

**CONSTRUCTIONS OF MASCULINITY AMONG BLACK SOUTH AFRICAN
MEN LIVING WITH HIV: A DISCOURSE ANALYSIS**

by

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Abstract

The aim of this study is to explore some of the ways in which masculinity is constructed in relation to HIV/AIDS. A review of literature about masculinity describes a normative masculinity where being a man is often associated with harmful practices. The review also shows that such a normative conceptualisation of masculinity has been contested through a call for less rigid and simplistic descriptions of what it means to be a man. The literature review also shows that research that specifically addresses the intersection between masculinity and HIV/AIDS tends to provide a marginalising and negative account of men's position in the epidemic. However, it also shows a growing awareness of the inadequacy of such an approach.

The present study aims to critically explore the ways in which masculinity is constructed by a group of men living with HIV. More specifically it explores how men living with HIV experience their masculinity and whether their HIV status impacts on their views of themselves as men. The study is located in a social constructionist framework and utilises a qualitative methodological approach. Discourse analysis was used to analyse the text produced during focus group discussions with a group of black South African men who are living with HIV.

From the discourse analysis, six discourses were identified as operating in the text. The first three discourses can be described as contributing to an idealised or normative construction of masculinity. This idealised masculinity is constructed by the participants as something that is valued and to which men need to conform. At the same time it is also constructed by the participants as something that men cannot always attain and that they experience as a burden in that they continually need to engage in actions that affirm their position as 'real' men. This tension is constructed as a sense of not being able to 'live up to' hegemonic notions of masculinity that participants describe as being valued by their partners, family members and others in their community. This construction of masculinity was spoken of as operating in a restrictive manner, where men are limited in the kind of actions available to them, such as seeking support or acknowledging their vulnerability to HIV. Specific discursive acts were mentioned as contributing to this idealised masculinity, such as getting married, having children, being

a financial provider, having multiple sexual partners and being in a position of authority in the home.

In the last three discourses that were identified the manner in which HIV contributes to constructions of masculinity became a more prominent feature of the discourses. Participants constructed HIV as a life event that interferes with conforming to notions of a normative masculinity. This emerged in talk of how illness or other periods of vulnerability disrupts the notion of men being invulnerable. It also emerged in talk of how living with HIV complicates attaining traditional signifiers of masculinity, such as getting married or having children. The final discourse that emerged from the text relates to a transformed masculinity, where men living with HIV reconstruct their masculinity in the face of the challenges that HIV poses. Living with HIV is constructed as requiring of men to re-evaluate and change their masculinity as conforming to normative constructions of masculinity is perceived as restrictive and harmful. Such an idealised masculinity prevents men from accessing the support they need in managing their health and men therefore look towards change.

The study contributes to the growing body of research that explores masculinity as fluid and constructed in relation to various influences, rather than viewing masculinity as a fixed identity. It presents an account of how men living with HIV challenge and resist dominant constructions of masculinity, thereby indicating that there are possibilities for change. This has implications for interventions that aim to increase the potential positions men can assume in promoting responsible sexual practice as well as deconstructing notions of masculinity that limit the courses of action available to men living with HIV when seeking support.

Keywords: masculinity, transformed masculinity, men's practices, HIV/AIDS, discourse analysis, social constructionism.

Table of Contents

Chapter 1: Introduction.....	1
1.1. Introduction.....	1
1.2. Context of the Study.....	3
1.3. Aim of the Study.....	3
1.4. Outline of the Study.....	4
1.4.1. Research Methodology.....	4
1.4.2. Format of the Mini-dissertation.....	4
Chapter 2: Literature Review.....	6
2.1. Introduction.....	6
2.2. Masculinity or Masculinities?.....	6
2.2.1. Traditional Descriptions of Masculinity.....	6
2.2.2. Changing Images of Men.....	8
2.2.3. African Masculinities.....	11
2.3. Research about men and HIV/AIDS.....	13
2.4. Conclusion.....	16
Chapter 3: Research Methodology.....	18
3.1. Introduction.....	18
3.2. Postmodernism.....	18
3.3. Social Constructionism.....	20
3.3.1. A Critical Stance Towards Knowledge.....	21
3.3.2. Knowledge is Historically and Culturally Specific.....	21
3.3.3. Knowledge is Created and Sustained by Social Processes.....	22
3.3.4. Knowledge Implies Social Action.....	22
3.4. Research Methodology.....	23
3.4.1. Qualitative Research Methodology.....	23
3.4.2. Sampling.....	23
3.4.3. Data Collection.....	25
3.4.4. Discourse Analysis as Method of Analysis.....	27
3.4.5. Validity in Discourse Analysis.....	33
3.5. Reflexivity in Research.....	34
3.7. Conclusion.....	35

Chapter 4: Analysis and Discussion	36
4.1. Introduction	36
4.3.1. “My son, he’s a man, he’s a real man”: Discourse of a traditional hegemonic masculinity	37
4.3.2. Discourse of invulnerability	45
4.3.3. “Men die like sheep”: Discourse of men being unemotional.....	52
4.3.4. “You become like a baby”: Discourse of HIV restricting agency.....	57
4.3.5. Discourse of being different and preferring partners who are also living with HIV	59
4.3.6. Discourse of a transformed masculinity	65
4.4. Conclusion	72
Chapter 5: Conclusion.....	73
5.1. Introduction	73
5.2. Overview of the Findings.....	73
5.3. Evaluation of the Study	78
5.3.1. Epistemological Reflexivity	78
5.3.2. Personal Reflexivity	79
5.3.3. The Credibility of Analytic Claims.....	82
5.3.4. Limitations of the Study.....	83
5.3.5. Strengths of the Study	84
5.4. Implication of Findings	84
5.5. Recommendations for Future Research.....	85
5.6. Conclusion	85
References.....	87
Appendix A: Interview Guide for Focus Group Discussions	95

Chapter 1: Introduction

1.1. Introduction

In discourses about HIV/AIDS¹, the intersection between gender and the epidemic is often described in a very particular way. Women are positioned as the face of HIV/AIDS in Sub-Saharan Africa (UNICEF, 2006), with authors describing HIV/AIDS as a “crisis for women” (Jobson, 2002, p.7). In Sub-Saharan Africa, 59% of people living with HIV/AIDS are female (UNAIDS, 2006). Gender differences in levels of infection are even greater among young people aged 15-24, with an estimated 74% of young people in Sub-Saharan Africa living with HIV/AIDS being female (UNAIDS, 2006). Women are certainly very vulnerable to infection not only because of physiological differences (Goldstein, Pretorius & Stuart, 2003), but also because of power imbalances in their interaction with men and their specific role in society.

In every society men and women are expected to conform to accepted male or female behaviour, characteristics and roles that have broad implications for a person’s access to resources and capacity for decision-making (Gupta, 2000). Gupta describes several norms related to gender and sexuality that make men and women differentially vulnerable to HIV/AIDS. She describes how in many cultures women are often expected to be monogamous while men are allowed to have a variety of sexual partners. Women are also expected to be ignorant about sex and passive in sexual interactions. This stifles efforts to gain information about risk reduction and, even when informed, makes it difficult for women to be proactive in negotiating safer sex. In addition, widespread economic vulnerability makes it more likely that women will exchange sex for money or privileges. It may also diminish women’s ability to negotiate protection and makes it less likely that they will leave a high-risk relationship (Gupta, 2000).

Considering the abovementioned factors, it is not surprising that discourses about HIV/AIDS have developed a theme of female oppression (Wyckoff-Wheeler, 2002). Authors such as Jobson (2002) describe the challenge we are confronted with when dealing with HIV/AIDS as that of “explor(ing) the reasons for women’s particular

¹ HIV/AIDS is the Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome.

vulnerability and the role of men and their behaviour in spreading HIV infection” (p.7). Other authors refer to problematic statements such as “men driv(ing) the epidemic” (Walker, Reid & Cornell, 2004, p. 20). Such descriptions imply that men are central to the problem of HIV/AIDS and assign them the role of reckless infectors at best and victimisers, rapists and oppressors at worst (Kometsi, 2004; Wyckoff-Wheeler, 2002). It constructs men as being the group responsible for the spread of HIV/AIDS, but it also leaves them on the periphery when solutions are sought. This kind of discourse positions women as passive victims while marginalising men from efforts to curb the epidemic. Perhaps most relevant to the present study, by only focussing on their role in infection it denies their experience of being at all affected by HIV/AIDS. There is a need for research that explores men’s experiences and deconstructs notions of masculinity that are potentially harmful not only to women but also serve to put men at risk.

Crewe summarises this problematic discourse by stating the following (in Kometsi, 2004):

For too long ‘gender’ has looked mainly at the position of women in society, addressing women and girls in ways that position them negatively in relation to the rest of society through descriptions of vulnerability, of powerlessness and of being oppressed by men who have been placed centrally as the major problem in HIV and AIDS. This approach to gender has ensured that the many voices of men have been silenced... (p.6)

However, the literature review presented in this mini-dissertation shows that this marginalising discourse of men and masculinity in the context of HIV/AIDS has been contested by a small but growing body of voices. These voices call for a less restrictive and simplistic way of describing men and their behaviours in relation to HIV/AIDS. Morrell (2001) argues 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. Attempts to provide more sophisticated accounts of men’s position in the epidemic would then consider this complexity and would explore how inflexible constructions of masculinity may be harmful not only to women but also to men. It would also explore the possibility of gender change, where men may respond to the challenges posed by HIV in constructive and emancipatory ways. Kometsi (2004, p.24), referring to the HIV epidemic, states how

“illness seems to interfere with the script of being a ‘real’ man” where men are expected to be tough and invulnerable. It is possible that being HIV positive is the kind of life experience that prompts transformations in constructions of masculinity, or allows for opportunity to reflect on matters such as sexual practices and gender identity. The present study sets out to explore the possibilities of such an intersection between HIV and masculinity.

1.2. Context of the Study

Before proceeding to delineate the aim of the study, it is necessary to briefly consider the context within which this study is conducted. The HIV/AIDS epidemic in South Africa can be described as having entered a mature phase, where there are large numbers of people living with HIV/AIDS in comparison to countries where the epidemic is still in its infancy. Of a population of 47 432 000, approximately 5 500 000 people are living with HIV (UNAIDS, 2006). Because of the mature nature of the epidemic, there are various established centres of support and organisations in South Africa that advocate for the rights of people living with HIV/AIDS. Treatment to manage HIV and AIDS is available in South Africa, with the public health system providing antiretroviral (ARV) treatment since 2004 (CADRE, 2006). Despite constraints in the public health system, South Africa has one of the largest ARV treatment programmes in the world (UNAIDS, n.d.) and approximately 21% of people living with HIV receive ARV treatment (UNAIDS, 2006).

Within this context of HIV/AIDS in South Africa, men are found to be more reluctant than women to test for HIV (Pettifor et al., 2004), as well as less likely to access ARV treatment (Men and HIV, n.d.). It becomes necessary to explore what kind of constructions of masculinity might be prohibiting men from acknowledging their vulnerability to HIV and from accessing support. Also, it is useful to question how such constructions of masculinity can be deconstructed.

1.3. Aim of the Study

The aim of this study is to explore some of the ways in which masculinity is constructed in relation to HIV/AIDS. Specifically, the study will consider how men living with HIV experience their masculinity and whether their HIV status impacts on their views of themselves as men. Although the findings of the proposed study cannot be considered as representative of all men affected by HIV, it will contribute to a much neglected area

of research with the goal of providing an account that takes cognisance of the complexity associated with negotiating gender identity. It will also contribute to stimulating debate about men's experiences of living with HIV/AIDS. As a further outcome, this study can provide new understandings of how constructions of masculinity relate to matters such as increasing men's involvement in the care of those affected by HIV/AIDS, preventing the spread of HIV and providing support to men affected by HIV/AIDS.

