and record the immediacies of peoples suffering.

In addition to this, being immersed in this space assisted in forging trust with the research participants. This was also a good way to get stories about the everyday lives of the men that wouldn't have been fully captured by the diaries. For instance, I was able to hear rich stories about extremely sensitive events such as a Hijacking, which was a necessary initiation ritual into manhood, and into the gang that one participant was once a member of.

Despite the process of hanging out being informal, there were instances where participants 'forgot' I was there and disclosed information about themselves which was upsetting and had a significant impact on my objectivity. For instance, a participant was having a conversation about how he 'intentionally' doesn't use condoms despite knowing his HIV positive status because women didn't like to use condoms with him. Though this information provided poignant insights for the study, it was extremely unsettling, even for a 'detached' observer.

Some of the richest fruits reaped from the time spent hanging out were the interactions and conversations I was able to have with other men and women (around 8) at the different sites. These conversations were very informal and were not recorded owing to the reluctance of the participants to be recorded. They were however rich sources of data throughout my research and were captured in the form of field notes. The value of conducting the field notes aided in preserving the observations, which were used in conjunction with the diaries and taken into consideration during the analysis process.

The combination of these methods therefore allowed me to uncover the detailed nuances of the everyday lives of men that were useful in researching the intimate nature of the study.

Analysis of the data

The diaries were analyzed using thematic data analysis which is an open coding system used to reduce the information to themes and categories (De Vos, 1998). This involved reading through all the diary entries carefully and making notes of themes that surfaced of each entry in each of the diaries. By doing this, the researcher was able to add a title or subtitle for each entry depending on what the focus on that particular date and day of the week was. This procedure facilitated in creating a preliminary table of contents placed at the beginning of each of the six diaries. At the end of this process, the diaries took an appearance of a normal book. This was useful in providing the researcher with an overview of the regularly addressed themes while the seldomly addressed ones were also notable by their absence. This process also facilitated in bringing to light new themes and topics which were not identified by my initial understandings and presuppositions.

Themes that occurred during special days, weeks or in the course of a particular time provided me with new insights and hence a better interpretation of the data. The overview was also important for advising the informant during the diary interviews but also appurtenant for me in the more detailed analysis. This way of analyzing the data aided in furnishing rich opportunities for linking theory and data as well as generating new knowledge about changes over time.

Language

The study placed primacy on meaning; and language was instrumental in retaining and

preserving meaning. It is on the grounds of this that in the empirical chapters, some phrases are presented in their organic form as they appeared in the diaries and interviews followed by their translated English meanings. It is possible however that some of the linguistic nuances may have been lost in this process of translation.

Tsotisaal which is a combination of the grammar of several languages (yourdictonary, 2016) was the primary language spoken by the participants in the study. Other frequently used languages in the diaries were IsiZulu, IsiNdebele and English.

Before starting the research, I had been conversant in these Nguni languages (isiZulu and isiNdebele) however my level was not sufficient to be able to undertake the research without the help of an interpreter for at least some parts of idiomatic expressions especially when they originated from robust Zulu and/or Ndebele. I therefore had help from a Zulu teacher who was also fluent in English and spoke fluent isiZulu and isiNdebele. She acted as an interpreter throughout the research and clarified and explained Idiomatic expressions and phrases which were sometimes used by the participants.

Language was an important part of the writing process in the participants diaries and was therefore retained as much as possible in the report.

Limitations and challenges

Limitations are constraints that inhibit progress of a study however, the important thing is how the researcher addresses each limitation. In this section, the limitations deemed the most pertinent will examined as well as how they were dealt with.

Sample

A non-random sample of men living with HIV were used in the study. These participants were sampled based on the organizations knowledge of men living with HIV who

worked at the organization. This was supplemented by two other participants outside of the organization who were sampled using the snowball technique. This posed a situation where men who share a similar social and economic context as each other were part of the study, making the generalization of the results obtained difficult. Additionally, the data collected represents the perception and experiences of a small, non-representative population and is focused explicitly on the experiences of men in the east of Johannesburg, a single metropolitan area in the region which may therefore not be generalized to the entire province and country.

The study also did not have any men living with HIV from the highest end of the income spectrum. As already highlighted, the organization mainly reached out to individuals who lived in low income areas because these communities were hit the hardest by the epidemic owing to the long standing economic and social inequalities which have not been remedied by democracy (Ricardo and Barker,2005).

Due to the sensitive nature of the research and where the participants were working, it is also arguable that many of the respondents may have felt they could not fully write/talk about their experiences and behaviors, particularly in questions regarding condom use and sexual behaviors. It may have been possible that the participants may have overestimated levels of condom use and their engagement with multiple sexual partners. There was also a notable sense of fear on the participants end-especially among those who worked for the organization- that people within the organization would be able to connect some of the texts/stories that would appear in the study to them. This fear lingered on despite the guarantee of anonymity and confidentiality.

The type of sample this study was able to access then means that the findings can only be said to be representative of black heterosexual men living with HIV in the townships examined at a particular time, and in a particular space meaning that they cannot be

generalized to wider populations. What is hoped however is that despite these limitations, the findings will contribute a piece to the mosaic of research examining masculinities and HIV in South Africa.

Methodology

A further and most grueling challenge in the research involved the use of the diary methodology in the data collection process. Through discussions with the participants as the diaries progressed in its first week and through observing and personally hanging out, it became clear that writing about your experiences and feelings on a regular basis was difficult for some of the participants. For instance, some of the participants had a hard time conveying their feelings into words and it was only through the diary interviews and informal conversations that I had more of an understanding of what the participant wanted to say. The main problem here seemed to be the concept of writing regularly when the participants weren't used to writing. Nevertheless, the issue remained, and I had to keep following up on the participants to get them to write and to talk about their experiences and to find new and alternative ways of engaging and using the diary.

Another was the participants adhering to the commitment of writing and submitting the diaries on time. The participants agreed to be fully committed to writing and submitting diaries at particular days for two months however most of participants did not stick to that commitment which made the data collection process strenuous and frustrating. The plan was to have all the diaries in by December 2015 however three of the participants requested to keep them longer so they could write more over the holidays. The diaries from these participants were only returned towards the end of February of the following year after weeks of calling the participants and reminding them to bring

them to work. This task was taxing and proved to be the biggest test of my patience throughout the research journey.

Bearing all of the issues in mind, using the diary method in the study was not an easy task and required time, patience and extensive commitment from the participants. However it produced some of the richest sources of data.

Ethics

As with any social research, ethical considerations were a priority for this project. In addition to completing the research ethics procedures, the main concern of the study was to protect the confidentiality and anonymity of the participants and the security of the data collected. All the participants, the name of the organization and the contacts used in the study were anonymised in order to protect their identities. This included all research participants and other contacts in the research unless they explicitly said they prefer to have their real name used.

The participants were also instructed when they were given the diaries not to disclose who they have sex with or even disclose the status of anyone either than themselves in their entries. The study deemed it vital to consider the sensitivity of friends or any other third party who may not have wished to have the details of their lives shared. One of the participants however, requested that I shared the story of his late brother [1]bhuti Zolani because it highlighted some important themes for the study.

The diaries that the participants wrote in were also stored in a safe place to respect the participators privacy. Participants participated voluntarily and were told that they could withdraw from the study at any point without there being any consequences. In the event of this happening, the participants were also told that the diaries would be

[1] Buthi means brother, it is used as a form of respect to refer to someone who is older.

returned to them and the information would not be used.

Lastly, it was made explicitly clear before beginning my work at the organization that although I would be working as a volunteer, my intentions were purely for research purposes and not to support anyone in anyway. However, I did ensure once my study was completed that I gave the organization some feedback on the kind of support that the participants expressed that they needed in moving forward.

My position as a researcher

Any social research that involves communicating with respondents involves a process of knowledge creation and negotiation between the researcher and the researched. In sharing her/his own research journey, Willig (2001) explained the importance of understanding the researchers "own self" before understanding others. It was therefore important to be mindful of my subjective position in relation to the research throughout.

I perceive HIV not only as a serious public (and individual) health threat, but also as a lens through which multiple complex often hidden social phenomena and practices can be better understood. Having studied HIV from a sociological perspective, I conceived of this research project as a way to better understand a marginalised group in the HIV epidemic.

As a black woman, my position in relation to the participants was one of an unequal power dynamic. This became apparent when I was told that I couldn't sit in one the support groups, [2]'Maskandi for life' , because of my gender orientation.

[2] Maskandi is Zulu folk music. In Durban it is called the music played by the man on the move, the modern ministerial. I was told by one of the participants that this type of music tells of many stories of the south African society, about ones views of life and about personal experience (this definition was given by one of the men I had a conversation with in the field). The support group targeted men in hostels (most of which were Zulu and listened to Maskandi) who held very strict cultural and traditional values. The support groupe hoped to address

On the other hand, there were advantages of being a female researcher in this context. One of the participants mentioned for instance that it was easier for him to talk to women in general because they were more empathetic than men. In addition, many of the participants were very curious about my life as a student and indeed why I would want to talk to them about their lives.

This made developing rapport with participants significantly easier, as they always felt that they would ask me questions as well as being asked questions themselves. However, my position as female undoubtedly made it hard to access specific types of information and being in particular spaces especially those that are held especially sacred for men that I mentioned earlier.

My experiences in witnessing but never having been a part of the community that I was studying arguably placed me as an outsider position in relation to my subjects. But by giving the participants voice in my research, I hope that my externality serves to give me space in the analysis of the data, rather than distance from those being researched.

Conclusion

This chapter has outlined the methodological approaches that were adopted in this research and wider considerations of the strength of the findings, the ethical considerations and some of the limitations of the approaches.

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and begin to challenge some of the values especially those that were destructive and harmful to women and children.

Chapter 4: Findings

This chapter addresses the analysis and discussions taken from the research objectives. It is divided into three subsidiary sections, with each section presenting the themes that address each research question. It begins with theme one, "*Indoda*" (man) that presents the findings around the narratives of 'hegemonic masculinities' as understood by the participants. The second section of this chapter reveals the second theme "*Indoda ene Z3*" which explored how masculine behaviors are changed (or not) by living with HIV and the impacts of this on notions of 'hegemonic masculinities'.

The last section of this chapter presents the findings around transformed masculinities under the theme "*Indoda embracing and driving their Z3*". The findings suggest that masculine ideas and gender relations are fluid, changeable and closely tied to the social and political contexts. The findings also suggest that while men play an integral role in making and unmaking these ideals and practices, women also play a role in maintaining and producing these hegemonic forms of masculinities. There is therefore a need to understand the experiences of men in depth in order to gain a more nuanced understanding of gender and how it plays itself out in the context of HIV.

Before proceeding to the findings of the research questions, narratives taken straight from the participant's diaries will be presented in order to introduce the research participants. The narratives, although brief reveal the textures of affliction and how larger scale social forces shape individual experiences beyond the 'biomedical voice' (Reissman, 2003). Furthermore, they reveal how broader social processes and events can translate into personal distress and disease and how macro processes such as poverty 'become embodied as individual experience' (Farmer. 2005:30). These are

important to highlight because social forces structure individual's vulnerability to infection and thus shape their illness experience and their understandings of themselves as men living with HIV.

The testimonies from the participants diaries read as follows:

Sphiwe*

My name is Sphiwe. I was raised by my mother and father until I was 7 years old they got separated then I had to move to stay with my grandfather permanently. In primary school I was not much good but was good with sport and singing and making jokes. When I was 15 I got a job at a tavern because I needed extra money to support myself but also my grandparents and that is around the time that I started having sex with a lot of women who were older than me. It was exciting and some of them used to spoil me and take me out and give me money. The sex was good of course, but the money also helped me and my family a lot.

I started to get really sick later on in that year and my belly button started to rot. I didn't know what was wrong with me but my grandmother took me to a traditional healer because she thought I was bewitched. The traditional healer gave me[3] *amayeza* but it still didn't get better. I was so scared of going to the hospital when I got worse. I was scared that they would find something wrong with me and they did. I tested positive for HIV. It was very hard for me. I was very young and at the time stigma and discrimination against the illness was rife and I immediately thought that I was going to die because of how HIV was portrayed to us at the time.

The illness was not introduced to us properly, the media painted people living with HIV the wrong way. They showed us people who had AIDS and not with HIV so when we found out that we were infected we immediately thought we were dying. The right

[3] Amayeza is medication in xhosa

messages were not given to us and that is part of why stigma was the way it was and we didn't want to talk about it. I learned the hard way at a very young age and disclosing your status is even hard. They say that your status is confidential but it eats you up until you say something to someone, you have to!

My aunt was the first person I told, she was so supportive and people like Mary* who I met after I found my status who were open about their status really encouraged and motivated me to be open but I was still scared. I remember the day I disclosed my status to my family. It was a family gathering and everyone was there. I got really drunk because I did not have the courage to do it sober and I made the announcement to everyone all at once. And you know, they took it differently. But I could feel that a lot of them judged me because they say [4]*isoja lifela emsebenzini wayo* .It has been a difficult road. When I think about my ex partners who have now passed it breaks my heart because their memories haunt me… I know I am not a killer, but I can't help but think of what would have happened if I told them about my status before we got involved. Would they still be alive? Would they still want to be with someone like me? Already I feel like I can never be the man I have always wanted to be, it's so difficult this thing…

Bobo*

I Bobo started my life as a gangster and I was living my life without knowing that HIV and AIDS is there. I remember we would catch the last train from Alexander around 8pm and we would go down town and steal cars there. After that we would drive back to the hood in the stolen cars and sell them to the mechanics. It was very exciting that life, something that we grew up with in the township as young boys. We also used to change girls like nobody's business. Sometimes we would pick up girls in the cars that

[4] *i*soja lifela emsebenzini wayo (a zulu proverb directly translated as a soldier dies where he works or as a result of ones actions, meaning that he is to blame for contracting HIV because of his reckless sexual behaviours.

we stole and we would taunt the cops and leave the girls in there when the cops came and no one would be able to track us because even the girls didn't't know us.

In 2000 I got my status. I had pneumonia and was admitted to hospital that's how I found my status. Before going to hospital my parents took me to the ZCC church so that they could '[5]*puit me* and get rid of the dirt that was in me because they believed that I was bewitched and that the church could get rid of the spell that was put on me by jealous family members or neighbors. But my girlfriend, she knew what was wrong with me before I even said anything and she told my best friend at the time who was openly living with HIV. He is the one who encouraged me to go the hospital and check and he was the one who walked with me in my journey until he passed away because he did not take treatment. He was one of the comrades who believed that white people brought HIV to us. Every time I think about it I get sad because I know that he would have survived if he took his treatment.

I joined a support group shortly after I found out about my status and I have been actively involved as an HIV/AIDS activist ever since. I have a wife and five children in total and we are married and everlasting. My life has changed now – I have found the woman of my dreams who I am married to and we have two children together.

Tumelo*

I was born in 1966 in a not so good environment. I lived with my grandmother and six of my sister's kids, my sister and my mother. We grew up very poor and as a man, I had to make sure that there was food on the table so we had to fight to survive every day. I started working at McDonalds in 2000 and was promoted as a cashier in 2001.

In 2007, I was arrested for fraud because me and my friends we used to use the details

[5] puit is the act of inserting a piston syringe with cleansing substances in the anus. It is mostly used in many African cultures for detoxing or to rid the body of 'dirt'.

on people's credit cards from the restaurant and take money from their accounts. When I was arrested I had to share a cell with about 18 other inmates. It was the worst time of my life. I was attacked and raped up to five times a day. By the time I was able to get bail, there was nothing left of me, and I was like a skeleton.

After I came out of jail -after 19 months, I went to the hospital and I was tested positive for HIV. At that point , I didn't give a damn, I was broken physically and mentally ,I had nothing left of me, I had no spirit at all and I didn't have nothing left of me. But my life has changed ever since I found home in the organization. It really saved me I can say from dying early.

I am living my life now trying to accept things but it is so difficult sometimes when there is all this pressure to be a strong man who can look after their family and just provide. I do not have any children. The girl I was supposed to marry passed away a few years back and she was also pregnant with my child. Since then I have not really had a proper relationships. But my sisters have children who I love and treat like my own.

Nkululeko*

I have been living with HIV for 20 years. I live alone right now but someday I would like to get married, have children, and live happily ever after with the woman of my dreams. I don't want to die [6]*inyombakatali*.

My name is Nkululeko I found out I was HIV positive in 1995 and at the time I was a very popular soccer player in my community. One thing we used to do a lot as soccer player was to go for checkups and sometimes I would also donate blood so one day after donating blood the nurse stopped me and said the doctor needed to speak to me. The doctor told me that they found the antibodies to the virus in my blood. That was before pre- and post-test counseling, so they were like, "OK! Have a good day!" And from that

[6] Nyombakatali is the label given to a man who is barren in the swati culture

point, I was off on my own. When the doctor told me that, it was not easy, I was shocked and I remember everything being in slow motion. I knew what the doctor was saying, but I just didn't, it was like I was in denial. I thought I was dying and the doctor was like, "OK! Have a good day!" And from that point, I was alone. When the doctor told me that, it was not easy, I was shocked and I had AIDS. The term "HIV positive" didn't exist - it was just "You have AIDS, and you're going to die." And pretty much the doctor told me that. I'll never forget it. He told me, "You may not show symptoms or you may not have any related illnesses, but at the most it'll be 10 years." And I was 18!.

I thought about the way that I would have gotten the illness and the only possible way was through unprotected sex. I was young; I was an athlete so I had a lot unprotected sex with different women. The idea of using condoms has always been out there for pregnancy and before HIV there was gonorrea and herpes and other things, so there were prevention-type messages around them. We didn't really taking them seriously because we always thought, "we' can go and get an injection or take a pill and you'll be fine." There wasn't the peer group outreach and education.

It's been 15 years now and after 15 years you learn to deal with it- just to be able to survive and work and live a fairly normal life. But I realized over the years that some people never get to that point. I'm very surprised when some people I meet in the work I do who just got diagnosed, and they appear to be handling it very well but that's more or less an individual thing. And a lot of things that affect that individual perception are just other co-factors they're living with, like what else is affecting them in their life. Individual understanding and support is important. Your support system makes a huge difference.

Thando*

HIV in my life has always been something that I looked at and thought it has its people

that I could never get it. So what happened is, I realized when one of my brothers got sick that HIV doesn't have its people.

I used to live in the Vaal when I got a report that my brother went to the clinic and got tested and now he is living with HIV. When I came home to check on him I realized that his situation was not good. Even his treatment he wasn't taking it properly. He lived in town, in the flats so he never disclosed his status to anyone until myself and my other little brother found his ARVs hidden when we were looking for his ID and other documentation.

After that, I approached one of my other brothers (friend) and asked him for information on this situation. I told him that my brother is living with this thing and he motivated me to join an open support group so that I can get more information about the illness so that I can support my brother. At the time, I had not checked my status myself so I didn't know how much this would help me later on. So I kept attending the support groups without getting tested.

Then I found out that my other brother, the one after me is also living with HIV but by the time I found out, it was so hectic, he was very sick. He couldn't walk, he couldn't take himself to the toilet and it was difficult for him to even feed himself. So then he told me one day to disclose his status to the family and I did to my mom. It was so hard for my parents because they also thought that HIV was something very far from us, something that none of us would get. Then that year my second brother also passed away. The following year, my sister passed away. What is traumatic about her was that she was raped and I found this out from her friends, she never spoke to me about it. I was so touched and then I decided to go and get tested as well and the tests came out positive.

My family was stigmatized so much by the community because of this. People would

make comments like “the children from that household are [7]*sfebes”.* By then, people still believed that that people got infected through having sex with many people only. They didn't think for example that maybe HIV can be contracted with coming into contact with blood/fluids of someone infected when you have a cut because there are so many ways to contract HIV.

That is not how I contracted the virus though. I had many affairs when I was a young boy because that’s what young boys do, [8]*sithanda amacherrie.* Till this day I still don't know who infected me but I do know that I had many affairs with different women and I was not using protection with them. This is my life and how I got here.

Mdu*

My ex, she used to groove a lot and I used to hear many stories about her but I didn't pay attention to anything that people told me. As time went by, she got really sick and I took her in to the doctor and when we went there immediately that day, she found out that she was HIV positive and that is when I decided to test too because we lived together and my results came out positive too. And you know women; they are always blaming the man. So she blamed me and I didn't know why because I had not done anything wrong, but I had to be strong for the both of us.

I couldn't help thinking where I may have gotten it from because I was not involved with anyone outside. So fine, anyway, it’s all about acceptance because there was no turning back now. It was in your blood, it was in your blood! Everything started to change from that day and it was mostly on her side. I am not one to bottle things up so I called a family meeting to tell them what was going on and they all started to cry like I was dying tomorrow or something but I explained to them that it wasn't a death

[7] Sfebe is a derogatory way of referring to someone who is promiscuous in isiZulu

[8] sithanda amacherrie directly translated means we love women.

sentence.