Some specific research aims can be stated:

- To critically explore the ways in which masculinity is constructed by a group of men living with HIV. More specifically, to explore how men living with HIV experience their masculinity and whether their HIV status impacts on their views of themselves as men.
- To consider the implications that these constructions have for men living with HIV. More specifically, to explore how constructions of masculinity in the HIV/AIDS discourse impact on the courses of action available to men – for example, in their involvement in the care of those affected by HIV/AIDS, their own efforts to curb the spread of HIV, or the support they feel is available for men living with HIV/AIDS.
- To contribute to the growing body of local and international research that explores masculinity as fluid and constructed in relation to various influences, instead of viewing masculinity as a fixed identity.

1.4. Outline of the Study

1.4.1. Research Methodology

The study is located in a social constructionist framework and utilises a qualitative methodological approach. The text analysed comprises of focus group discussions with a group of black South African men who are living with HIV. Three groups were held of two and a half to three hours each, and the text produced during the focus groups was analysed by conducting a discourse analysis.

1.4.2. Format of the Mini-dissertation

After introducing the study in *chapter 1*, *chapter 2* provides a review of existing literature surrounding HIV/AIDS, men and masculinity.

Chapter 3 considers the research methodology of the study, with a discussion of postmodernism and social constructionism as the paradigmatic framework within which the study is conducted. This is followed by a description of qualitative research as an appropriate research approach. Thereafter the sampling procedure is described and focus groups elaborated on as method of data collection. Finally discourse analysis as method of analysis is discussed.

Chapter 4 presents the researcher's analysis of the data and elaborates on the various discourses that were identified.

Chapter 5 concludes the dissertation by summarising the findings and providing a reflective account of the research process. It also provides a discussion of the strengths and limitations of the study, the implications of the findings and recommendations for future research.

Chapter 2: Literature Review

2.1. Introduction

In discussions about gender and sex, the two terms can be clearly distinguished from each other. Sex refers to one's biological designation as either male or female (Pryzgoda & Chrisler, 2000), while gender on the other hand refers to the socially and culturally constructed notions of what it means to be male or female (Stainton Rogers & Stainton Rogers, 2004). Sexuality in turn is distinct from but linked to gender. It includes a consideration of issues such as sexual feelings, sexual preferences and sexual practices (Stein, 1989) and will often be relevant to discussions about gender. This review will then consider different aspects of masculinity and how it might relate to sexual practices and HIV/AIDS as a sexually transmitted disease or infection.

2.2. Masculinity or Masculinities?

Before considering research about men in relation to HIV/AIDS, it is necessary to briefly review studies about masculinity. This section will first consider traditional views of masculinity followed by more recent descriptions of masculinity. It will also briefly review research about masculinity in the African and South African context.

2.2.1. Traditional Descriptions of Masculinity

Many of the early descriptions of masculinity describe a typically Western ideal of masculinity. Brannon and David (1976) explore how a traditional Western persona of masculinity has developed over time and outline four clusters of norms that define this traditional male role. These clusters of norms are said to be acquired through socialisation:

1. The most salient norm prescribes the avoidance of any behaviours and traits that are considered feminine, with the authors describing this as 'no sissy stuff'. This relates to the distinction drawn in discourse between male and female, where the two categories are viewed as distinct binary opposites (Marković, 2003). This norm implies that in order to be a 'real man', any feminine qualities have to be avoided.

2. The norm of achieving status is described as ‘the big wheel’. This norm relates to the notion that men are expected to be successful and should be respected for their success.
3. A third norm, relating to the cultivation of independence and self-confidence, is referred to as ‘the sturdy oak’. According to this norm men should be tough and self-reliant.
4. Another norm relates to the development of aggression, described by the authors in the phrase ‘give ‘em hell’. This norm prescribes that it is acceptable and even expected for ‘real men’ to resort to violence or aggression.

Mosse (1996) gives an account of the development of masculinity as it occurred alongside modernity, and describes a “manly ideal” or normative masculinity that became dominant over the course of history. This stereotyped understanding of what it means to be a man is defined in part by its exclusion of certain attributes, where differences between men and women are starkly emphasised. Echoing the point made by Brannon and David (1976), a real man does not possess feminine traits as it would be seen as indicative of weakness. Men should exhibit self-restraint, power and moral superiority. This modern masculine stereotype requires that men continuously struggle against countertypes or ‘negative images’ of normative masculinity. These negative images of masculinity are often strongly resisted and are located in groups marginalised by society – Mosse (1996) states in his analysis that historically Jewish, black and homosexual men have often been constructed as fulfilling this role.

Noar and Morokoff (2002) also describe the stereotypical or normative male role as comprising of characteristics such as toughness, aggression, a strong achievement motivation and independence. Another description by Hopkins (1996) states:

For a man to qualify as a man, he must possess a certain (or worse, uncertain) number of demonstrable characteristics that make it clear that he is not a woman, and a woman must possess characteristics demonstrating she is not a man. These characteristics are, of course, culturally relative and intraculturally dynamic, but in the [twenty first] century... the cluster of behaviours and qualities that situate men in relation to women include the by now well-known litany: (hetero)sexual prowess, sexual conquest of women, heading a nuclear family,

siring children, physical and material competition with other men, independence, behavioural autonomy, rationality, strict emotional control, aggressiveness, obsession with success and status, a certain way of walking, a certain way of talking, having buddies rather than intimate friends... (p.98)

These essentialist descriptions propose that men inhabit rigid gender roles that are not easily contested. They imply an essential male identity with particular characteristics. These characteristics are contrasted with what it means to be a woman, which causes the qualities assigned to the two genders to be polarised as if mutually exclusive. However, Glover and Kaplan (2000, p.69) refer to the fluid nature of masculinity, and state that male roles are “often much more inherently contradictory” than essentialist descriptions would indicate. The next section then considers research that acknowledges this fluidity in expressions of masculinity.

2.2.2. Changing Images of Men

Connell (1987; 1995) challenges the homogeneity that characterises most research about masculinity by proposing the concept of hegemonic masculinity. Connell proceeds from an assumption that gender is socially constructed, and that the study thereof should focus on the way in which people perform gendered acts everyday, and not on normative ideals of fixed gender roles. This notion implies that gender does not comprise of essential qualities that one possesses as a consequence of one’s biological sex, but that instead it is something that is negotiated in social interaction with others.

Furthermore, Connell (1987; 1995) draws on Gramsci’s (1971) concept of hegemony to theorise gender as a form of power. This power is said to take on two forms. Firstly, power is exercised *between* genders where men have power over women. Being a man confers power and with it certain patriarchal dividends, such as higher status in society, a better income and greater career opportunities. Secondly, Connell also describes a form of power *within* genders. Not all men benefit from hegemonic masculinity equally and not all men are exploitative. Within the structure of hegemonic masculinity is an order of ascendancy, where some men are subjected to subordination by the dominant form of masculinity. In a Western context, it has historically often been the case that certain forms of masculinity, such as gay or black masculinity, have been constructed as

different from the norm and have subsequently been repressed and marginalised by hegemonic masculinity (Wetherell & Edley, 1999).

Hegemonic masculinity is then seen as a particular form of masculinity that dominates in a society and that exercises its power over other rival masculinities. It translates into cultural prescriptions of what it means to be a 'macho' or 'real' man (Wetherell & Edley, 1999) and illustrates that it is not being 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 elicits the support of the oppressed by being seen by them as legitimate and accepted (Gramsci, 1971; Van Dijk, 2001). This gaining of support could occur through the actions of members of the dominant group. Van Dijk (2001) states that it could also be "supported or condoned by other group members, sanctioned by the courts, legitimated by laws, enforced by the police, and ideologically sustained and reproduced by the media or textbooks" (p. 303).

However, Connell is criticised for failing to fully theorise the relationship between hegemonic masculinity and subordinated or marginalised masculinities as a dialectical one, where the latter influences the formation of hegemonic masculinity (Demetriou, 2001). Connell describes non-hegemonic masculinity as existing in constant tension alongside hegemonic masculinity, but never as penetrating and 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 then a "closed and unified totality that incorporates no otherness" (Demetriou, 2001, p.347).

Demetriou (2001) instead proposes that hegemonic masculinity is constituted of diverse practices that together serve to maintain patriarchy. This means that hegemonic masculinity is not necessarily the Western stereotyped ideal of a white, heterosexual, aggressive male, but can include black, gay or other masculinities that Connell (1987; 1995) would theorise as non-hegemonic. This conceptualisation of hegemonic masculinity is a hybrid, flexible structure that can appropriate diverse aspects of being male to sustain itself as a dominant form of power in historically changing contexts.

Demetriou (2001) explains how, in the contemporary context where challenges to masculinity by women's and gay movements abound, hegemonic masculinity faces a crisis of legitimisation. A potential response to this crisis might be to selectively appropriate aspects of "non-hegemonic" masculinity, such as a greater acceptance of men being tender, wearing earrings, or dressing stylishly. Demetriou (2001) further argues that in a strategic sense this heterogeneity of hegemonic masculinity serves to keep the patriarchal nature of its power hidden and gives a more egalitarian impression. However, this does not mean that the particular form of hegemonic masculinity is necessarily less damaging to men or less oppressive to women.

Connell's (1987; 1995) conceptualisation of hegemonic masculinity has also been criticised for being applied in a formulaic manner, where hierarchical categories of masculinities are presented and reified as if they constitute fixed identities or typologies (Oxlund, n.d.). Oxlund further states that such a conceptualisation does not allow for fluidity and agency in masculinity, where men move between different notions of masculinity - often in relation to the context in which they find themselves.

From the idea of hegemonic and rivaling masculinities it becomes clear that not all men are socialised in the same way and that new considerations of masculinity are emerging. As seen in the arguments put forward by Demetriou (2001) and Oxlund (n.d.), even the concept of hegemonic masculinity, which is critical of essentialist depictions, is being challenged in order to provide an analysis of masculinity that is sensitive to diversity and change. Masculinity is not a fixed, essential identity that all men share, but is instead a fluid and dynamic practice that is socially and historically constructed (Morrell, 2001). An idealised hegemonic masculinity mingles with local ideas of masculinity and produces new expressions of what it means to be a man in a certain culture (Cornwall & Lindesfarne, 1994). Furthermore, when considering a single individual's journey of masculinity, it reflects a shifting terrain that is constructed in the context of endless influences such as race, class, developmental stage, parental influence and numerous life events (Morrell, 2001).

Sideris (2005), in a study of rural South African men who are contesting dominant constructions of masculinity, describes the ways in which some men are purposefully negotiating more equal relationships with their partners. These men define themselves

as different from the norm, where they live in a community where gender-related violence is common. The men participating in her study negotiated their changing practices in light of the growing human rights discourse as well as according to Christian principles. This provides the moral framework for establishing equal and respectful practices in their interaction with women. However, the uncertainty that accompanies change in gender identity has also resulted in men calling on culture to maintain some claim to a position of authority as head of the household. Sideris (2005) refers to this struggle as a “conflict between tradition and rights” (p.121), where men define their masculine identity in relation to their authority in the home. From her analysis it becomes clear that as tradition, the human rights discourse and changing social conditions intermingle, men are responding in different and often liberating ways. It serves to illustrate that masculinity is fluid and dynamic, but it also illustrates how masculinity is often negotiated in relation to existing power relations.