It was hurtful for me because I hadn't found closure, I didn't know where it came from. That is when rumors started to spread about her and that is when she broke up with me and immediately after breaking up with me, she was engaged with another man and that's when I realized that her affair with this man had been going on for a long time. All these years I was stupid. I was so sad and angry and that is when my family hid my gun because they were scared that I would lock her in and shoot her and shoot myself afterwards but I was not there. What I did was I became obsessed with my health and taking care of myself and always making sure that I take my treatment. Even the sisters would sometimes chase me away because they say that I am always at the clinic when I am not sick. This really helped me a lot, even now, I don't take this thing seriously, it's just a change in the way I live and encouraging people who are in the same situation, especially men, to keep going…

These accounts presented draw attention to particular meanings of hegemonic masculinities in the HIV/AIDS epidemic by the participants part of the study. They provide insights into understanding how social responses to HIV/AIDS contribute towards the experiences and expressions of affliction as well as the devastating loss of agency and personhood in relation to masculinity. Most importantly though, they highlight the fruitful attempts of men exerting agency by reconfiguring positive forms of masculinities amid an unimaginable and devastating epidemic.

4.1 "Indoda'

This section of the chapter addresses the first subsidiary research question: "How is masculinity constructed among men in the study?" and will thus explore Conells notion

of 'Hegemonic masculinities' in this particular context and time. It will also investigate the implications of these constructions on the HIV epidemic.

4.1.2 Introduction

In South Africa, residential instability during apartheid had a considerable impact on notions and perceptions of masculinity and fatherhood in many families where migrant labour meant that men were often absent from their families for long periods of time (Ricardo and Baker,2005).This trajectory in the study was deeply connected to how men came to understand themselves as men and their responsibilities as men in the absence of their fathers and the context of poverty. The men in the study made mention to how they had to learn to become "Indoda" prematurely in their lives because of many social and economic factors that were beyond their control.

This learning had been shaped by many processes that were crucial in defining the roles, practices and behaviours that they had to take on as "indoda". The pieces that made up "Indoda" varied and changed over time. However, the participants described that the key symbols of that defined being a man entailed being the head of their family which they described as *"*[9]*Intloko Yo Muzi".*[10]*iQhawe*", someone who was strong, fearless and imbued courage was also labelled as a key characteristic of indoda. These were the key markers that the participants described when they spoke of *Indoda*. They came to learn about these values, behaviours and practices from different practices, ethic specifications and rites of passage which were important factors in their socialisation.For the men in the study just like men conducted in the studies of Barker and Ricardo (2005), sexual experience and multiple sexual partners were also associated with initiation into adulthood and played a considerable role in constructing

[9] Indoda yintloko youmuzi means man is the head of the house
[10] Iqhawe is a warrior

and shaping the behaviours and practices of "Indoda".These processes and relationships through which participants conduct gendered lives are important; thus, this section will discuss what the participants described as 'symbolic key' markers of Indoda throughout their diaries, diary interviews and in informal conversations with them whilst hanging out.

4.1.3 "Indoda yintloko yomuzi"

One of the key symbols of what it means to be Indoda that was common among all of the participants was the description that he was "*intlokoyomuzi*"[11]. In South African research on the constructions of masculinity, research has emerged that describe hegemonic masculinity as informed by various contextual influences. Ratele (2006) for example describes a dominant or 'ruling masculinity' that is constructed in the presence of various influences such as cultural practices and race. Morrell and Richter (2004) on the other hand discuss influences of residential instability during apartheid on notions of fatherhood and masculinity that were characterized by migrant labor which meant that men were often absent from their families for long periods of time. The participants also described a substantial and often hidden influence coming from women who expected them to enact hegemonic forms of masculinity such as being '*intloko yomuzi*'. Thus, the practice of being '*intloko yo muzi'* conceptualized here was not only produced and informed by cultural, economic and contextual processes but was also informed by women who expected men to endorse certain dominant forms of hegemonic masculinity.

Although *intloko yo muzi* was described by all the participants in the study as an essential feature in the making of *indoda*, there were noticeable variations of how the

concept was described. The older participants- who were notably more conservative- mentioned the importance of being financial providers for their families and taking the role of the authoritative figure in the home as *intloko yo muzi*. One of the older participants, Nkululeko. Mentioned

A man earns respect and dignity in the household when he manages the affairs of the household like financial affairs".

In addition to being financial providers, there was a strong emphasis that men had to be leaders who held power and were respected. This authority and power was exercised over others where men were regarded as the decision makers on behalf of their wives or children. Speaking about his position in the family another one of the older participants, Mdu* detailed, "*as the man you are the head of the house and whatever you say goes*". The authority was understood by these older participants as something that was not particularly harmful or oppressive, but instead as necessary and benevolent as it was understood as being to the advantage of their families. The view that was held was that men assume a position of authority in order to direct and lead his family in a positive way.

One of the younger participants, Tumelo, who lived with his grandmother and sister expressed in one of his entries that "…*they expect me to lead… they expect me to lead in my family".* Highlighting that men were not the only ones who held power but that women played an important role in co-producing and producing men's role as the authoritative figure by expecting them to present authority as the head in the home.

The participant also mentioned that in the context of poverty in the townships, "elokishini"[12],,the expectation of being a provider and holding authority was not as easy and expressed a mound of pressure put on them by this.

[12] elokishini is the townishp.

As a result of this, some of the participants resorted to violent crimes and other ways of attaining easy money so that they could assert their status as Indoda in the home and in the community as a whole. One of the participants,Bobo for instance, highlighted that getting a girlfriend was even harder when one didn't have any material possessions like a car, money and his own room[13].He further explained that he resorted to violent crimes and other ways of attaining the material possessions because this would not only attract women, provide money for his family but also that there was a degree of respect and fear that he got from the community because of his affiliations with gangs.

Another one of the younger participants reiterated a similar view by expressing, "*as a man you are forced to stand on your own two feet and help with your family. People will say for example if your family is poor and there is a male at home that they don't understand why they are suffering if there is a male in the family. It's like so much pressure for us. Even your own grandmother will say that you need to do something".* He admitted that although this pressure weighed heavily on his shoulders, he still felt the need to live up to the expectations so that his identity as "Indoda" wouldn't be compromised. "*People in your family won't respect you if you can't put food on the table. They will treat you however and speak to you however*". (*Tumelo)*

Another participant sharing a similar sentiment of being burdened by this expectation of being "[14]indoda eyintloko" (a man being the head) articulated: *"...they don't expect me as a man to maybe stay at home, unemployed. They expect a man to be the person who is responsible for everything. For a woman it's different than a man, a woman can be employed or can be unemployed, it's okay. You see. But with a man if you are unemployed you come across many things that are negative, someone would insult you, you're not a*

[13] The'room' he was referring to here are the cottage likes structures usually with two rooms, made from corrugated iron and cupboard that people rent out in the township

[14] indoda eyintloko literally means, a man who is the head

man because you don't have 1-2-3-4, maybe you don't have a house, you don't have a car, you don't have money". *(Sphiwe)*

The narratives from the younger participants spoke deeply to works from Gelles (cited by Jewkws,2002) who identified the difficulties to attain masculine ideals in the context of poverty. However, this also brought to light, the crisis of masculinity, which seemed to be more prominent among the younger men.

Epprecht's (1998) notion of colonization's destruction of the material base of masculinity resulting in a 'discursive unmanning' of African men is also relevant here, as it can help to explain the value ascribed to materiality especially in the township. In South Africa apartheid denied black men the right of owning land and rigorously restricted and regulated the nature and conditions of employment (Epprecht,1998). The importance of attaining such social signifiers of masculinity might therefore have a particular meaning and value assigned to it today because of the history of the material construction of masculinity especially among the younger participants.

Most of participants interpreted the HIV diagnosis as a threat to being "*intloko yomuzi*" because there would be periods were they would fall sick and this would undermine their ability to perform the roles expected of them. This would led to feelings of powerlessness, worthlessness and distress. Mdu referred to this powerlessness by stating " *there was a time I was not working, I couldn't do anything for myself and I had to rely on my parents and my wife to do everything for me and my children, it was so hard because I am the one who is supposed to take care of them*".

Tumelo also spoke of the distress of falling ill. In his accounts, he revealed, "*When I came back from prison, everything was taken from me and I was very sick. I was left alone, you see. But fortunately because I had a grandmother she took me in. But it was also difficult*

because of by the time you are not working, there's no money that is coming in ... You stay there at home, and it was especially difficult for my grandmother who was staying with my sister's children and me on the other hand. And then my sister, I heard my sister start complaining and saying, you are eating everything! You are eating the food, you are eating this, you are eating that and it's for the children because I was not contributing anything at the time. It was my first time hearing my sister talk down at me like that and I could see that she was losing respect for me because I was not working, she never spoke to me like that when I was working."

The participants also pointed to the shifts in household dynamics when men are not able to providers because of illness. Tumelo for instance spoke about how his sister became the main financial provider when he fell ill and how that compelled her to behave and speak to him in ways that were disrespectful which raised questions about his headship and authority. The image of illness surrounding the once healthy body thus seemed to cast a shadow over notions of 'traditional masculinities' associated with being authoritative figures especially in the home. Hunters (2004) historical analysis of isoka suggests that this social identity has become corrupted, linked to the spread of the disease.

Older participants such as Mdu and Nkululeko however mentioned that living with HIV was challenging but it made them more determined to achieve everything that people said they would not be able to achieve because of the negative attachment of a deficit masculine identity .

There seemed to be a general consensus among half of the men that living with HIV threatened this cultural and social specifications of what it means to be a man, it seemed that by disclosing your status you would also have to disclose to others that

there is something that you cannot control, that might make you very ill. This may be accompanied by periods where one is not able to work and therefore not provide for their family and would mean that women would have to manage the household economy. It is thus this authority to exercise control over the family that reshapes and blurs beliefs of what constitutes Indoda. Within this understanding of Indoda, HIV may be interpreted as reflecting an inadequate (or loss of) masculinity because it shows lack of strength and toughness but also because it reflects a failure of being in control. Thus , the findings from the participants suggests that men living with HIV may experience an attachment of a deficit masculine identity that is meant to show that they are no longer viewed as Indoda.

The mark of *"*[15]*intloko*" was emphasized by all the participants as both something that men should strive to attain, as well as something that appeared to restrict or burden men. These findings also illustrated that there seems to be a crisis looming among men- especially the younger men. Additionally, a silent and almost hidden suffering was revealed especially among the group of men who didn't quite fit into the social and cultural canon of manhood mentioned above.

4.1.4"Indoda yiQhawe"

The act of being *iQhawe*, a warrior ,was explained to me by one of the participants during the diary interviews as the metaphorical and almost symbolic battles that men had to fight. These battles, he explained, ranged from fighting to be invulnerable, to begin brave and to enduring hardships. These battles were endured in the bid to

[15] Intloko is the Nguni word which means "head"

become [16]"*indoda emadodeni*"- an ideal that seemed to defeat most of the men in the study.

Four of the participants agreed that the act of being *iQhawe* was especially important for men because they needed the strength to endure whatever hardships that life brought their way, they needed to have the spirit to fight and win the battles.

Interestingly though, the participants mentioned that the symbol of being *iQhawe* was the reason why many men found it difficult to position themselves as vulnerable and needing support. One of the participants Sphiwe mentioned one afternoon after reminiscing on the day he disclosed his status that "[17]*indoda ayikhali (*a man does not cry*), no matter how difficult things may be*". He expressed with a glimmer of sadness in his eyes that being *Indoda emadodeni* (a man among men) and thus *iQhawe* (a warrior) meant that he sometimes had to portray behaviours that were regarded as strong thereby preserving a brave face, even in periods where he felt weak and vulnerable. This painted a vivid picture of how men are expected to conform to a particular way of being men when it came to expressing ones emotions-by appearing independent and strong even when they were not.

Two of the men from the study highlighted however, that sometimes it was impossible to hold back the tears and expressing vulnerability was necessary. Bobo for instance expressed, *"I have cried physical tears twice in my life. The first time was when my brother passed away. I cried because I was out working in the city when he fell ill and there was no one to encourage him to take his medication. He was also too proud to admit that he was sick and that he needed help so at his funeral I was sad, I wished that there was something*

[16] indoda emadodeni:a man amongst men
[17] Indoda ayikhali is an idiomatic expression which means, a man does not cry

that I could have done because he listened to me, maybe he wouldn't have died so soon. The second time was when I found my wife cheating on me. I was so sad I was so stressed I didn't know what to do, so I beat her. When I think about it now, every time I held the belt I lost control I just beat her and I couldn't stop, it was like tears, when they come out they don't stop flowing, they just keep pouring down your cheek and you can't control them . So it was like that with me and the belt, that is how I cried but I also tried to discipline her but I couldn't, she just got worse…"

This narrative spoke directly to academic discourse around the emerging crisis of masculinity. Walker (2005:227) contends that there is a crisis of traditional South African masculinity. She/he explains that this crisis emerged from the social and economic transitions that have occurred over the years and have reshaped the constructions of masculinities. On the one hand, these transitions have allowed women to assume a greater sense of power within gender relations in the sense that they have become more independent and have increased rights. On the other hand however, these transitions have caused rising levels of unrest for men because the hegemonic notions of masculine behaviors have been gravely challenged by the social and economic transitions. In response to this, Walker(2005) further goes on to highlight that men have responded defensively such as using forms of violence as a strategy for control and to 'discipline' women when necessary .

If one draws on Walker (2005) and Morrell's work, one can assert that indeed social, economic and political forces have put different groups of men under varying degrees of pressure. Although, one cannot fully understand or even conceptualize the pressures confronting men and their responses, the 'crisis of masculinity' lends a hand at understanding the difficulties faced by these groups (black, lower class) of men in

defining themselves and their roles as men in periods of transitions. This 'crisis' could however open a space to engage both men and women deeply about men's roles both as perpetrators of injustice and in some senses also as victims of the systemic injustices.

Outside of the dominant discourse of men being unemotional, all of the men expressed that the subject position of being "*iQhawe*" was lonely and painful. Despite the fact that they reiterated continuously in their diaries and in conversations that *Indoda ayikhali (*a man does not cry), the notion of being unemotional was also described as damaging and as restricting the actions available to them. One participant revealed in one of his entries for instance "…[18]*sifela ngapakathi (we die inside), it is hard this thing* [living with HIV as a man and seeking support*] because most of us guys, we havenng supporty and we don't know how."*

The participant's use of dying inside expressed a sense of profound and silent grief and disappointment that they have to endure in their lives.

Here the sub theme of *iQhawe*" overlaps deeply with the sub theme *indoda yintloko yomuz*i which also speaks on invulnerability and men being unemotional. Parker (1992) emphasizes that themes are often interrelated through points of overlap. The sub theme of e*indoda yintloko yomuzi*" and "*indoda iQhawe*" can be seen as overlapping where masculinities are constructed in a similar manner that both function to silence men.

There was also a general consensus with all the participants that elements of being a 'real man*''Indoda emadodeni'* that implied that men should show emotional restraint were restrictive and prevented men from speaking openly about the painful emotions that they were experiencing and in other times seeking care. In addition to this, there

[18] sifela ngaphakati meaning we die inside

was a strong sense that by speaking openly about the difficulties in their lives, a lot of the participants (especially the older ones) felt they were compromising a core value of masculinity, which expected them to be invulnerable.

In this way, both the themes contributed to an understanding around the pervasive silence that exists among men living HIV and their reluctance to seek support. This point was reiterated by one of the women, Betty*, whom I had a conversation with whilst 'hanging out' and she stressed that men "*didn't want support and didn't want to be supported especially by women*". She further went on to mention "*a woman is like a cup, you see, they are open which means that they accept things easier. Men are a different story. They are all different, yes, but most of them were brought up to be closed and being closed means you don't speak about your feelings or about the things that they think can make them physically weak, like HIV. So they don't want that. They would rather let things eat them up inside and you die faster that way"*.

Betty's metaphor and account brought very interesting insights into the gendered nature of thinking about/ experiencing illness. Her narrative pointed to men's tendency to conceal their status and women's tendency to be more open about their status. Her description of women being open highlights a strength in comparison to a man who is more closed and thus more vulnerable. This could be explained by the fact that women were more familiar with the world of biomedicine because of their participation in clinical services, health talk, contraception and other services through which women bodies were medicalized (Martin, 1992). While men's suffering was not something to be revealed in public, making them more vulnerable than women to the pain of knowing that they were infected.

The participants also constructed this overlap of "*indoda yintloko yomuzi*" and that of "*indoda yiQawe*" through statements referring to the unacceptability of men showing any indication of suffering. In these statements, men are constructed as needing to hide emotions, needing to be invulnerable and self-reliant.

"*Someone said to me [19]nine nine , [20]Lento ene AIDS and you know that thing it goes straight to the heart. I mean, it's the truth, I do have HIV and I am living with it. But the way people say to you sometimes like you are some kind of animal is hurtful. But there is nothing you can do about it. [21]Uyabekezela because real men don't cry, [22]singama soja (we are soldiers/warriors)- we were taught from a young age but it hurts. We cry inside and that's why so many of us drink and smoke so much, it is our way of crying*"

This narrative suggests that the cultural, ethnic and social expectations put on men place strong emphasis that men should disregard their painful emotions and should soldier on and find ways to continue in life despite experiencing hurt and pain. This is constructed as necessary for survival and the participants motivated this by reiterating that as a man you cannot cry or else you will be seen as weak and will be seen as vulnerable to others. Similar to the theme of "*indoda yintloko yo muzi*," this theme of men being "i*Qhawe*" prevents a lot of men from acknowledging their risk of contracting HIV, and for seeking help and support.

Interestingly though, the idiomatic expression of '*sifela ngaphakati*' (dying inside) seemed to be an occurring expression of how men take their experiences to the grave having never shared them. It also supports a metaphor shared with me by one of the

[19] nine nine is the tsotisaal way of saying something directly in ones face
[20] Directly translated, lento means "this thing"
[21] uyabekezela in this context means you persevere
[22] Singama sotja means we are are soldiers or we are warriors. Soja is also a synonym for Iqhawe

participants Bobo* earlier when he told the story of his brother and that he (and many men in general) often die like sheep and not like goats. He explained that when a sheep is killed, it doesn't make a sound whereas a goat screams when it is slaughtered. He used this to explain how men die without ever confronting their emotions and this, he reasoned, was why HIV was raving men faster than it was ravaging women. This was and continues to be a major challenge to the epidemic.

By assuming such rigid and uncritical masculinities, the narratives indicated that men (some in the study and in general) rarely challenge some of the norms associated with being masculine .This consequently has an effect on their health seeking behaviour and may have ill effects for the epidemic.

4.1.5 "Roll-ons"- the conspiracies of silence

Another dominant discursive practice that emerged which has its roots in traditional constructions of masculinities was that it was acceptable for indoda to have multiple sexual partners or [23]*roll on* as some of the participants expressed it. The term *'roll on'* , used interchangeably with '*makhwapheni*' ,in the diaries and in the diary interviews was an informal and colloquial way of referring to the young women that the participants were in sexual relationships with outside of their main partners. The intricacy around multiple partners, secrets, condom use and trust will be discussed in further detail under this sub theme and will also be elaborated on in the next theme because of the deep overlap with how these operate in the context of HIV.

Although four of the six participants reported to being in longterm relationships, almost all of the participants revealed that they had other sexual relationships outside of their main during the diary interviews. Only a few of those who were married revealed that

[23] roll-on-is an informal way of referring to young women but in the study, the men referred to them as the other women that they were involved with outside of their 'main' or primary relationships

they were faithful to their wives/ girlfriends. In trying to get a deeper understanding of this, the men with the multiple partners explained that this behavior was learned. For instance Sphiwe said "*We are blacks, we not really supposed to have one partner, your menu must be different because you don't eat meat every day, and all the girls they want me so what must I do?"* on the other hand, Bobo stated "*We can't have one partner as men, we need to explore different women. But me I only have one woman here who is [24]imeddie yam and that is good because she keeps me from having too many women at once while my wife is with the kids in Mpumalanga"*.

Some of the men explained that their fathers and their forefathers were involved in multiple sexual relationships both as a sign of manhood but also that it was an effective way of 'controlling' their sexual desires. One of the participants Bobo further explained that having more than one partner was a form of restraint by asserting, "*Having one or two stable partners outside your main partner is not so bad because it keeps you from cheating. For example I understand why so many of our fathers and forefathers had so many wives to prevent so many people having sex with each other*".