2.2.3. African Masculinities

Barker and Ricardo (2005), in studying young men in Sub-Saharan Africa, support Connell’s (1987) call for using the term masculinities instead of masculinity to indicate the plural nature of gender identity. They argue that masculinities, and also African masculinities, are socially constructed, fluid and differ over cultural settings, historical settings, and over time. Lindsay and Miescher (2003) argue that African masculinities in particular are heavily contested due to the varying influences of race, class, politics and religion.

While acknowledging the plurality of masculinity, Barker and Ricardo (2005) also identify certain common practices that contribute to how men construct and reconstruct their masculinity in the Sub-Saharan region. Masculinity in Africa is often associated with certain rites of passage. Many cultural groups in Africa and South Africa still practice initiation rituals where young boys are guided through the transition between childhood and adulthood. These rituals serve a supportive function in that knowledge about cultural beliefs, male-female relationships, appropriate adult roles and conflict resolution is communicated to the young men by community elders. However, these practices may also perpetuate harmful traditional gender hierarchies where the dominant position of men over women may be reinforced (Barker & Ricardo, 2005).

During these ceremonies a clear demarcation between being a boy and being a man is emphasised. Manhood is, in part, said to be attained only once the young man has been circumcised and has completed the initiation rituals. In a study conducted in Uganda, a participant stated that this includes having sexual intercourse with a girl to rid himself of “evil and boyish” spirits (Barker & Ricardo, 2005, p.10). Kometsi (2004), in a South African study exploring circumcision as a site for constructing masculinity, also speaks of the practice of having sexual intercourse soon after circumcision. In Xhosa initiation rituals, the initiates are encouraged to have sexual intercourse with someone other than their regular partner, or wait six months to have intercourse with their partner. Initiates are likely to find a woman other than their partner as abstinence is not preferred. Participants in Kometsi’s (2004) study stated that this is motivated by a desire to ‘test’ one’s sexual performance, as going through the process of circumcision and ‘becoming’ a man is said to improve one’s ability to perform sexually. It is also motivated by a desire to rid oneself of ‘dirt’ that one carries from the initiation. A participant, speaking about *esuthwini* (initiation) states: “There’s a perception that when you come back from *esuthwini*, you are carrying dirt. So you have to deposit the dirt somewhere else. Otherwise if you test out on your girlfriend, that relationship is not gonna last” (Kometsi, 2004, p.54). Kometsi (2004) notes that the manner in which women are rendered in this practice, as well as the risk involved to men in being encouraged to have intercourse outside of a committed relationship, is problematic for efforts to reduce HIV.

In addition to identifying circumcision practices as contributing to constructions of masculinity, Barker and Ricardo (2005) also found that having employment and subsequently being financially independent and able to start a family serves as an important signifier in ‘attaining’ masculinity. When these socially acceptable signifiers of being a man are absent, some men turn to violence or numerous sexual partners as affirmations of their manhood.

Other authors also discuss specific considerations within the South African and southern African contexts that have impacted on black men’s masculinity. Morrell and Richter (2004) discuss the relationship between fatherhood and masculinity and state how apartheid in South Africa challenged men’s role when the displacement of migrant labour caused many fathers to be absent from their families. Influx control also broke up the

residential stability of families and further deprived men of the experience of fatherhood, serving to influence constructions of black South African masculinity.

Epprecht (1998) speaks of a 'discursive unmanning' of African men in Zimbabwe where black masculinity was shaped under the oppression of colonisation and racial capitalism. In colonial discourse an African man was referred to as a perpetual 'boy' regardless of age or status, and the destruction of the material foundation of African masculinity made it difficult for a man to acquire the traditional social signifiers of manhood, such as paying lobola or acquiring land (Epprecht, 1998). African men developed new ways of performing social manhood such as through sports, gangs, violence and the sexual conquest of women. Epprecht (1998) continues that, similar to what was stated by Ricardo and Barker (2005), this aggressive and exaggerated expression of African masculinity compensated for feeling 'less than' as a black person and as a man.

Ratele (2006, p.51), in a review of research conducted in South Africa, describes a historically ruling masculinity which is constituted of "assertive heterosexuality, control of economic decisions within (and outside) the home, political authority, cultural ascendancy, and support for male promiscuity". He argues that such a ruling masculinity has been constructed in relation to numerous influences such as cultural practices, race, ethnicity, and geographical location. Ratele (2006) presents an analysis of the discursive practices of the highly controversial South African ex-deputy president, Jacob Zuma, in order to illustrate how such a ruling masculinity exercises power over sexuality and human rights. Although Ratele (2006) argues for the utility of the concept of a ruling masculinity, he also acknowledges that discussions should focus on examining plural masculinities, instead of a singular masculinity.

The following section considers research specifically focussed on the intersection between masculinity and HIV/AIDS.

2.3. Research about men and HIV/AIDS

There is a common association between masculinity and risk-taking behaviour, where reckless sexual encounters or multiple partners may be viewed as part of the definition

of what it means to be a man. Research conducted about the intersection between masculinity and HIV/AIDS mostly centre on these risky behaviours that are described in academic discourse as driving the epidemic.

Gupta (2000) has identified several factors as forming part of a dominant shared construction of masculinity in southern Africa, and describes how they influence attitudes about sexuality that put both men and women at risk for HIV infection. As a first factor, there are prevailing cultural beliefs that expect of men to be more experienced and knowledgeable about sex. Such norms put men at an increased risk of contracting HIV and other sexually transmitted infections by pressuring them to experiment at a young age to prove their manhood.

Secondly, there is a hydraulic model of male sexuality where it is believed that a variety in sexual partners is essential to men (Gupta, 2000). Research exploring Zimbabwean males' beliefs regarding HIV/AIDS and sexuality supports this notion and found that more than 80% of men participating in the study felt that having multiple partners is normal and necessary (Chiroro, Mashu & Muhwava, 2002). Hunter (2003), in his research about masculinity in a KwaZulu-Natal town, also describes the practice of having multiple concurrent partners and how it serves to define manhood.

Thirdly, Gupta (2000) states that masculinity is often defined in terms of dominant notions of heterosexuality, resulting in homophobia and stigmatisation 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 behaviour 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. Lastly, Gupta (2000) notes that 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 supported by Foreman (1999) who states that men often neglect protecting themselves through safe-sex behaviours 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.

Most of the research about HIV/AIDS and masculinity then focus on men's sexual behaviour and their role in infection. This kind of discourse marginalises men from efforts to curb the epidemic and denies their experience of being affected by HIV/AIDS through a restrictive focus on their role in infection. Barker and Ricardo (2005) also argue that men are mostly presented in simplistic and negative terms in discussions on HIV/AIDS. They state that women are certainly more vulnerable to infection, due to widespread gender inequity in society in general and in personal relationships. However, they argue that a marginalising gender lens that negatively positions or excludes men is also not satisfactory. They propose that a more sophisticated gender approach is necessary in order to analyse the rigid constructions of masculinity that subjugate not only women but also men.

However, in recent years this restrictive discourse has 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 marginalising and negative depictions of men in the context of HIV/AIDS:

- Authors have noted that negative stereotypes of men may breed negative behaviour. Wyckoff-Wheeler (2002) states that by casting men into categories of social deviance or unacceptability, appeals for behavioural change are hindered. For example, Seeley, Grellier and Barnett (2004) describe how the tendency in HIV/AIDS intervention programmes to translate 'gender' into 'women-only' projects, creates resentment among men. They note that such resentment can in turn fuel negative responses in the form of domestic violence or withholding household income from women, which serves to reinforce not only negative behaviour but also negative views of 'what men are like'.
- Chant and Gutman (2000) argue that dominant notions of sexuality and gender are relationally constructed through the participation of both men and women. Attempts to address problematic aspects of masculinity that marginalise and negatively position men are less likely to succeed. These authors describe the success of a project aimed at HIV/AIDS awareness and gender issues in Uganda

that engaged men in dismantling gender inequalities and ultimately lead to men taking greater responsibility for change.

- It has also been noted that by focussing 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 stigmatisation 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 utilising maladaptive avoidant coping strategies such as alcohol or drug abuse and increased risky sexual behaviour (Olley et al., 2003).

One study can 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 centred 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.

2.4. Conclusion

The review of literature about masculinity describes a normative masculinity where being a man is often associated with harmful practices. The review also shows that such a normative conceptualisation of masculinity has been contested through a call for less rigid and simplistic descriptions of manhood.

Finally, it also shows that although research that specifically addresses the intersection between masculinity and HIV/AIDS tend to provide a marginalising and negative account, there has also been a growing awareness of the inadequacy of such an approach. Yet very few studies, with the exception of the study by Mfecane (2007), explore how men living with HIV construct their masculinity. This study then aims to contribute to this small but growing body of research that acknowledges complexity in gender identity, by exploring how men living with HIV experience their masculinity.

Chapter 3: Research Methodology

3.1. Introduction

This chapter considers the research methodology of the study. In doing so it provides an overview of the ontological and epistemological assumptions that inform the study, as well as explicating the chosen methodology. The ontological assumptions of the study can be described as postmodern, with social constructionist epistemology being used as a theoretical approach. Data was collected by conducting focus group discussions with men living with HIV, and the text produced during the discussions was analysed using discourse analysis.

As a conceptual starting point, ontology can be described as our assumptions about the nature of the world, and can be stated as the question “what is there to know?” (Willig, 2001, p.13). Epistemology is concerned with the theory of knowledge, or “how, and what, can we know?” (Willig, 2001, p.2). Ontology and epistemology are interrelated as one’s view of what the world is like will necessarily have implications for what one sees as constituting knowledge about the world. This chapter will consider the ontological assumptions of postmodernism as well as the epistemological assumptions of social constructionism and how these structured the study. It will also consider qualitative research methodology as an appropriate approach that complements the assumptions that underscore the study. Finally sampling, data collection, discourse analysis as method of analysis and reflexivity in research will be discussed.

3.2. Postmodernism

The ontological assumptions underscoring this study can be described as rooted in postmodern thought. In attempting to clarify the various ideas and concepts in postmodernism, many authors resort to contrasting it with the discourses of modernity which served as impetus for the development of the movement (Best & Kellner, 1991; West, 1996). Modernism is described as a historical period that promotes the idea of progress through reason, where human beings are viewed as having the intellectual capacity to completely understand the world as it exists (Best & Kellner, 1991). Influenced by Descartes’ certainty of self-consciousness, the subject is then positioned as the sole arbiter of truth as human reason enables any individual to attain valid and certain knowledge (West, 1996). This claim extends to an ontological level, as reality is

seen as completely knowable. In conducting research, the implication would be that the researcher is in a position to uncover the entire truth about what exists in the world.

However, this privileged position accorded to the subject is challenged by postmodern thinkers. Postmodern thinking is anti-foundationalist in that it opposes the idea that the subject has direct access to reality (Best & Kellner, 1991). This anti-foundationalism has been extended and radicalised from the work of philosophers such as Nietzsche, who criticised the fundamental, self-evident claims that modernity uses as starting point. By arguing that there are no facts, only interpretations, the idea of attaining self-evident first truths that cannot be doubted is shattered (Best & Kellner, 1991). Postmodernist thinkers argue that any starting point used in an argument or judgement requires itself a starting point or a prior assumption (Sim, 2001). The idea of the world existing independently from human perception is then replaced by the notion of the social construction of reality (Berger & Luckmann, 1966). This implies that the researcher's subjectivity is acknowledged in that there is an awareness of the contribution he/she makes in constructing meaning (Willig, 2001).

Furthermore, through problematising concepts such as the self and identity, postmodern thinkers assume an anti-essentialist stance. This implies a rejection of the Western or modernist notion of an absolute truth or essence underlying phenomena such as truth, identity or meaning (Sim, 2001). This idea of an underlying essence motivates the 'will to knowledge' characteristic of modernist thinking. Through assuming an anti-essentialist stance, postmodern thinkers can attempt an analysis of the conditions that give rise to the construction of identity or meaning, instead of simply accepting it as existing fundamentally separate from social operations (West, 1996).