This echoes findings by scholars such as Skodval et al (2011) that hegemonic masculinities encourage men to have multiple sexual partners and though men know the risk of this, many still subscribe to them. This point was further cemented by another participant, Sphiwe he highlighted, "*If your father and their fathers were married to many woman then chances are that you will follow in their footsteps and also have a big family."*

Another justification that was given for the involvement with multiple partners that emerged in the diary interviews was that men needed sexual intercourse because they

[24] imeddie yam means my girlfriend

were unable to control their sexual desires. Mdu for instance expressed, " *the problem is that we as men , we feel we need to be serviced all the time that's why you will find us having sex with many many women."*

Sphiwe held a similar view and elaborated that sexual intercourse with casual partners was exciting and that it gave him satisfaction. Contrastingly however Nkululeko mentioned his fear of having many partners even though it is a behavior that was deeply encouraged where he was from. He highlighted *"when I was young and still an athlete I had many sexual partners because women used to throw themselves at me but also it was encouraged as a young man that it's okay and I remember when me and my friends saw beautiful girls, they would always ask me if I had slept with her and I would say yes and they would applaud me because it was an achievement. But you grow up and especially now that I am living with HIV, I don't want to put anyone's life at risk. I would rather go hungry than be careless…"*

Besides the formal institution of polygamy, and the sexual desires dubbed as 'natural' by some of the participants, the participants also indicated that having multiple partners or roll-ons was a result of migrant labor. These patterns played a significant role in separating black African men from their families and their wives in search of work in the cities (Delius & Glaser,2004:89). It was therefore in the cities where different sexual networks began to emerge and thrive.

To elaborate, Bobo* reminisced in one of his entries "…*today reminds me of all the soldiers that we have lost in the fight against HIV.I remember my father, when I was young him and my mother used to fight a lot when he eventually came back to the* [25]*makhayas about the women he was involved with where he worked, but for me, I understand in a*

[25] Makhayas is a zulu and xhosa way of referring to the 'homelands' or rural homes

way why he had another life and other women there. The mines were tough, he needed someone to come home to…"

Beliefs, attitudes, societal and subjective norms played a significant role in the shaping the participants behaviors. The men in the study indicated that the desire to be involved in multiple casual relationships was mostly something that they learnt from their fathers and township characterizations of masculinities but also by their fathers and forefathers who were strongly guided by traditional and cultural norms. In addition to this, the need to enact these behaviors was also shaped by other contextual factors such as being away from home for long periods of time.

In another incident where a participant deviated from his behaviors, agency played an important role in shaping and changing his behavior, though it must be mentioned that this 'agency' was shaped by other factors. It cannot be determined/assumed if his choices would have been different if he was not living with HIV however, it does highlight that behaviors can change and that men don't always subscribe to the norms that they are taught/learnt.

4.2"26Ukukhuliswa": rites of passage shaping the behaviours and values of "Indoda"

"In my culture, if you are a boy you are called [27]umfana from there [28]insizwa. When you move from umfana to insizwa or indoda they say uyakhuliswa and it can happen in my ways"

In order to understand exhaustively the nature of the key constructions of masculine ideals, practices and values mentioned by the participants in the previous section, participants were asked in the diary interviews about the significant events in their lives where they learnt/were taught these ideals and/or the people who taught them what it means to be a man. This section describes two significant rites of passage (*ukukhuliswa*).These rites of passage functioned by ritually marking the participants transition into manhood or being *Indoda.*

4.2.1 Traditional rites of passage

In many cultural groups in South Africa, rites of passage which include male circumcision are carried out as part of the socialisation of boys and men (Barker and Ricardo,2005). These vary in different contexts and consequently play a notable role in defining masculine ideals, behaviours and practices. In the study four of the participants described traditional rites of passage or initiation practices *"ukukhuliswa"*kwhich taught them about the key elements of being '*Indoda'*

"*I would say initiation school, initiation school was important to me because it taught me how to be a man, how does a man handle his family, how does a man handle his wife and more generally what it means to be a man*"

[26] ukukhuliswa directly translated means to grow up and it means "rites of passage"
[27] "Umfana " is the Nguni way of referring to a boy
[28] Insizwa synomymous with indoda and means young man or man in isizulu

"*I went to get circumcised when I turned 17 and it was good, it taught me how to be tough, how to be strong and how to be a real man.*"

"*You learn to be iQhawe at initiation school but the thing I did not like is that it encourages young men after they heal to have sex without a condom because there is a belief that if you have sex with your girlfriend when you come back, she will be very possessive of you and you will not like them so they say when you come back home the first person you have sex with it mustn't be someone you love very much because they will carry the curse, so it must be someone you don't care for that much because they will carry the curse. And you see, you can go and have sex with a girl who is infected and you wouldn't know, we don't think of these things.*"

These accounts left an impression that on the one hand traditional rites of passage which socialize boys and young men into men may work to reinforce patriarchal gender norms especially how they encourage the young men after initiation to have multiple sexual partners and how they are taught that they needed to be the authoritarian figures in their families. These could have negative consequences not just for women but for men as well.

While on the other hand, these traditional rites of passage had deep cultural resonance and served as forms of positive social control which were central to the personal development of the men because they were a way in which men were also taught how to treat women and how to abandon boyhood behaviors such as being irresponsible, and respecting one self and women and their elders. Although not all of the men subscribed to these norms, they played an important role in shaping how men thought about themselves as men both positively and negatively and also how they behaved.

4.2.2 "Ganging" as a rite of passage

While more cultural forms of rite of passage were mentioned by most of the participants, two participants who grew up in the townships mentioned their affiliation with gangs. From the participant a narratives, it became clear that the long standing economic inequalities drove a lot of young men into crime and violence. As illustrated by Tumelo and Bobo,

"*When I think about my life and how I ended up being involved with fraud and other crimes I sometimes regret it because it took me to an even worse situation that I was in but my sister and grandmother and my nephews and nieces would have gone hungry so I did what I had to do at the time, ya and the money that we made was enough*"

"*we grew up at home without a male figure because my father was out working and the only male figure we had was my brother and he was part of the gang so I also joined so that I can have the lifestyle and it was nice being that man that everyone was scare of and that all the women wanted*"

These narratives highlighted some of the structural factors such a poverty that drove the participants into gangs and their involvement in other violent crimes. In addition, gangs seemed to provide a sense of belonging when social institutions such as the family (which were deeply fractured by the colonial and apartheid history) failed to provide this. What the narratives also suggested was that gangs also reinforced traditional gender scripts or values such as dominance over women (Vetten,2000). These may have very bad implications for epidemic.

While it was difficult to generalize about rites of passage in Southern Africa as a whole, it was clear from this group of men in the study that rites of passage were important events that enforced masculine practices and values. They worked simultaneously to

enforce strict sex and gender inequalities while also serving positive control. As noted in the narratives given by the men, these often included information related to sexuality and gender. What is also apparent however is that rites of passage are fluid and incorporate new information and realities which can make them enduring in constructions of positive forms of masculinities.

Discussion and conclusions

In conversation with the participants and the findings highlighted above, it is clear that traditional and modern forms of hegemonic masculinities -which were informed by different factors and different forms of rites of passage- played a vital role in enduring definitions of masculine ideals. Some of these continue to find expression among men and expose a new generation of men to the risk of HIV. Articulations of male dominance in the way in which both traditional and modern masculinities included gender relations, multiple partners and the use of violence as control mechanisms.

The phrases '*indoda yintloko yomuz*i' 'i*ndoda yiQhawe*" expressed a more traditional context of masculinities and gender roles. This was seen in the way in which some of the participants described these masculine ideals as a position of authority and paternalism in relation to women; where decision making, provisions and protection fell in their realm. The findings revealed however that the expectations also arose from women who expected men to live up to dominant masculine ideals and to provide at all costs which interestingly, demonstrated women's position in actively producing dominant masculine ideals.

The traditional text of masculinities that were described by the men also endorsed multiple sexual partners through the practice of polygamy. Within the advent of migrant

labor, sexual partners in addition to a primary marriage partnership became more widespread and prevalent (Delius and Glaser,2004).

Beyond these forms of masculinities, at the personal level, a dichotomy also emerged where the participants deviated in some instances from prevailing masculinity ideals because of the need to define themselves according to their subjective beliefs, while in other cases they continued to conform to hegemonic masculinity norms.

The participant's stance on multiple partners reflected the view that the option remains acceptable and even desirable to them, whether in the form of a sexual partner outside a primary relationship or in the context of polygamy. In this regard, it appears difficult for men to distance themselves entirely from Connell's concept of the "patriarchal dividends" that are accrued as a result of adhering to some of the more deeply entrenched masculinity expectations. These behaviors all have implications for the epidemic.

4.3 "Indoda and Z3"

"you see , men are supposed to be in power they don't want to be labelled that they are not strong enough and this thing, this thing makes you weak" (Tumelo)

The HIV diagnosis is often interpreted as a loss, a sign of failure as a man and the evidence of an inability to retain control (Sikweyiya et al, 2014). This challenges the dominant discourse that men are strong and healthy as highlighted by the participant in the beginning of this section. This section will explore this dominant discourse of Indoda in order to explore in more depth what the HIV positive diagnosis meant to them. The section will also explore whether the participants still practiced sexual behaviours that were risky and try to get a deeper understanding of their intimate lives and the impact (if any)b that the HIV positive diagnosis has on these.

4.3.1 Introduction

All the participants in the study displayed very sound knowledge of HIV and AIDS even the two who were not involved in any sort of activism work in the organization and were 'privately' living with HIV. They all however admitted to having no knowledge of the virus when they learned of their status because the popular messages at the time emphasized that "AIDS kills". The participants were all able to tell me that HIV was a virus that attacked the immune system and that AIDS was the end stage of HIV infection. They were able to inform me that HIV had three other stages before this end stage. They indicated that stage one occurred 3-4 years after infection and was accompanied short-lived flu like symptoms for 1-4 weeks after initial infection. Stage two occurred 3-7 years after infection was the accompanying symptoms included fatigue, night sweats and rashes and lastly, stage three. This coincided with weight loss, persistent fever,

pulmonary diarrhoea and Pulmonary TB. The participants also knew in detail spontaneous modes of HIV transmission. All participants, even those who mentioned that they were involved in other or multiple relationships outside of their tage of HIV infection. They were unprotected sexual intercourse with many different partners as one of the modes of transmission. This knowledge revealed by the participants conformed to the Health Belief Model which explains and predicts health behaviours by focusing on the role of perceptions in determining the attitudes, behaviors and beliefs of individuals. According to Munro et al (2007,6), a person's health related behavior depends on their susceptibility to an illness. It was in light of this that this section aimed to understand further how living with HIV impacted the participants masculine behaviors especially those that related to roll and multiple sexual partners, which was mentioned in the previous theme.

4.3.2 "Roll-ons"- conspiracies of silence and disclosure

"*They tell you that uyibari, uyishimane*[29]*, awujoli?*"(Mdu)

Heterosexual performance was a practice that was greatly emphasized by the participants in the study. One of the participants ,Mdu, highlighted , as in the quote illustrated in the beginning of the chapter that Indoda was also measured in terms of having more girlfriends and if one didn't have they were ridiculed and given labels such as 'bari' and 'shimane'. As a result, a lot men sought to occupy a position that would enable them to be recognized as Indoda despite the risks it posed. The understanding of this echoes that described by Wood and Jewkes (2001) among young men in the eastern cape that " Men indicated that they were socialised to understand that to be a man they should take risk…. have the ability to propose love to women, initiate and

[29] The terms bari and isishumane are used to describe a man who is weak and cannot get a girlfriend

sustain relationships with multiple women ; be dominant and in control in such relationships.". The performance of having multiple partners or roll-ons therefore seemed to be deeply grounded on the socialization of the participants.

The participants were asked in informal conversations if their HIV status influenced their behaviours/ sexual engagements with multiple relationships and interesting findings emerged. Most of the participants (four) felt their sexual behaviors had not changed because of their HIV status and they still practiced the same sexual behaviors as they did before being diagnosed with HIV. For instance, those who had several sexual partners prior to learning about their status still had multiple partners and there was little or no condom use despite knowing their HIV positive status.

While most of the men admitted to being involved in other relationships outside their main relationships (or 'main course'), it was not something that was done entirely openly. Based on field observations, there seemed to be a tacit agreement of secrecy among men who belonged to the same peer group to safeguard this knowledge and to prevent partners and wives from discovering the presence of other sexual partnerships.

Through conversations with the participants about whether or not their wives/main partners were aware of the other women in their lives, it was evident that there seemed to be a sort of 'conspiracy of silence' of how deeply entrenched hegemonic masculinity is in this particular context. Despite them highlighting that infidelity was wrong, the perpetrator was protected and even admired which illustrates an example of benefits enjoyed by men from hegemonic masculinity ideals (Connell,2005a:79). What this meant in this particular context is that men are not only entitled to but also socially

rewarded with inclusion and admiration for behavior that resembles or imitates prized acts, as they are defined within the hegemonic masculinity framework of Indoda.

To establish the power dynamics around multiple partners, the participants were asked what would happen if their wives or partners found out that their husbands or partners are having sexual relationships with someone else, would they leave. The responses from four of the participants suggested that in most cases, women have very little power, often as a result of financial dependence on their partners as well as family expectations.

"*Some they stay because they have nowhere else to go ... When you see something, you can't talk, and you just keep quiet. Because I will tell you, just go back where you come from ... because if they go back, their parent will [say] why you are back because other parents and their kids will one point, if you go back the in-laws will come here to take their money [lobola] back sort of thing"*

"There is little much that she can do because she is not working, at a place when she will go back and her mother will tell her that in a marriage, you should bear the pain that is how marriage goes. Eventually, you will change."

These participants indicated how poverty restricts the choices available to women. Additionally, there was strong pressure from family members to accept their position of limited power inside marriage despite their dissatisfaction with their husband's extraneous sexual relationships and the desire to leave. Staying in a relationship where additional sexual partners are present represents the risk of HIV infection to these women. The research conducted by Jewkes (2002:1423) concurs that factors such as

poverty and lack of power, such as that described here, are some of the specific inequalities that increase women's risk of HIV transmission.

4.3.3 Condom use

When asked whether the participants used condoms or not with their "roll ons" and their wives, the responses did not seem to be consistent among the men. This despite the fact that most of the men in the study were activists in the organization and the use of a condom as a method for preventing HIV transmission was a widely communicated message in all of the work they did. The reasons the participants gave for this were somewhat contradictory and reflected a number of complexities. Participants who were married drew a clear line with the use of condoms with their wives and their 'roll-ons'. They were less likely to use condoms with their wives than with their girlfriends, even if they were engaged in relationships outside the marriage. This made it apparent that wives do not always have sufficient power to protect their health in this context.

"Sometimes *imeddi yam, doesn't like to use condoms and I won't force her to use one. you see, a lot of women don't like to use condoms because they say they don't feel anything and they don't enjoy it if there's a condom I just leave them. I am sometimes scared of getting re-infected but ah…*".

"*My wife, me and I are both positive, we both came to the marriage positive so it's fine*"

This finding correlates with those by Maharaja and Cleland (2005:24) that the use of condoms is low among married couples owing to men and women's resistance to using them inside marriage. Additionally, it reflects the view held by (Seidel and Vidal, 1997) that women display sexual agency and strength in their sexual relationships with men. This places both men and women at an increased risk of HIV infection and reinfection.

The use of condoms in sexual partnerships with 'roll ons' (as opposed the wives or main partners) seemed to also correlate inversely with trust. The more trust one had, the less likely it is that using condoms will be sustained. Trust inferences however, also seemed to be an obstacle to condom use, especially among those participants that were married. If for instance, a man had sexual intercourse with several partners and he was to suggest using a condom with his wife, it would amount to an admission of guilt, as expressed by Bobo "*my wife will wonder why now all of a sudden I want to use condoms, she will be so surprised and think that there is maybe something I'm doing.*"

Alternatively, Bobo also explained that if his wife were to suggest that they use condoms, it would become an accusation of infidelity on his part (based on his previous experience with an ex). He revealed, "I *would suspect that there is something you are doing that you are not meant to be doing or maybe she doesn't trust me because people talk and maybe she has heard something.*"

These findings are consistent with those by Heeren et al (2007:9) who highlighted that trust is a barrier to condom use and suggested that sexually active people are trained in negotiation skills to effectively navigate these difficult sexual decision- making scenarios.

Another interesting narrative arose in one of the participant's diaries, Sphiwe who had sex in exchange for money as a means of survival. In this context, he had very little power to negotiate safer sex practices like condom use. He cited," *I didn't have, I'll say a choice in deciding on whether to use condoms or not when I was working at the tavern because the women were doing things for me, they were providing for me so whatever, I didn't even think to use a condom, I was 15, still very young so I accepted everything*

because they were the ones giving me money and I was looking good and attracting more girls because of them"

Sphiwe's narrative of having multiple sexual partners because of the monetary rewards highlighted an important point made by Hunter (2005) that "meeting certain definitions of masculinity may be a daunting endeavor". Hunter (2005) suggested that, "Men celebrating multiple sexual partners, widely seen as an 'innate' feature of African sexuality, are in their present form, a product of an economic crisis that has ripped the core out of previous expressions of manhood – working, marrying, and building an independent household'.

As is evident in the young man's narrative, the tragedy of HIV/AIDS cannot be separated from the crisis of development married with the historical context of apartheid and post-apartheid initiates against black Africans in contemporary South Africa. For these reasons, having sex with multiple women for Sphiwe not only illustrated a means that he was able to assert his masculinity but it also illustrates that in situations of poverty and need, contracting HIV was second to the most pressing demand of simply surviving day to day life.

The experiences of Participants such as Sphiwe, Thando and Bobo can also be noted here. All three participants acknowledged the pressure they were under to provide for their families. And because they were unable to fulfil these expectations, they succumbed to demonstrating their masculinity in alternative ways, one was through crime, the others through multiple sexual partners and sex work. These narratives are emblematic here because they reveal the importance of studying masculine behaviors and practices in relation to their geographical and economical linkages. This sheds some

light into understanding how some men respond under threats of economic and social instabilities.

Two of the participants also highlighted in the diaries that although men are inclined to deny that they use condoms when they are among their peers, they noted that this differs from their actual behaviors in private. One participant in particular was extremely honest and highlighted:

"*Let me be honest, I am not the same person here in this organization as I am when I leave here. I live a different life to the one I live when I am at the organization. Outside they do not call me an activist, they call me Sphiwe, and I have my own life. When I leave work that is it, I don't even give out condoms, I live my life. I probably don't even have condoms in my room. That is also a guy thing, when you have condoms with you, you never score with a girl but the minute you don't, you always do, all guys know that* "

This narrative highlighted some of the vindictive convictions which are present among some men (and women) living with HIV where people purposefully don't use condoms despite knowing they are living with HIV.

He justified his actions by expressing that "…*people always want to shift the blame to one person. But when you get into something (physical) with someone, each person brings their own baggage to it, so I can't be blamed for bringing my own skeletons alone, women also bring their skeletons and you won't know with them because they keep all of the secrets in their handbags"*

This attested to the very hostile nature of his behavior that poses a serious risk of HIV infection to his partners. "*Disclosing your status to someone you just met is dangerous, you can get arrested or even killed for that, other times, people know their status and they*

say nothing, so who are you to then say anything? You just keep quiet and enjoy the moment and whatever happens after, happens".

In addition to these findings demonstrating that the transmission of HIV is clearly understood, the findings also reveal that the awareness used to prevent HIV transmission to others is also purposefully used to enact it. There seemed to be a deficiency of empathy from some of the participants as well as a retribution motive against those who are not infected. These findings were corroborated in the field through listening in on one of the conversations the participants were having about their lack of condom use despite having multiple partners. One of the women voiced "[30]*ungumbulali wena*(you are a killer)! You did not receive proper counselling and you have not accepted yourself, that's why you think like that*", the participant shock his head and encouraged the young women who were present that day (who were also volunteering at the organization) to "*take care of themselves because there are many women out there who don't like using condoms who are living with the virus*" … "*You must be careful"* he continued to warn them *"it's sad but its human natur*e"

Another reason around condom use that surfaced from the participants was male circumcision. One of the men whom I spoke to at one of the speak out sessions who had also ran many support groups highlighted that a majority of men he facilitated in the support groups (especially those who had gone through more traditional rites of passage) opposed the use of condoms because of the narrow conception that being circumcised shielded them from contracting and transmitting HIV. "*In many of the support groups, you will hear mens, they say they don't use a condom because they have gone through circumcision and circumcision will protect them from getting this thing*

[30] ungumbulali is a zulu expression which means "you are a killer"

[HIV] and it's a lie. A lot of these men think like this because of the way people talk about HIV. These messages make them think that just because they are circumcised they are exempt from illness and its wrong".

Greig et al (2008: 37) consider historical or traditional gender power inequalities, as reflected in these findings, to be "the root problem" of present day gender inequalities. In terms of gender relations, women both have power and also diminished power in relationships in modern settings that can influence hegemonic masculinity behavior.

4.3.4 Z3, an altering identity of Indoda?

In the attempt to find out directly if HIV altered ones identity as a man, the participants were asked whilst hanging out if their lives had changed upon learning of their status and there seemed to be a clear differences in views from the men who had 'accepted' their status and the men who hadn't**.**

Most of the participants who were engaged in multiple relationships and weren't strict when it came to condom use indicated that living with HIV did not alter their identity in anyway because besides taking treatment every day, they felt that their lives were the same. The findings also revealed that the group of men who held this view were also prone to be more silent/secretive about their status outside the context of the organization. One participant mentioned that he feared his partners would leave him if he disclosed his status to them and saw that it was "better not to talk". Another highlighted that some men that he knew chose ignorance and continued to go on with their lives because of the fear of rejection but also because of the fear that they would lose their status as a man and therefore 'die faster'. He explained that the symptoms that one had in the final stages of the infection were emasculating and de-masculating and transformed even the most macho and dependent bodies into skeletons that

everyone shied away from. A similar view of choosing ignorance was held by a man I met whilst hanging out who refused to get tested because of the fear that he would die faster if his results came out positive. In expressing why he didn't want to get tested, the young man explained "…it's almost the holidays now and if I test and it's positive, I will die from knowing. I will not even get to enjoy myself so I would rather not get tested, I would rather not know".