Within postmodern thinking there is also an awareness of power and how it operates in society. Foucault provides a very useful critique of the modernist notion of power as residing in macrostructures such as the state or a certain class of people (Best & Kellner, 1991). Foucault instead argues that power should be investigated as it is exercised in all relations in society, in a bottom-up manner instead of the top-down approach of modernist theories such as Marxism (Mills, 2003). He argues that power cannot be located in a single underlying structure but instead operates in a diffuse manner. This non-totalising account argues that "power is a set of relations which are

dispersed throughout society rather than being located within particular institutions such as the State or the government...” (Mills, 2003, p.35). This implies that power cannot be possessed or held onto, as it is a mode of interaction (West, 1996).

Postmodernism then provides the possibility to identify the multiple sites of power relations that contribute to shaping individuals and populations. The aim of postmodernism, in accordance with its anti-foundationalist and anti-essentialist position, is not to provide a comprehensive theory of phenomena such as power or meaning but instead to arrive at a set of conditions that are conducive to a useful critique of these phenomena. To this extent it is an appropriate ontological approach in researching matters around gender, as gender is constructed in relation to power. Due to the patriarchal nature of many societies, as well as the hierarchical organisation of gender, masculinity is often constructed as more valued and more powerful than femininity (Dunphy, 2000). Foucault’s critique of power as something that is fixed or measurable implies that power can only be investigated as it operates “in relationships and when it is expressed in action” (Alvesson & Sköldberg, 2000, p.225) and therefore also in how it operates in constructions of gender. Furthermore, as Connell’s (1987; 1995) conceptualisation of hegemonic masculinity demonstrates, power not only operates *between* genders through patriarchy, but also *within* genders where some men are marginalised or oppressed by the dominant form of masculinity. In analysing masculinity and different constructions thereof, it then becomes necessary to use an approach that allows for examining how power operates in a relational manner.

3.3. Social Constructionism

The epistemological assumptions underscoring this study are informed by social constructionism. Rooted in a postmodern ontology, social constructionist research aims to identify “the various ways of constructing social reality that are available in a culture, to explore the conditions of their use and to trace the implications for human experience and social practice” (Willig, 2001, p.7). Social constructionist thought is mainly concerned with uncovering the processes through which people come to account for, describe and explain the world in which they live (Gergen, 1985). Gergen (1985) outlines four key assumptions that underscore social constructionist thought. These key assumptions are presented by Burr (1996) as well as Stainton Rogers and Stainton Rogers (2004) in the following manner:

3.3.1. A Critical Stance Towards Knowledge

Social constructionism is critical of the taken-for-granted ways of understanding the world and challenges the positivist notion that conventional knowledge is based on an objective, unbiased observation of the world. What we know or perceive about the world cannot be seen as reflecting a reality that exists 'out there'. Our understanding is not a mirror of reality (Burr, 1996; Stainton Rogers & Stainton Rogers, 2004). This means that what we perceive is always constructed through our own understanding or interpretation (Stainton Rogers & Stainton Rogers, 2004). The implication of this is that we must be cautious of taking the divisions we have constructed in our interpretation of the world as being 'real'. Gergen (1985) uses gender as an example, stating that the division between men and women cannot be seen as simply being rooted in the objective observation of differences between the two groups. Being a man or being a woman is seen as fundamental to one's identity, but this importance that is given to gender as a category is a human product. Certain characteristics, such as gender or race, are meaningful to us because humankind has made them meaningful (Stainton Rogers & Stainton Rogers, 2004). These authors further state that in accepting that knowledge is socially constructed, one should ask the question "*who* made this knowledge, and *for what purpose?*" [emphasis in original] (p.161). If men and women are viewed as having certain characteristics by virtue of their gender, the implications that these constructions have in promoting or limiting certain actions should be critically examined.

3.3.2. Knowledge is Historically and Culturally Specific

Considering that knowledge is socially constructed, it can be said that knowledge will then be meaningful only in the historical period or culture in which it is produced (Stainton Rogers & Stainton Rogers, 2004). As a second key assumption, Gergen (1985) then states that "the terms in which the world is understood are social artefacts, products of historically situated interchanges among people" (p.267). For example, the importance attached to certain aspects of manhood can be seen as relative to the context in which these qualities develop. The way in which manhood is defined is challenged and sometimes altered as historical and economic conditions change. Where men traditionally used to be the sole breadwinner, their ability to provide financially was seen as part of what constitutes being a 'real' man. This idea is still prominent today, but high levels of unemployment in countries such as South Africa

have resulted in it being reinterpreted, where other social signifiers of manhood are valued more by certain cultures.

3.3.3. Knowledge is Created and Sustained by Social Processes

As a third assumption, knowledge is seen as created and sustained by social processes. People construct shared versions of knowledge in the course of social interaction, and particularly through language. This implies that what is regarded as ‘truth’ is not a product of what can be objectively observed in the world. It is instead “through the daily interactions between people in the course of social life that our versions of knowledge become fabricated” where ‘truth’ is the current understanding shared by people in their social interaction (Burr, 1996, p.4).

3.3.4. Knowledge Implies Social Action

The fourth assumption is that knowledge is inextricably bound to social processes. People’s understanding of the world can take numerous forms, with different social constructions of reality being possible. These different constructions invite different sorts of actions from human beings in that understandings of the world make certain patterns of social action possible and prohibit others (Burr, 1996). For example, in many communities an idealised masculinity is associated with men having multiple sexual partners (Gupta, 2000). This construction promotes risky sexual practice for men and at the same time limits men’s ability to protect themselves from sexually transmitted infections such as HIV. By taking a critical position to knowledge and the kinds of practices it might invite or exclude, one can begin questioning what kinds of actions would be possible when different constructions of reality are accepted as true (Stainton Rogers & Stainton Rogers, 2004).

The epistemological framework of social constructionism is particularly suitable for the present study for two reasons. Firstly, social construction theory is sensitive to the continuously evolving nature of social life and is thus a suitable approach to use when exploring constructions of masculinity that are dynamically shifting. Secondly, the magnitude of the HIV epidemic and the impact it has on communities call for activism and social change. Social construction theory (and the methodology of discourse analysis) has the aim of facilitating change and generating new ways of thinking. The goal of research is not uncovering an objective ‘truth’ but rather the usefulness that

findings might have in bringing about change (Burr, 1996). Parker (1992, p.21) puts this differently by stating that discourse analysis “alters, and so permits different spaces for manoeuvre and resistance”. Before elaborating on discourse analysis as a method of analysis, the next section discusses the use of qualitative research methodology, how sampling was conducted as well as the choice of focus groups as method of data collection.

3.4. Research Methodology

3.4.1. Qualitative Research Methodology

The study was conducted using a qualitative research methodology. Whereas quantitative research assumes a nomothetic approach with the aim of arriving at universal laws and patterns, qualitative research is more concerned with idiographic accounts that provide context-specific and particular descriptions (Whitley, 2002). Willig (2001, p.15) describes qualitative research as being concerned with “the construction and negotiation of meaning, and the quality and texture of experience”. Qualitative research allows for an unstructured or semi-structured inquiry, where the possibility of the researcher imposing her own meaning on the area of investigation through using predetermined meaning categories is minimised and the participants’ accounts of their experience can come to the fore. It further allows for an open and flexible approach where new or unanticipated responses can be explored (Willig, 2001). This is an appropriate approach for the present study where the focus is on exploring how the participants construct their masculinity in relation to their experience of living with HIV.

3.4.2. Sampling

This section will elaborate on the process of selecting participants for the study as well as clarify certain choices that were made in defining the criteria for selection. Participants were first selected using purposive sampling. Purposive sampling is a type of non-probability sampling where participants are selected on the basis of the researcher’s judgement. This is done by identifying and selecting individuals who share certain characteristics or experiences that are of interest to the researcher (Whitley, 2002). The participants were contacted through a research centre and support group in Pretoria for individuals living with HIV to which the researcher has access.

After making contact with the initial group of participants more participants were identified using snow-ball sampling. This is also a type of non-probability sampling and entailed requesting participants to nominate acquaintances who might be interested in participating in the study (Whitley, 2002). The researcher's decision to include participants that are known to one another was motivated by the possibility that participants would be more likely to interact in a comfortable and natural manner if they were already acquainted, particularly as the area of investigation is very sensitive. By constituting a group of participants familiar to each other, it was anticipated that the conversation would be more spontaneous and that the artificiality of the research interview would be reduced (Willig, 2001).

The following criteria were set for identifying participants:

- The participants must be black, male, heterosexual and must have been diagnosed as HIV-positive.
- They must be willing to participate in the study by sharing their experiences and articulating their feelings. The participants must have the verbal ability to provide rich descriptions.
- They must be able to express themselves in English in order for the researcher to clearly understand the meaning of their responses.

The motivation for including only black participants was firstly to facilitate the analysis of the text. Since masculinity is described as being constructed in relation to influences such as race, the researcher decided to identify participants who identify themselves as being from the same racial category. This, however, does not imply that the group selected could be described as homogenous as other factors such as ethnicity, culture, life experience and age also impact on how masculinity is constructed. A second reason for only including black participants was related to ease of identifying potential participants. The researcher found that it was very difficult to identify white men who were willing to participate in the study.

The motivation for limiting the study to heterosexual men was also motivated by the need to limit the focus of the analysis as well as by the present nature of the HIV/AIDS epidemic in South Africa. Transmission of HIV in South Africa, as well as globally, is described as occurring mainly through heterosexual intercourse (Walker & Gilbert,

2002). Although the study certainly does not aim to provide findings that can be generalised to the larger South African population, the usefulness of its conclusions and recommendations are related to how relevant it is to the current nature of the epidemic.

Most of the men who participated in the study were between the ages of 35 and 45 years old, from the same geographical location and unemployed.

3.4.3. Data Collection

The study made use of focus group discussions to collect data. This method of data collection was chosen because a focus group discussion provides knowledge produced through dynamic interaction. Meanings and answers obtained during this process are socially constructed rather than individually presented (Berg, 1998). It allows for statements to be “challenged, extended, developed, undermined or qualified in ways that generate rich data for the researcher” (Willig, 2001, p. 29). This complements the theoretical approach underscoring the study, as social constructionism as well as discourse analysis is concerned with how meaning is constructed among people through language.

Another motivation for using focus groups to collect data was to attempt to address the impact of the researcher’s identity as a white, HIV-negative female researcher on the kind of interaction that might take place in the research interview. Considering that one of the central aims of the study is to explore black HIV-positive men’s constructions of their masculinity, the researcher can be said to be conducting the study from the position of an outsider. While earlier discussions in academic discourse about insider/outsider status assumed that the two positions are clearly delineated with each having their own advantages and disadvantages, more recent discussions acknowledge that such distinct boundaries cannot always be drawn (Merriam, Johnson-Bailey, Lee, Youngwha, Ntseane & Muhamad, 2001). Instead, these authors note that there is a great deal of fluidity between the two roles, with a researcher at times slipping from one role into the other. In a certain instance a matter such as gender, race or HIV status can accord one a position of outsider, but other factors such as age or educational background may act as uniting forces. According to Merriam et al. (2001) the dual position as both an insider and an outsider may provide the researcher with the opportunity to capture a richer, fuller account of the phenomenon being studied. As an outsider, the researcher has the

advantage of making more direct attempts to elicit responses, while an insider might be assumed to already 'know'.

By using focus groups instead of individual interviews to produce the text, the researcher attempted to de-emphasise her role in the creation of the text. By having the participants discuss and debate the questions that were asked, the researcher attempted to remain on the periphery of the discussion by minimising her contributions, although certainly not eliminating the influence of her presence or the constructive nature of the questions.