The other participants clearly differentiated themselves from those who were HIV-negative. They said that they were 'living with this thing' and that it was okay. The choice to only have relationships with HIV-positive women was also more common among these men because they highlighted that it eliminated fears of rejection. There was also a consensus that people on the "inside" were more accepting and actively supported healthier lifestyles like adhering to ARV treatment, having protected monogamous sex and avoiding the abuse of alcohol and other substances that were not good for their health.

A common attitude among these men was that they were also the drivers of their own Z3 which meant that they were the only ones who were responsible for ensuring that they lived healthier lifestyles and ensuring that their behaviors didn't have a negative impact on others. These findings were interesting because they contradicted dominant beliefs of men being constructed as abusers or perpetrators that appear in many academic literatures. Reference is often made in these texts of men being sexually violent, abusive and responsible for oppressing women (Kometsi,2004).

Although the preference of HIV positive partners was popular among these men there were also some statements that challenged this by de-emphasizing the importance of a partners HIV status. Mdu emphasized **"***According to my own experience, at some stage*

you can find a partner who is HIV-positive, but her behavior is similar to those who are not positive. I once had a partner who was HIV-positive, you know what she was not treating me well ... she'd rather go out, sleeping around, drinking beer, hurting you. I've been hurt you know. I've been hurt ... So not to say that if you're HIV-positive and your girlfriend will understand you. At some stage you can have someone who is HIV- negative, who can understand you more than someone who is HIV-positive ... I was involved with a lady who was not HIV-positive ... but she supported me. All the time she wanted to be with me. She would ask me 'how do you feel, today you look quiet, is everything okay?' You know. But somebody who is positive she doesn't ask you that question, she can be going around drinking, abusing...eh...abusing the relationship with somebody who is HIV-positive "

This narrative was interesting because it highlights that women can also be abusive and exploitative thereby contesting the dominant construction of men being the only ones positioned in that manner.

Discussions and conclusions

Although men living with HIV have a clear informed view of HIV and the behavioral patterns that put them at risk, there seemed to be the view in about half of the participants that the HIV positive status had an impact on their views of themselves as men. Social rewards among men for behavior such as male dominance and power as well as having multiple partners continued to entrench high risk sexual conduct among this group of men. While having multiple sexual partners was not practiced entirely openly, it remained to be admired and there was an agreement among men (who were involved in these multiple relationships) to be discreet in terms of what they know about each other's sexual activities.

The evidence from the diaries, hanging out and informal conversations strongly suggests that hegemonic masculine behaviors (that were harmful) even within the context of HIV were not changed much. Poverty was a significant cause of unequal gender relations for men and women and in these instances it kept them both intrepid in situations and relationships, which were characterized by inequality. The factors associated with unequal gender roles, specifically in the context of sexual relationships rendered the men and their partners vulnerable to HIV transmission and when these factors were present in combination, the risk was compounded.

It is also important to emphasize that, in challenging gender roles, a distinction must be made between men being at risk of HIV transmission as a result of the active role they play and women as a result of assuming a more passive role in their approach to sexuality. While men and women engage in contrasting behavior patterns, the solution by no means lies in men and women adopting behavior from the other's pre-existing gender frameworks. For women to become more active in their sexual behavior on the one hand and men to embrace more passive behavior on the other means men and women will simply be exchanging high-risk behavior. As a result, both these gender behavior patterns should be viewed as increasing the possibility of HIV transmission.

A significant obstacle to the use of condoms in modern settings also arose and it became clear that for both men and women, insisting on condoms potentially causes interpersonal tension as it can be interpreted as an admission or accusation of infidelity, especially in the context of a long term-relationship like marriage, where condoms were not used previously. The condom as a symbol of distrust is also demonstrated by the findings that, as subjective trust grows between sexual partners, the use of condoms reportedly decreases.

An ominous phenomenon was also described by two of the participants whereby someone who is aware of his HIV status, purposefully infects his sexual partners by not using a condom in his quest to "not die alone". This demonstrated the desire among these men and possibly other men to use knowledge to spread the disease rather than prevent it. In other words, the supposition that awareness of HIV transmission and knowledge of one's HIV status would improve the likelihood of condom usage flawed; knowledge about HIV transmission can, as their behavior demonstrated, be destructive. This presented (in my opinion) a new way of enforcing male dominance where violence is enacted in very silent and anonymous ways and presents itself in the form of affection and desire.

So, despite an increase in knowledge among men in modern environments, it seemed through the diaries and interviews that prevention behavior was not really a valued component of masculinities in this context even among men who were activists. Some of the participants in the study still modelled behaviors which they discouraged in their work when in the organization. This I contend, functions as a barrier to new versions of masculinities and discourages purposeful challenges to prevailing hegemonic masculinity narratives that promote HIV transmission.

There were however three men in the study who challenged these constructions and spoke of a transformed masculinity. These men likened their status (Z3) as theirs to drive and be responsible of. They also drew parallels of acceptance as leading to a more transformed masculinity. This will be discussed in more depth in the next theme.

4.4 "Indoda driving and embracing their Z3": Resistance, Acceptance & transformed masculinities

[31]"*eyi ndoda ma ku yi Z3 yakho, kumele uyidrive ndoda, kumele uyi polishe uyifake ipetrol"*

Denial, according to Stadler (2012), is seen to underlie the partial and incomplete silences and veiled communication about dreaded and incurable diseases. This is inferred from speech that avoids direct mention of the disease. In South Africa and among the participants in the study, HIV is referred to as 'the three letter disease', 'umkhuhlwane', a Z3 and sometimes OMO. Although this may be interpreted as denial, the study revealed that it may also constitute resistance against the stigmatizing character of biomedical categories that promote blame.

This section will draw on the final theme that speaks to transformed masculinities and resistance it will highlight how some of the men in the study reconstructed their masculinities in positive ways. Some of the men spoke about how the positive HIV diagnosis had forced and also allowed them to rethink how they saw themselves as men. This linked closed to the transformed masculinities discussed by Mfecance (2007) who highlights how after being faced with an illness and other constrains brought about by HIV, some of the men from his study reconstructed their masculinity to challenge not only the stigmatizing character of the disease but to also contest the risky practices associated with normative masculinity. These shifts in identity had enduring and critical impacts on these participants ability to access and adhere to care and safer sex practices.

[31] eyi ndod ma ku yi Z3 yakho kumele uyi drive ndoda, kumele uyi polishe uyifake ipetrol: directly translated means hey man, if it is your HIV(your illness) you need to drive it man, you need to polish it and fuel it with gas.

4.4.1 Coping and resistance

Three of the participants highlighted that coping and accepting ones status as positive resulted in a change in behaviours, practices and resulted in a state of empowerment. Although some were still battling to accept the HIV positive diagnosis, the data from the diary interviews and hanging out suggests that reaching a stage of acceptance and disclosure of their status (sometimes publicly), facilitated the process of help seeking and treatment adherence (Sikweyiya et al, 2014). Being accepted and supported by significant others was valued by these participants as crucial in empowering them to move from a weakened masculine position towards a position where they reconfigured their masculine identities in way(s) that allowed them to live positively with HIV. The following narratives were illustrative of this:

It's not easy to accept. There are times where you feel lonely and like it's the end of the world. But if you have a support center like friends, support groups or family where they encourage you to accept, you feel like you are ready to face life. (Thando)

Being alone all the time, liyakuhla ipilisi[32]. You think of all the negative things and the pill starts to eat you up so when you have people around you and attend dialogues where people talk about living with this thing for like 20 years, it helps you and you disclosing helps. The more you disclose the more you will become immune to the negative stigma and the negative comments so accepting and disclosing helps. (Mdu)

One of the participants also highlighted that talking about HIV differently also helped them to cope with living with HIV. Mdus narrative, in the beginning of the chapter highlighted this point. He further elucidated "we used to gather as comrades at dialogues around the Eastrand and joke around about this [diving one's own Z3] and it

[32] Liyakuhla ipilisi- meaning that the pill (ARVS) literally eat you up

helped so much because you realised that it is not the end of the world and it is not as bad as they make it out to be ."

4.4.2 Transformed masculinities

Of the participants in the study, three positively reconfigured their masculinities and repositioned themselves as leaders, HIV activists, advocates and educators. These participants notably had particular characteristics. They were mainly those who lived with HIV for a prolonged period of time, were more likely to have been through extensive HIV counselling and education had been part of local support groups; had disclosed their status to their families, partners and community and had disclosed publicly that they were living with HIV.

All three of the participants had taken up the role of being HIV peer counsellors and performed such roles principally drawing from their experience of living with HIV over a lengthy period of time. In their diaries and their narratives, there was a strong desire to make the lives of other people (especially young men) living with HIV bearable or to protect others from acquiring HIV. In a conversation with Thando and Mdu, they spoke at length about supporting other people living with HIV in their community. They were both motivated by the need to prevent emotional and physical pain and suffering that they knew was experienced by many men living with HIV.

They narrated this with story of their friend, Piet who had passed away a few months prior to me meeting them. They explained, "we always tell the story of Piet when we speak to young men about getting tested. He [Piet] was afraid to get tested just like many men who only go to the clinic when they are really sick. We encouraged him so many times to come test with us but then he said no and started to see a traditional healer, that's how scared he was of the clinic. It was so bad when he started failing

financially because he was always going there [to the traditional healer] and these places are expensive you know. When he stopped going because he no more had money, he got sick and his family hid him away. You know families, they hide people with HIV because they are afraid of being stigmatised. So when we went to fetch him by force, it was too late. If he had gotten tested early and got treatment, this would have never happened; our brother would still be alive. So it is so important to encourage men to test because it prevents a lot of suffering that comes with not knowing."

Thando also reported that they encouraged other men who lived with HIV to seek help and adhere to their medication and also discouraged the use of traditional medicines such as *imbiza* when taking ARVs. Thando expressed, "We educate them [men] as well on traditional herbs. We don't encourage them to use traditional herbs when they are on treatment because they are very strong. What happens when you take these medicines is that they clean your system and they flush out everything in your body so you see, this causes resistance if you are taking ARVs and when you have resistance the medication won't work on you. So we encourage them to take their ARVs and also educate them to use condoms…"

From the extracts pressed above, it is notable that these participants derived a sense of importance and self-worth from occupying the caring positions in their communities, positions that were counter to hegemonic ideals of masculinity.