The focus group discussions were facilitated by the researcher as well as a co-facilitator. The co-facilitator was a black male with an undisclosed HIV status and was able to at times assume the position of 'insider' when posing questions to participants. This was particularly relevant when discussing issues that were mediated by cultural practices and where an understanding of the role of culture was necessary. However, as an 'outsider' in relation to cultural identity, the researcher could then probe these responses in an attempt to elaborate on some of statements of which the meaning was assumed to be understood by the co-facilitator.

Three groups of approximately two and a half to three hours each were held with the men who chose to participate in the study. The discussions were guided by a flexible interview schedule (attached as appendix A). Willig (2001) recommends using up to six participants in a focus group, as including more than six decreases the likelihood that all the participants will have the opportunity to be actively involved in the discussion. Two of the groups that were held were constituted of four participants, while one had five participants. The lower numbers of participants were due to the difficulty involved in accessing men who met the criteria and who were willing to participate in the groups. The smaller groups did however allow for more in-depth discussion of the topic and therefore contributed to richer data.

The focus groups were recorded and subsequently transcribed by the researcher. During transcription all utterances by participants and facilitators were noted, including pauses or interruptions. Utterances in languages other than English were translated to English for the purpose of the analysis.

3.4.4. Discourse Analysis as Method of Analysis

The study utilised discourse analysis as a methodological approach in the analysis of the text produced during the focus group discussions. Burr (1996, p.48) offers a cautious definition of discourses as referring to “a set of meanings, metaphors, representations, images, stories, statements and so on that in some way together produce a particular version of events”. Parker (1992, p.5) describes a discourse as “a system of statements which constructs an object”. A discourse about an object manifests itself in texts, where the word text refers to “any delimited tissue of meaning reproduced in any form” (Parker, 1992, p.6). This means that texts may be identified in various sources, where the social world and institutions may be treated as text, which may be “read” (Burr, 1996).

The process of discourse analysis rests on the deconstruction of texts in order to reveal the discourses that operate within the text, and in doing so challenges the taken-for-granted ways of understanding that are put forward by the discourses (Burr, 1996). Implicit in this act of deconstruction is the creation of new knowledge and the construction of new ways of interpreting the social world (McLuckie, 2000). In this sense discourse analysis has the potential to facilitate “critical intervention and radical political engagement” (Burman, Kottler, Levett & Parker, 1997, p.2). However, authors such as Du Preez (1998) warn against regarding discourse analysis as providing privileged access to the social world, and argue that language is but one domain of social enquiry. There is no simple prescribed method for conducting a discourse analysis. The approach of the present study was adapted from the guidelines suggested by Parker (1992), whose method is informed by the work of Michel Foucault. The following flexible stages can be identified in the process of analysis as suggested by Parker (1992):

Realising that everything is textual

Parker (1992) states that the first stage in conducting a discourse analysis is to specify which text will be analysed. Within this approach, everything is textual, with Parker (1992, pp.6,7) explaining that “all of the world, when it has become a world understood by us and so given meaning by us, can be described as being textual”. The implication of this is that discourses are never limited to the author, or any particular individual’s intentions, but are instead transindividual.

Engaging in a process of free-association

In this stage, Parker (1992) suggests engaging in a process of free-association. Because the meaning of a text cannot be limited to the intentions of an individual (such as the author), it is useful to explore all the connotations that a text might elicit. During this stage the researcher can take note of the manner in which different discourses might be available to and accepted by different audiences. A certain sign might give meaning to a text to one group, but the same sign could be perceived as devoid of meaning to another group. Furthermore, if the sign is meaningful to the other group its importance might still differ or be rejected. This process of free-association is then best done with other people.

Asking what objects are referred to in a discourse, and describing them

Discourses are seen as constitutive and therefore as bringing the objects of the discourse into being (Parker, 1992). Through the use of language an object is named and given reality. This objectification takes place “as previous uses of the discourse and other related discourses are alluded to, and the object *as defined in the discourses* is referred to” [emphasis in original] (Parker, 1992, p.8). Parker describes two layers of reality brought about by discourses. The first layer of objectification refers to the objects brought into existence through the discourse. The objects that can be identified are defined by the discourse and may or may not exist outside of the discourse that constitutes it (Parker, 1992). This stage in the analysis will consider what objects are referred to in the discourse and will describe these objects. For example, a text that talks about a medical discourse might identify a certain disease as the object.

Talking about the talk as if it were an object

Apart from the representation of objects that the discourse refers to, a second layer of objectification can also be identified. This second layer of reality is that of the discourse itself, where the talk or set of statements is in itself identified as an object (Parker, 1992). During this stage the discourse itself can be identified as an object that can be analysed. Continuing the example just used, the medical discourse on disease can then be seen as an object being represented in the text.

Specifying what types of person are being talked about

A discourse invites “certain perceptions of ourselves and others” (Parker, 1992, p.9). This happens in two ways. Firstly, a discourse positions subjects in relation to the

addressor. Parker (1992) states that the addressor is not the author of the text but is instead the text itself. The person, or subject, reading the text is positioned in a certain manner in relation to the addressor. One could ask the question, “What type of person is called on to hear this message?”. A medical discourse might invite a subject position of a carer and a familialist discourse might draw the subject in as a protector, most likely with different subject effects for men and women reading the text (Parker, 1992). This stage is then concerned with identifying the types of person the discourse talks about, some of which may have already been identified as objects during the previous stage (Parker, 1992).

Speculating about the rights to speak in that way of speaking

During this stage the second way in which discourses position subjects is considered. Having identified the position that a discourse invites the subject to assume, one can then ask what rights to speak that position allows. Discourses allow for certain things to be said and limit or constrain other ways of expressing or being. A medical discourse, for example, invites that unqualified people adopt the position of non-medic where the right to speak is defined by the amount of knowledge held by the subject. During this stage in the discourse analysis one would then speculate about what the subjects in the text can say within the discourse and what the reader can say if he/she identifies with them (Parker, 1992).

Mapping a picture of the world presented by this discourse

Discourses are seen as coherent systems of statements, in that the statements within a discourse can be grouped in terms of how it relates to a certain topic. This grouping will be informed by the researcher’s context, whereby the idea of what constitutes a topic will differ according to the culturally and socially available understanding. In order to find coherence in a text, we have to rely on our own understanding of the objects presented in it. We “string these repeated references” to an object together through calling on our own understanding of what is referred to (Parker, 1992. p12).

Identifying how a text using this discourse would deal with objections

However, a discourse analysis also needs to call on other possible interpretations of the objects presented in the text. During the analysis one would call on one’s awareness of the possibility of there being other ways of talking about an object. This stage entails

considering how a text using this discourse would deal with objections to its specific way of talking about objects (Parker, 1992).

Contrasting discourses and the objects they constitute

In conducting a discourse analysis, one must draw on other available discourses in order to articulate a critique of the discourses operating in a text. This implies that one can identify ways in which discourses contradict each other in how it describes an object. In fact, an analysis is facilitated by this process of contrasting different discourses and the way they constitute objects. A medical discourse can be contrasted against a mystical discourse by looking at the way each discourse constitutes disease as an object (Parker, 1992).

Identifying points of overlap between discourses

Parker (1992) acknowledges however that discourses are not always discrete from one another, and that clear distinctions cannot always be drawn through contrast. More often there is an interrelationship between different discourses in an analysis. Discourses at times draw support from other discourses and the analysis should also identify these points of overlap where objects might be constructed as similar by different discourses (Parker, 1992).

Identifying where a discourse reflects on its own way of speaking

Parker (1992, p.14) states that during this stage one could explore implicit meanings by asking: "How are the contradictions in the discourse referred to, and how would another person or the text employing this discourse refer to the contradictions within the discourse?". This can be done through identifying instances where other texts elaborate on the discourse and through examining how other audiences are addressed. It can also be done through reflection on the terms used in describing a discourse, where the analyst could for example explore the use of the term 'racist' to describe a discourse about race (Parker, 1992).

Locating a discourse in history

This stage of the analysis will consider how and where a discourse emerged in history. Discourses are not static or discrete, but are located in history. A discourse analysis needs to take account of what the discourses referred to when they emerged, in order to

make sense of the meaning of the objects as they are represented in the present discourse (Parker, 1992). Parker (1992) uses the example of a familial discourse that can be explored as it was constructed and interpreted in history in order to legitimise the Western notion of a nuclear family as natural. An analysis of a familial discourse would then move between the different interpretations of history that served to construct this discourse and would so support an analysis of what this discourse is referring to when called on today.

Describing how discourses have changed

However, considering that discourses are not static, the analysis would also take into account how discourses have changed over time. In addition to exploring the interpretation of history that a discourse emerged from, the analyst would also look at the kind of discourses that are dominant in the time in which the discourse presently exists (Parker, 1992).

Identifying institutions which are reinforced or subverted by the use of a discourse

Parker (1992) argues that although Foucault does not make a clear distinction between discourse and practice, one could conceptually separate meanings from the practical order. In this view discursive practices can be described as “those that reproduce institutions” (p. 17). Certain practices serve to validate or support a discourse, and in doing so strengthen the material basis of an institution. Other practices can deny a discourse and can subvert or attack an institution. Parker (1992) uses the example of a medical discourse, where discursive practices such as giving an injection or operating on a patient serve to reinforce the structure of the medical institution. This stage of the analysis would then identify the institutions which are supported by the use of a discourse as well as the institutions which are subverted by the use of a discourse.

Identifying the ways in which discourses reproduce power relations

According to Foucault, power and knowledge imply one another to the extent that he even refers to it as power/knowledge (Best & Kellner, 1991). Foucault does not however mean that knowledge and power is the same thing, but argues that the one incites the production of the other and they are therefore intimately related (Barker, 1998). Parker (1992) uses this notion of power and knowledge being related, but cautions against approaching a discourse analysis with a view that discourses necessarily always

reproduce power relations. Parker states that by assuming that “power is everywhere” (p.18) the radical nature of discourse analysis can be lost as the use of the term becomes redundant and resisting power can seem pointless.

Parker (1992) argues that institutions are constructed around power and function as mechanisms that reproduce power relations. In referring to the increasing institutionalisation of psychology, he argues that demarcations around the professional capacity of psychologists reproduce power. This is a power to constrain what can be regarded as objects within the field of psychology (such as cognitions, behaviours and so forth) as well as a power to control the division between those seen as powerful due to their knowledge of psychology, and those seen as positioned on the outside because of their lack of knowledge (Parker, 1992). Discourse analysis is then a tool that can be used to deconstruct dominant discourses and the power relations they reproduce, in order to construct new understandings of the social world (Burr, 1996; Parker, 1992). To this end Parker (1992) suggests that this stage should entail exploring the categories of person that gain and lose from the use of a discourse, and understanding who would want to advance or resist the discourse (Parker, 1992).

Identifying the ideological effects of discourses

Parker (1992) states that Foucault was critical of the use of the word ideology, as it was seen as implying that one system of beliefs is more true or correct than another. Parker (1992) however argues that the term ideology can be useful when seen as “a description of *relationships* and *effects*” [emphasis in original] (p.20) that is rooted in a particular history and context, instead of a belief system that presupposes truth.

This stage in the analysis would entail identifying how the discourse is related to other discourses that sanction oppression, as well as elaborating on how such discourses promote the narratives of dominant groups and prohibit subjugated discourses from participating in the interpretation of history (Parker, 1992).