The participants also positioned themselves as now inhabiting a more responsible and open sexual identity. With these men, HIV was described as something that changed their life because it forced them; to reconsider some of the harmful practices that were related to specifications of masculinity such has having multiple sexual partners and intimate partner violence (for the one who was in relationship). Although of the three

participants, one had been involved with a partner outside of his 'main' partner, he highlighted that he always used condoms with his other woman and was always open when it came to his status because he wanted the women to choose for themselves whether they wanted to be with him or not.

The participants noted that their new transformed masculine identities also involved being transparent and disclosing ones status to women before being sexually involved with them and also using condoms every time they do have sex. Nkululeko highlighted,

"*Some men do not give women the chance to make the choice for themselves whether they want to be with you or not. Living with HIV is not easy so it is important in my life to tell the women I am about to have sex with of my status then they can decide for themselves if they still want to be with me or not and that's very fair. In these modern settings, it seems as though people have lost many of their morals. I know some men who don't even tell women their status, they just have sex with them without a condom, it's not fair*"

Through the reevaluation of this, a deliberate choice had been made to engage in more responsible practices. In sharing the same sentiments, Mdu highlighted,"*… there is the problem of getting re-infected you see so I have to stick to one partner , that thing causes more problems so at least having one partner is much better*"

These men also highlighted how they had dedicated the rest of their lives to helping other young men living with HIV in the townships and challenging some of the masculinity specifications such as being "*iQhawe*" which restricted men from seeking help and opening up about their experiences. "*Sometimes me and my friends go to places like taverns where men are boozing and we chill with them then we start talking to them about this thing. We show them pictures of what are the consequences of having*

unprotected sex are and we tell them about the support groups that we are running at the clinic. Some of them act disgusted and like they don't want to hear it but then we see them at the support groups the next time and that's how I know that what we are doing is making an impact somehow" (Thando)

In these narratives, a change in the participant's masculinity is not simply ascribed to the event of being diagnosed as HIV-positive, but instead to the process of accepting ones HIV status. These men throughout the course of my fieldwork spoke on the importance of accepting ones status as HIV positive and changing the way that they think and behave because it had allowed them to live positively. In this sense, the men inhabit subjective positions that have agency; they take control over their lives and over HIV through accepting it. They associated acceptance with increased knowledge about HIV/AIDS and the kind of lifestyle one has to live to manage the disease.

If one person continues to live a lifestyle that puts him at risk, despite being diagnosed as HIV positive, the person was constructed by these participants as well as some men and women that I spoke to while 'hanging out' as refusing to accept his status and refusing to take control of his health. By noting the role that they were playing in their communities, this seemed to have resorted these participant sense of manhood and perhaps facilitated rationalisation about being worthy in a different way.

Discussions and conclusion

The chapter highlighted that there is a sizeable number of men who were challenging harmful notions of hegemonic masculinities, Indoda, by reconfiguring their masculinities in positive ways after being diagnosed with HIV. It can be argued that this positional shift was in reaction to having been diagnosed with HIV. This was done through performing more caring roles towards others, expressing their needs and

emotions and seeking help, adhering to treatment, and educating their communities about HIV, condom use and traditional medicines. These men had notably departed from some of the harmful notions and practices of hegemonic masculinities as these behaviors are in opposition to it.

Barker and Ricardo (2005) have alluded to the possibilities of men changing their behaviors and masculinities. They argued that there is evidence that masculinities are changing by highlighting that "the dimensions of the AIDS epidemic in Africa and the devastation of families are forcing some men to question gender norms and attitudes that were once unquestionable" (Barker and Ricardo, 2005:44). It will therefore be important to reach out to those men who are living with HIV but not on ARVs and ensure they are linked to support and care.

Chapter 5: Conclusion

It is clear from the study that the respondents' conceptions of masculinity have numerous implications for the HIV epidemic however, it is also clear that men are also deeply constrained by social and cultural standards of masculinities. This section will discuss the final conclusions from the study as well as the limitations of the study.

5.1 Final conclusions of findings

The study aimed to contribute to a body of literature that explores constructions of what it means to be a man "Indoda". This aspiration was achieved by presenting an account of how men living with HIV modeled, challenged and sometimes resisted dominant constructions of masculinity thereby indicating that there are possibilities for change.

The findings described discourses of masculinity that were aligned with idealized forms of masculinity or "*Indoda",* which were associated with being *"intloko yomuzi", "IQhawe",* and was associated with certain high-risk practices such as having multiple sexual partners "*roll-on*". These constructions were not only harmful to women; they also restricted those men who were not able to conform to these standards.

The study revealed that there is a pool of men who still modelled hegemonic forms of masculinity. However, it was also revealed that there was also a pool of men who were "driving their Z3" by resisting constructions of masculinity that were harmful.

In considering a broader application of the findings, they can be used to inform discussions around men's role in responding to the challenges posed by HIV/AIDS and explore further, the masculine crisis that seems to be budding among some of the

participants and men in general. Participants mentioned that there were strong gender inequalities that alienated them that needed to be addressed. By addressing these and exploring how men are affected by living with HIV and how they can transform their masculinity in relation to their status, the study also contributed to debates around increasing the possible position for men to assume in promoting responsible sexual practice and critiquing biomedical categorize that are stigmatizing and promote blame.

It is then through continuously engaging in a critical examination of the discourses that construct masculinity that new and liberating constructions of what it means to be a man can be understood.

5.2 Recommendations

The recommendations suggested in this section are program related and should be take into consideration.

Firstly, the narratives surrounding the use of condoms were numerous in the organization, in messages around HIV and also in narratives among men in the field. These are all very complex and there was a strong sense from my observations that men and women need to be equipped with practical strategies for overcoming the many contextual/situational barriers that they encounter. Encouraging the men to use condoms means taking into consideration the different situational factors and addressing the numerous obstacles faced by men as key targeted issues. Program developers who therefore adhere to the simplistic assumption that improving condom usage among men is a matter of raising awareness and increasing the availability of condoms risk limiting the results need to take this into account.

Secondly, women's agency and power should also be taken into account in discussions around HIV prevention and masculinities.

Lastly, ongoing support is needed for men living with HIV (and men in general).For men to sustain alternative masculinity behavior and transformed gender relations (especially in this context), there is a need for an environment where alternative masculinity norms are endorsed.

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Appendices

Nomaswazi Mthombeni
Research topic: **Masculine identities of black heterosexual South African men living with HIV**

Consent

I, _____ herby consent to participating in on the research on masculine identities of black heterosexual South African men living with HIV. I understand that I am participating freely and without being forced to do so. I also understand the entries in the diary will be linked to a pseudonym and no one will be able to connect me to the material in the diary. In addition, I understand that I may stop participating at any given point should I not wish to continue, the diaries will be returned and the material in the diaries will not be used. Lastly, I understand that participation in this study will not benefit me personally.

……
……..
Signature of participant Date

University of the Witwatersrand
1 Jan Smuts avenue & Jorrisen Street
Braamfontein, Johannesburg
2000

Dear Participant,

My name is Nomaswazi Mthombeni. I am a registered Masters student at the University of Witwatersrand in the department of Sociology. I am conducting research on masculine identities of black heterosexual men living with HIV. The research will explore the subjective experiences of black men living with HIV. It will focus on some of the ways in which men living with HIV understand and experience their masculinities. It aspires to understand how matters of masculinities (behaviours, practices and attitudes) relate to matters such as getting tested, disclosure of one's status, under taking treatment, relations with family, men's involvement in the care of those affected by HIV and also their role in preventing the spread of HIV.

I would like to invite you to participate in the research. If you agree, I will ask you to participate by writing about your experiences for three weeks in the diary that I will provide. You will be required to fill in an entry every night or every second night (depending on your experiences) about the events where you became aware of your manhood either positive or negative. This may have arisen through something you heard or seen.

I would like your permission to go through the diaries on a regular basis and follow this up with diary interviews if there is anything that needs clarification. These diaries will be kept safe. They will be stored in a secure environment and used for academic purposes now or at a later date in ways that will not reveal who you are. I will not record your name anywhere and no one will be able to connect you to the diary. Your entires will be linked to a pseudonym (another name) and I will refer to you by the pseudonym in the data, any publication, report or other research output.

Please understand that your participation is voluntary and you are not being forced to take part in this study. The choice of whether to participate or not is yours alone. If you chose not to take part, you will not be affected in any way whatsoever. If you agree to participate, you may stop participating in the research at any time. If you wish to stop participating, there will be no penalties, the diary will be returned to you immediately and the information in the diary will not be used.

At the present time, I do not see any risk of harm from your participation however, support groups from NAPWA will be set in place for additional support. There are no immediate benefits to you from participating in this study, and there will be no payment for your participation. However, this study will be extremely helpful to me in understanding the subjective experiences of men living with HIV. A copy of the final dissertation will be made available to NAPWA. It will also be available on the university's website.

If you have any concerns or queries please contact me on: 071 6048237. You may also contact one of my researches. You may also contact my research supervisor Lorena Nunez at the university if you have a query on : **Lorena.nunezcarrasco@wits.ac.za**

Sincerley
Nomaswazi Mthombeni

Research Office

HUMAN RESEARCH ETHICS COMMITTEE (NON-MEDICAL)
R14/49 Mthombeni

CLEARANCE CERTIFICATE	**PROTOCOL NUMBER: H15/07/40**
PROJECT TITLE	Masculine identities of black heterosexual men living with HIV
INVESTIGATOR(S)	Ms N Mthombeni
SCHOOL/DEPARTMENT	Sociology/
DATE CONSIDERED	24 July 2015
DECISION OF THE COMMITTEE	Approved unconditionally
EXPIRY DATE	13 August 2018

DATE 14 August 2015 **CHAIRPERSON** _____
(Professor J Knight)

cc: Supervisor : Dr L Nunez Carrasco

DECLARATION OF INVESTIGATOR(S)

To be completed in duplicate and **ONE COPY** returned to the Secretary at Room 10005, 10th Floor, Senate House, University.

I/We fully understand the conditions under which I am/we are authorized to carry out the abovementioned research and I/we guarantee to ensure compliance with these conditions. Should any departure to be contemplated from the research procedure as approved I/we undertake to resubmit the protocol to the Committee. **I agree to completion of a yearly progress report.**

_____ _____/_____/_____
Signature **Date**

PLEASE QUOTE THE PROTOCOL NUMBER ON ALL ENQUIRIES