In addition to drawing on Parker’s (1992) guidelines, the analysis will also be informed by the work of Van Dijk (2001). Van Dijk (2001) positions himself as a critical discourse analyst, where the analysis of a text is conducted with the aim of investigating how social power and dominance operates through discourse. Van Dijk (2001) conceptualises

dominance as “the exercise of social power by elites, institutions or groups, that results in social inequality, including political, cultural, class, ethnic, racial and gender inequality. This reproduction process may involve such different ‘modes’ of discourse – power relations as the more or less direct or overt support, enactment, representation, legitimation, denial, mitigation or concealment of dominance, among others” (p.300). Echoing Foucault, Van Dijk (2001) states that critical discourse analysis is then not only concerned with the construction of discourse as it occurs through language and interaction, but also in how discourse can be seen as reproducing or challenging power relations in society. Such an examination of power is relevant to the present study as issues around HIV, as well as gender, cannot be separated from broader power structures that may legitimate or deny certain discourses through policies and legislation.

3.4.5. Validity in Discourse Analysis

The term validity as it is conceptualised in research has been problematised in postmodern thinking, where the aim of research is no longer to establish ‘truth’ as it exists in an external reality (Trochim, 2000). Particularly in qualitative research, validity has been redefined and is often referred to in terms such as credibility, trustworthiness and rigour (Davies & Dodd, 2002; Guba & Lincoln, 1989).

Several different techniques for increasing as well as evaluating the credibility of the findings of discourse analytic research exist. Potter and Wetherell (1987) identify four main ones:

- *Coherence*: Analytic claims should lend coherence to a body of discourse, in that it allows for how the discourse fits together and how discursive structure produces certain effects. A coherent explanation is one that accounts for both the broad pattern as well as for the many micro-sequences that occur.
- *Participants’ orientation*: The consistencies and differences that the analyst takes note of should be the ones that the participants identify as being noteworthy. The reason for this is that the focus of the research is on the distinctions participants make in their actual interactions and which have implications for the way they live everyday.
- *New problems*: During discourse analysis new problems may be generated, which may be used to validate the primary analytic suggestions.

- *Fruitfulness*: A set of analytic claims should allow the researcher to make sense of the discourse and to generate fresh explanations or solutions.

In addition to the techniques suggested by Potter and Wetherell (1987), Burman (1997) suggests that “active reflection on one’s own experience as a researcher in accounting for the interpretive resources brought to bear in arriving at interpretations, and including the experience of the process of the research” (p.794), can provide support for the claim to value made by a study. The following section then considers how the reflexive nature of research should be acknowledged not only during the stage of data analysis but throughout the entire research process.

3.5. Reflexivity in Research

Gergen’s (1985) social constructionist notion that knowledge is produced in social interaction has an important implication for research. If what we regard as knowledge is continually created and negotiated through social processes, and particularly through language, then researchers cannot claim that they are impartially ‘uncovering’ reality as it objectively exists. Steier (1991) states, “as inquirers and researchers, we create worlds through the questions that we ask coupled with what we and others regard as reasonable responses to our questions” (p.1). Burr (1996) describes this as part of the constitutive nature of language, where the process of researching or describing an event implies participating in the construction of the event.

Reflexivity can be described as personal or epistemological. In discussing personal reflexivity, Willig (2001) states that it is necessary for the researcher to reflect on how his/her political and social context, values, beliefs and experiences contributed to and impacted on the research. Steier (1991) poses the question whether all research is not autobiographical, as the process of exploring what participants are saying about themselves necessarily includes the researcher commenting on him/herself. Epistemological reflexivity in turn is concerned with the manner in which aspects such as the research question, the design or the method of analysis might have shaped, defined or limited the description of the phenomenon under study (Willig, 2001).

In the present study, the researcher is mindful of this reflexive nature of research. While acknowledging that there is the risk of inserting it in an ‘add-on’ manner, Chapter 5 will

provide a reflection on the researcher's social and cultural context, with a consideration of how her social positioning, beliefs, values and experiences might impact on the study. It will also consider how the researcher's epistemological assumptions, as represented in the study, impacted on the way in which the study was constructed, as well as on the discussion held with the participants. The danger of including these reflections in such an artificially separated manner is that the reader might assume that one's participation in the research can be identified and severed at specific points, and that those points can then be neatly presented and reflected on. The decision to structure the format of the study in this manner is then taken while acknowledging the accompanying difficulties.

3.7. Conclusion

This chapter provided an overview of the research design that informed the study. It also attempted to illustrate how postmodernism and social constructionism can be seen as informed by certain common assumptions about the nature of social reality and the construction of meaning. These assumptions in turn influenced the choice of using focus groups as method of data collection as well as discourse analysis in analysing the resulting text.

Chapter 4: Analysis and Discussion

4.1. Introduction

In this chapter the findings of the discourse analysis are presented. The analysis was concerned with identifying the discourses as they operate in the text and aimed to explore how these discourses privilege or limit certain practices by men, as well as how men are positioned by the different discursive constructions.

The presentation of the results and the discussion is merged into one chapter, as it is difficult to present the findings without elaborating on them and contrasting them to other discourses outside of the text. The motivation for structuring the mini-dissertation in this manner is that the analysis explores how the discourses emerging from the text are situated in broader discourses such as academic and historical discourses.

The process of conducting the analysis, as described in chapter 3, firstly involved transcribing the recorded focus group discussions². The transcribed text was then carefully read and re-read, while engaging in the process of free-association suggested by Parker (1992). At this stage notes were made of different discourses emerging from the text, as well as how these discourses construct masculinity. The researcher then proceeded to identify and highlight all references to masculinity in the text. At this stage all statements that could potentially be relevant were included. Statements were then sorted into different discourses as they began to emerge. Parker's (1992) suggested steps in conducting a discourse analysis were then followed, adapting the steps where necessary to each discourse.

In conducting the discourse analysis six discourses were identified as emerging from the text:

1. "My son, he's a man, he's a real man": Discourse of a traditional hegemonic masculinity
2. Discourse of invulnerability
3. "Men die like sheep": Discourse of men being unemotional

² In the transcribed text, F is used to denote utterances made by the facilitator, CF to denote utterances by the co-facilitator, and when necessary P1/2/3/4/5/6 to refer to utterances made by different participants.

4. “You become like a baby”: Discourse of HIV restricting agency
5. Discourse of being different and preferring partners also living with HIV
6. Discourse of a transformed masculinity

The first three discourses that are discussed can be seen as contributing to an idealised or normative construction of masculinity. This masculinity is discussed in as operating in a restrictive manner, where men are limited in the kind of actions available to them. The remaining discourses refer more directly to how masculinity is constructed in relation to living with HIV.

4.3.1. “My son, he’s a man, he’s a real man”: Discourse of a traditional hegemonic masculinity

A dominant discourse in the text is one of a traditional hegemonic masculinity, where masculinity is constructed in terms of what defines being a ‘real’ man. In academic discourses about constructions of masculinity, hegemonic masculinity is often described in a very particular way, with discussions often referring to hegemonic masculinity as a white, privileged and aggressive masculinity (Connell, 1987; 1995). In South African research however academic discourses have emerged that describe hegemonic masculinity as informed by various contextual influences. Ratele (2006) 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) discuss influences of residential instability during apartheid on notions of fatherhood and masculinity, where migrant labour meant that men were often absent from their families. The present analysis serves to illustrate how masculinities are constructed in relation to other influences such as culture and tradition and how the meanings of a discourse change over time and over contexts. The idealised masculinity described in the text is constructed as attained through certain practices. These discursive practices include being a financial provider, being in a heterosexual relationship, getting married, having children and being in a position of authority in the home. This discourse is also supported by the notion that having multiple sexual partners is normative for men, and is seen as indicative of being a ‘real’ man. Participants drew on cultural and traditional discourses to support these practices.

Participants framed these discursive practices in terms of what society expects of them as men, and indicated that they experience pressure to conform to these expectations. The following was stated in support of this discourse: “They expect me as a man to be a person who is going to be employed, getting a job and having responsibilities. And to have a family, and to get married” (Group 2). Within this discourse, attaining these signifiers and conforming to a traditional construction of masculinity is viewed as positioning men as being under continual pressure. If, as a man, one cannot attain the signifiers seen as supporting this type of dominant masculinity, one’s identity and worth as a man is brought into question. One participant articulated a sense of being burdened by the expectations of him as a man in the following manner:

...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 women 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 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. (Group 2)

Epprecht’s (1998) notion of colonisation’s destruction of the material base of masculinity resulting in a ‘discursive unmanning’ of African men is relevant here, as it informs the historical development of this discourse. In South Africa apartheid denied black men the right of owning land and rigorously restricted and regulated the nature and conditions of employment. The importance of attaining such social signifiers of masculinity might have a particular meaning and value assigned to it today because of the history of the material construction of masculinity.

Within this discourse where practices such as getting married and having children are seen as constituting an idealised masculinity, HIV is constructed as interfering with attaining such a normative way of being a man. Living with HIV is described as making it difficult to have an intimate or sexual relationship with a partner and to eventually marry. Having children is also seen as problematic as the child could be at risk of acquiring HIV. Participants constructed living with HIV as preventing men from attaining these traditional signifiers of masculinity.

... since people are being diagnosed you start to have a fear to go through to marriage. Other thing is to make a baby if you're living with HIV it's expensive now, if you can get that information on how to make a baby with somebody. Secondly, again you'll find that I'm positive and I'm with someone who's negative. Again I'm on a risk, if anything comes, if the condom or whatever happens you know, I start to have a risk ... (Group 1)

Being HIV-positive also implies the possibility of falling ill, and of having to depend on others for support. This dependence could take the form of needing financial assistance when unable to work or of needing physical care when ill. Within constructions of masculinity where men are positioned as financial providers, such dependence threatens what it means to be a man. A participant refers to this difficulty by stating "because me myself I was working, now I'm not working. It's different now, it's hard because I was doing things on my own, but this time now it's harder because sometimes I ask for money" (Group 2).

Another participant speaks of the difficulty of having to live with family and depend on them for financial assistance when he was very ill:

Everything was taken from me. I was left alone, you see. But fortunately because I had a mother, 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 especially my mother is staying with grandchildren, and me on the other hand. And then my sister, I had my sister start complaining 'no, you are taking everything that we brought home. You are eating the food, you are eating this, you are eating this', you see, for the children. Because I was not contributing anything. (Group 2)

In this way HIV again challenges the dominant notion of men being independent and providing financially for others, thereby preventing men who are living with HIV from conforming to these markers of hegemonic masculinity.

Within this discourse of a traditional hegemonic masculinity, men are also positioned as having authority, particularly in the home. Men are constructed as leaders, as powerful

and as respected. This authority and power is exercised over others where men are seen as making decisions on behalf of wives or children. Speaking about his position in the family a participant stated “as the man you are the head of the house and whatever you say goes” (Group 1). This authority is not constructed by men as harmful or oppressive, but instead as necessary and benevolent as it is described as being to the advantage of their families. A man assumes a position of authority in order to direct and lead his family in a positive way. The implication of this is that women are positioned as lacking in the ability to make wise or beneficial decisions for the family, and that this motivates the need for men to assume the role of head of the family. A participant stated in this regard “they expect me to lead and ... to lead in my own family and to lead as an example in my family” (Group 2). This discourse seemingly benefits men as it constructs men as having power in the home. Men who draw on this discourse would be unlikely to want to resist the use of it as it accords them respect from others, and in particular from women who are constructed as subservient to men.

However, despite this position of men as leaders in their families being constructed as necessary, participants also stated that living with HIV complicates this position. HIV is seen as interfering with constructions of hegemonic masculinity where men are described as the head of the household and as always being in control. Living with HIV threatens this construction of what it means to be a man, as by disclosing your status you have to disclose to others that there is something that you cannot control, that might make you very ill, and that might cause you to be unable to work and provide for your family. Within this discourse of traditional masculinity, one’s position as a man is jeopardised.

Maybe if he comes forward and says something, they will say ‘ai, he’s not a man enough’. (Group 1)

Because of men, you see if I can come together with maybe a woman or maybe my wife and say I’m HIV-positive, the status, my status as a man, will fall down. They will not respect me anymore. Ja, that’s the way we take it.

F: Why do you say that?

Because as men, as I’m walking down the street I think I must be recognised as a man. As a person who comes first, everywhere. (Group 2)

I just say no let me just keep quiet because the thing is they are expecting so many things from me. If I can disclose to them then they'll be disappointed and it's then that the problem will come out because their expectations, I won't meet their expectations. (Group 1)

They don't expect anything maybe will go wrong with me or something that would be out of the way. Ja. That's what they expect maybe in my family and my community.

F: They don't expect anything to go wrong, like something...

Something like being HIV-positive, they don't expect that. (Group 2)

Another dominant discursive practice that emerged as supporting the discourse of traditional hegemonic masculinity is the notion that it is normative for men to have multiple sexual partners. Within this construction of masculinity it is not only permissible but even expected of men to demonstrate their masculinity through the sexual conquest of women. Having multiple partners is seen as indicating that someone is a 'real' man in that he is able to attract the sexual interest of many women. This supports the dominant academic discourse in literature of male sexuality being defined by the practice of having several concurrent sexual partners (Gupta, 2000). The following statement speaks about how a participant purposefully attempted to have as many partners as possible in order to have others describe him as being a 'real' man:

Sometimes as a black man, when that time I was around sixteen, seventeen ... it was in that adolescent stage, having as many girlfriends as you can, so they can say '(name), *go ja bana*³', you know.

CF: He's a real man.

Ja, he's a real man. (Group 3)

The following statement also supports this notion:

Women always say 'I've got a new boyfriend'. And men always say, we don't talk like that, we say 'I've got another', because it's a list for me, you see. (Laughter). (Group 1)

³ "*Go ja bana*" is a phrase used here to refer to a man who has relationships with many women.

This discourse of hegemonic masculinity draws on cultural and traditional discourses for support, where culture and tradition are identified as encouraging and perpetuating practices such as having multiple sexual partners. The statement below indicates that within this discourse, men who do not conform to the ideals of manhood set out by culture and tradition suffer severe consequences such as rejection and possibly even death. Men who do not show what is regarded as sufficient interest in women through having several sexual partners, or who contest the heterosexual norm through homosexuality, are constructed as 'a problem'. They are viewed as different from the accepted norm and intervention from elders or from traditional healers is required to return the person to what is viewed as 'normal' and 'natural'.

But there is still this perception, from where I was born in KwaZulu-Natal, you can't get maybe men having one wife. They are having more than one. Why? Then I can afford to look after those two wives. And that tradition and what-what and customs they are still there ... Even you can move from KZN when you come this side, even you're having one wife, 'get another one, you marry your wife'. And in our tradition if you said 'I don't want the wife' it's an insult. That is an insult, they can throw you out of, they can chase you, if someone (name) said 'I don't want another woman' they say '(name) look, take your bags and go, we don't need you any longer here. That is an insult. Even if you say you are a gay, you want to marry a man, whoa. They can kill you, they can definitely kill you. They are going to reject you, they don't want you. (Group 1)

CF: Because if you are alone they see it as a problem.

P3: Ja, you're sick or...

CF: They will take you to a traditional healer and say you have a problem because you don't have any women?

P2: They even try, they will try to bring maybe some of your cousins, ladies, maybe something will happen, they will try to do that, they want to see what's wrong with you. The father will become worried. 'Tell me what is wrong, my son must be like that, he must be a man'. (Group 2)

The above statement also refers to how this discourse emerged in history, where having several wives was historically interpreted as indicating wealth, as the husband had to be

in a position where he could afford to support more than one wife. The cultural practice of lobola, or dowry custom, contributes to this notion as a groom pays respect to his bride's family through paying dowry in the form of livestock or, increasingly in recent times, through paying money (Hayase & Liaw, 1997). Where polygamy has been an accepted practice in African cultures, having several wives further indicates the extent of a man's wealth. This discourse is then still called upon today to construct masculinity in a particular way. Men are positioned as needing to perform their sexuality and masculinity by having multiple sexual partners, in order to be seen as 'real' men.

Within the text, constructions of practices that are defined by cultural and traditional discourses as contributing to being a 'real man' are transmitted through interaction with older men, such as fathers and grandfathers. This older generation of men are constructed as ignorant of the existence of HIV, and as supporting risky sexual practice such as having multiple concurrent partners.

Right now we still have a problem with older men, because of older men don't accept that there is HIV, although some of them they are HIV-positive. They don't accept that, that that thing exists. They would say, the older men would say I grew up as a boy, as a young boy, and I used to have four ladies, and even now I have my own one, and that thing was not there. (Group 2)

My father when with me, he'd say that having different ladies is wrong, you can't have other women. But when he's with his friends he will praise me, say 'my son, he's a man, he's a real man'. He doesn't have one woman, he's a real man. (Group 2)

But as fathers, they used to praise their boys, you see. They used to praise them. My young boy, he's great you know, *uyindoda*⁴. He's a man. Something like that. (Group 2)

A participant spoke of how constructions of masculinity that associate having several sexual partners with being a man, contribute to men engaging in risky sexual practices. Further to that, he relates this to men being reluctant to seek medical attention for

⁴ "*Uyindoda*" can be translated as "You are a man".

sexually transmitted infections (STIs) and instead seeking what is seen as more immediately effective treatment from sangomas or traditional healers, in order to be able to resume sexual activity quickly.

Take for instance if a person, a man has STIs, he won't go to a clinic and say 'I have STIs'. He rather goes to a witch doctor and get some, uhm, you say something like that that makes everything, uhm, fast. You see, so that I can go back to my old ways. Because I feel that other men are leaving me behind.
(Group 2)

By speaking about being left behind by other men, the above statement implies that men are in competition with other men, in that part of performing masculinity entails continually proving one's sexual prowess or virility to other men by being able to have frequent sexual partners. Another participant spoke of how HIV prevents him from participating in certain practices such as going out with male friends, with the aim of drinking and pursuing women. In this sense, what it means to be a man is constructed in relation to other men. Mfecane (2007) speaks of how men socialising with other men and engaging in activities such as drinking can be seen as a marker of a normative masculinity. Hopkins (1996) also speaks about certain qualities such as "(hetero)sexual prowess, sexual conquest of women ... having buddies rather than intimate friends" (p.98) contributing to a normative construction of what it means to be a man. In this regard HIV is constructed as depriving men of a 'fun' lifestyle where they can go out with male friends and have different sexual partners:

I feel that I was deprived of many things. It's the way I did feel. I did feel I was deprived to have more girlfriends, and I was deprived to enjoy more, to live my life in full. Ja, and then when I say but I feel like maybe to go to the bars with my friends and go and change girlfriends ... (Group 2)

... other brothers outside, they start to see you as stupid. Because mostly when we're four or five and maybe we get to my car and it's at night and it's end of the month, we used to go to the bar and we get nice ladies. ... I'll be in my place and they'll call me and say ... 'why don't you come to the pub' ... And they'll be saying

'get that nice lady'. You see because you know your situation you'll never act like that. (Group 1)

Within the text the discourse of hegemonic masculinity is constructed as both something that men should strive to attain, as well as something that appears to restrict or burden men. There is a sense that men feel that it is necessary to conform to this idealised notion of what it means to be a man, but the text also denotes that men have an experience of being burdened through reference to "expectations" of others - such as partners, family or society in general - that men need to live up to.

4.3.2. Discourse of invulnerability

Another discourse that emerged as dominant in the groups is a discourse of men being invulnerable. Within this discourse men are constructed as being self-reliant, independent and tough. The implication of this is that men cannot position themselves as vulnerable or as needing support. Men are expected to conform to a normative way of being a man through appearing independent and strong. This is reflected in literature about normative masculinity, where masculinity is described in reference to toughness, independence and invulnerability (Courtenay, 2000), or what Brannon and David (1976) term 'the sturdy oak'.

In the groups such invulnerability was specifically constructed in relation to how women perceive men, where the participants spoke of the unacceptability of a man asking a woman for help. Within this discourse, a man who asks a woman for help risks being seen as weak and dependent. This constructs men as being able to look after themselves and as not needing any help from anyone, particularly not from women. This is related to the construction of men being in a particular role in their families, where hegemonic masculinity positions men as assuming authority in the home and as providing financially for others. Within such a construction of masculinity men need to present to others as being in control, and being in a position of vulnerability, such as when ill, poses a risk to such a portrayal of their masculinity.

... even now it's not easy to go to a woman and say 'sister, you know I have a problem it's been two months I can't pay my car'. You can't go to a sister and borrow money from a sister. No, no, it's a culture, you go to somebody else ...

My sister is going to disrespect me; I'm not a man enough. 'Why my brother is coming to ask money from me'. If you started to grow up, they tell you. They take you and sit you here and tell you, '(name) don't go to your sister and borrow money. Go to your cousin or maybe your neighbour, that old man even if he gets a pension, go and borrow R20 from that grandpa, not from your sister. (Group 1)

We as men we can stand up for ourselves, we don't need help from other women or from your sister. It's better doing things on your own. (Group 2)

From the first statement it can be seen how participants construct the notion that men should be self-reliant and invulnerable as being informed by culture and one's interaction with others. Interestingly, in the statement below a participant calls on a discourse of culture as well as a discourse of naturalness in support of the discourse of invulnerability.

F: And if you ever got to a point where you are sick, would that be the same thing, if a woman had to care for you?

P2: That would be the same, because I think when it gets to this point, to culture, it's become a taboo. Because it's something that we're born with, with fear. When you go home, they would be telling you don't go to nurse with a woman. So we're born with that. (Group 1)

This participant then supports the claim that the expectation of men to be self-reliant is constructed in the course of social interaction with others who proscribe asking for help, in saying "they would be telling you" not to ask for help from a woman. However, he continues to state that men are "born with it", implying that men are born being afraid of asking for help and thereby drawing on a discourse of naturalness. This appears to indicate that the particular way in which masculinity is constructed in this discourse is seen as being 'natural' and 'normal', and that this essentialist notion of naturalness is in turn seen as maintained through cultural practice. Put in another way, the role of culture in this discourse is constructed as maintaining or perpetuating that which is seen as brought into being by nature.

The discourse of men being invulnerable continues to draw support from a biological discourse in another manner by using perceived differences between men and women to explain why men cannot accept their status as HIV-positive. Within this biological discourse of natural differences, women and men are constructed as being categorically different, with each gender being attributed certain characteristics that are 'essential' or 'natural' for that gender. As part of these essentialist distinctions, women are constructed as being more open about their experiences and as being more willing to talk to others and ask for support. Women are also said to be more willing to address health concerns, whereas men will delay seeking help to avoid appearing vulnerable.

...women are people who like to gossip, they come out, they view their point, you know. We as men, men don't gossip ... there are very few men who are HIV-positive who are outspoken living openly. Most of the men they don't want to come out. They don't want to come out.

F: Why do you think that is?

You know women are the kind of person who like to talk about something. Even when they have a problem in their relationship, they talk with other women. Men don't talk, they stay back. (Group 3)

You know, men and women are like that. You sit down saying 'tomorrow, tomorrow'. Women don't say tomorrow. If she's having a problem, a headache, she goes to the clinic, to the doctor. But if a man, like now, I spent five days having a chest problem, I went to the doctor yesterday. And then my pain is very severe... If it was a woman, she won't take five days, the first day she'll go to the doctor, but the man he's still waiting... (Group 3)

The problem is that man he doesn't accept, as P1 says. But even when he goes to the hospital, before he can get tested, it's very difficult. Because he will say, my problem is 1-2-3. But maybe the health worker will say he must come for a test, but he won't accept. But a woman, you can say to a woman 'can you come for a test?' Just like that she will come for a test. But for a man, ---, take a long way. (Group 2)

I was always every year donating blood ... So one day I get a letter from the blood service, they said to me 'why don't you come and donate, it's been a long time since you came. So I went there and donated blood. Then after that ... they said I can no longer donate. So, you know from that time, that's what I'm telling myself every time, why didn't I go at that time and test myself (for HIV) somewhere? I just left everything the way it was and went on with my life.
(Group 2)

As a consequence of this discourse of men being invulnerable, men are positioned as being in denial about HIV/AIDS; they refuse to accept their status and therefore also refuse to change potentially harmful or risky behaviour. It may be that men fear addressing their status as potentially HIV-positive because of a fear of illness. Being ill contests the idealised notion of masculinity that many men might feel they need to attain. Illness compromises the notion of men being invulnerable, and within a normative masculinity seeking medical treatment might be constructed as weak and therefore 'unmasculine'. This supports discussions in academic literature where a normative masculinity is described as being associated with men being less likely than women to seek help (Möller-Leimkühler, 2002).

The statement below provides support for the notion that men deny their vulnerability because they cannot afford the subject position that is afforded by accepting their status.

That's where we choose to be ignorant, because I might have a girlfriend, and then I hear she has passed away two months ago, then I have to be ignorant because she's dead. Then I have to go on, find another girlfriend, find another one.

CF: And in your mind you know that she might have died with AIDS.

I know she died with AIDS. I have to continue. (Group 2)

This statement implies that within the discourse of invulnerability, illness is constructed as affording men a position of weakness. By denying their risk and avoiding confronting the possibility of being HIV-positive, men can also avoid confronting the possibility of being faced with illness. In order to avoid this subject position, men construct a necessity to go on with their lives and to avoid positions of vulnerability. The only action

seemingly available to them in this discourse is to deny their risk by 'choosing ignorance' and thereby refusing to accept their status or that of their partners. This can be seen as a consequence of a restrictive discourse of masculinity, where constructions of what men are like do not allow for men to go through periods of vulnerability.

In the groups participants made reference to how this discourse of invulnerability positions men as not being able to inhabit a victim role. Participants spoke of women being constructed as victims, and as needing protection and additional support over and above what men could claim. This refers to a discourse of women empowerment, where women are positioned as vulnerable, helpless and as needing to be empowered. This discourse excludes men and denies men the position of victim. It overlaps with the discourse of invulnerability in that men cannot claim the position of victim and therefore cannot appear to be needing help. If suffering abuse, if ill or if unemployed, men cannot claim the same support that women can as they are expected to be able to take care of themselves. This discourse not only marginalises men through excluding them from claiming positions of vulnerability, but it is also harmful to women as women are depicted as passive and without agency.

... people outside they look at man as a good person who is capable of looking for himself. Even when I arrive in hospital and I say I'm looking for where they give ARV's, they look at me from down and up, you see they don't expect you there. (Group 1)

It's not an easy thing, like now even if you go out and apply for an RDP house. They say 'no, do you have a child?', and you say no. You're not entitled to apply for an RDP house. Only women are the ones who can apply for the RDP house ... If you look now they are taking women's side, they are not taking men's side. (Group 1)

You can't go out and tell somebody I am experiencing a problem. Even if your wife beats you, you can't go to the police station and lay a charge. She'll beat you everyday and everyday and you'll be lying, 'you know last night I was drunk so there was no electricity and something hit me'. And it's a lie, your wife beat you. (Group 1)

(Talking about abuse between spouses) ... the woman is running to the police station and saying my husband is abusing me. And then the police immediately, they don't want to wait for, maybe it is 23:30, 00:30 they will be here. But as a man if you go there then 'we'll come tomorrow, we'll come tomorrow, we'll come tomorrow'. (Group 1)

From the above statements it can be seen that this discourse is supported by institutions such as government and the police. In this discourse participants construct women as being advantaged over men in gaining access to resources such as grants or housing, and men as being marginalised through being excluded from accessing such resources.

Although this discourse constructs men as invulnerable and as self-reliant, participants indicated that they want to be able to reach out to others and ask for support. Outside of this dominant discourse men are not able to conform to this image of what it means to be a man and are attempting to escape from these pressures. Men describe themselves as afraid, as fearing rejection and fearing a loss of status as a man. This fear is constructed as forcing men into silence, as they cannot reveal any perceived weakness or vulnerability as they might be rejected.

Somewhere we are afraid to be left alone. If I can say to my wife (that I have a problem or have HIV) she will leave me, my family will leave me. We are afraid of that, so it's better not to talk. We keep quiet. Maybe say someone they are bewitching me, something like that. (Group 2)

The following statement was made in response to the researcher asking why it is that men do not talk about problems or ask for help:

P3: I think it's partly that men are scared and afraid.

P4: Ja, we are afraid. (Group 2)

In this discourse of men being invulnerable men can only come forward and talk about any difficulties they experience if it becomes so severe that it cannot be denied or kept secret any longer. Within this discourse men are silenced and can only disclose when forced to, either by their physical ill health and the necessity for care, or by concerned

family, friends or health workers. In this sense wellness colludes with silence, as men can retain the idea of being invulnerable as long as they are healthy or appear to be so.

That is why if you have what do you call it, drop, you have slept with a woman and after some time there is that juice or something that comes through your penis then you won't tell anyone. Till maybe the old man says 'yo, yo, yo, there is something wrong with that guy'. If you sit in a chair, you don't sit straight, you sit like this (sits sideways). Maybe this part of your hip is painful, it's burning, it's itching. Then the old man will realise that boy, there's something that is bothering that boy, and then he'll come to him and say 'young man I see you have a problem'. And then you can't deny it, you say yes. But you can't go through to the old man and say 'I have a problem'. You can't say that, you can't say that. It's not easy. It's not easy. Even if you are a Tswana, Shangaan, a Zulu, Venda, any nation. You can't disclose what is bothering you. That is why even now men, most of the men, are dying of HIV/AIDS, because they don't want to come forward, they don't want to disclose, they don't want their personality and dignity to be damaged. (Group 1)

A man can open if he is seriously ill. If he is bed ridden, he can be open. But because of we have ARV's now, and then the ARV's make a person better, and then that person, after being better, you don't see him again, he's gone. (Group 2)

Somewhere it's easier because you need help. If I need my wife on my side to look after me, I have to say to her, 'my problem is 1-2-3-4'. But somewhere we are forced by doctors or by health workers at the hospital, who say 'if you don't tell your wife or your partner, I will disclose your status'. That's when a man will say, 'no, I will do that'. (Group 2)

The discourse of men being invulnerable has negative implications for men living with HIV, as in attempting to present themselves as tough or self-reliant; men might also avoid acknowledging their risk as it relates to HIV. It prevents men from asking for support and from taking action to protect their health.

4.3.3. “Men die like sheep”: Discourse of men being unemotional

This discourse describes men as unemotional, and particularly draws on constructions of masculinity as different from or contrasted to femininity. Within this discourse men are constructed as not openly displaying their emotions. This subject position does not allow for men to cry or reveal emotions such as sadness or fear, as doing so is associated with weakness. Similar to the other two discourses discussed so far, this discourse contributes to an idealised construction of masculinity that participants feel necessary to conform to or attain. The discourse was often supported in the groups through the use of statements referring to a metaphor of men dying like sheep, and not like goats. Participants explained that when a sheep is killed, it does not make a sound, whereas a goat screams when it is slaughtered. The participants used this metaphor to explain how men die without ever releasing their painful emotions. Men take their painful experiences to the grave, without ever sharing these experiences with anyone.

Now I separate with my girlfriend, see. I go to the room and I'm thinking of separating with that girl. Then my mother she sees me, she says 'what is wrong?'. But I don't cry, I don't tell her that I separated with that girl. Even my mother asks me 'where is your partner?' I didn't tell her that we have separated, you see. That is why I cry inside, alone. You see. I keep it secret alone, you see. That is why you die like a sheep. (Group 3)

... then I keep my secret until 2005 (holds hand up in a fist). 2005 my family now know about my status. Since 1993 I was alone with my status. You see, that is why this guy is saying men die like a sheep. (Group 3)

In academic discourse, masculinity and ideas around how men express emotions are often limited to descriptions of aggressive or violent behaviour. Within such a construction of masculinity, it is acceptable and in certain contexts even encouraged for men to exhibit aggression. However, a distinction is made between showing emotions that are associated with a normative masculinity, such as anger, aggressiveness or hostility (Möller-Leimkühler, 2002), and showing emotions that are associated with femininity, such as sadness or fear (Kelly & Hutson-Comeaux, 1999). In this distinction between what is constructed as masculine and feminine behaviours, men are often depicted as strong and aggressive but as otherwise showing emotional restraint,

whereas women are depicted as weak and emotional (Mosse, 1996; Noar & Morokoff, 2002). This contrast between what is constructed as masculine and feminine emerged in the text in a similar manner. In the following statement participants indicate that there will be instances where men will cry, but even in those instances it will be different from the “open” and emotional way in which women cry.

P2: You are human, you are human. Even if your father passes away, maybe tears will run on your face, but not crying (makes sobbing sound).

P3: I think we've all cried before, isn't it? All of us we've all cried before? Ja, you must cry, naturally you need to cry at some point, but not that open in the way women are doing. (Group 3)

This discourse of men being unemotional is supported by statements that call on culture as well as nature. The discourse constructs men as being ‘naturally’ stronger than women, and furthermore associates being strong with exhibiting emotional control. It constructs masculinity as being demonstrated in men not needing to cry because they are able to face any hardships that come their way. Similar to the discourse of invulnerability, this discourse is constructed as using culture to maintain what is seen as naturally existing. In particular, by claiming that it is ‘natural’ for men to show emotional restraint and to be strong, any attempts at contesting or changing this discourse can be avoided.

But me naturally I believe we are strong, we don't cry easily. We are very strong, unlike women. And then once you come with culture, then maybe they encourage because of the way men are behaving, they are strong, so they say no man must cry, they are implementing that, our grandfathers are implementing that because of nature that made us strong, meaning that they don't have to cry. (Group 3)

Because you are born like that and then culture it comes in now, and keeping it that way, in the way is was, in the natural way. So then culture doesn't --- so there's nothing you can do. (Group 3)

This notion that culture contributes to a construction of men being unemotional was a dominant one in the groups. Participants particularly spoke of the role of men's interaction between generations in maintaining this construction, with the following statement lending support to how men are raised to hide their emotions and to demonstrate emotional restraint. The participant links this to the difficulties men have in disclosing and asking for support:

I can say that's where you go wrong, because my father would say 'you don't have to cry'. But on the other hand, when something comes from his side, he will cry (laughs), he will cry, but not in front of us as children. Ja, but he will cry. But he won't allow me to cry. That is where it started to go wrong. That is why if you are HIV-positive, you cannot say to your girlfriend or your wife, 'no, my situation is like this'. (Group 2)

This participant is commenting on the contradiction in what his father would *say* in the context of raising a son, and what his father himself would *do*. Yet, despite acknowledging this contradiction between his father's words and actions, the participant feels bound to what his father said. This points to a tension between what is spoken and what is done, where despite a desire to act differently, the participant still maintains the construction of men being unemotional through what he says in the context of the group. Similarly, the father disrupts the construction of men being unemotional when he cries, but feels bound to maintaining such a construction through the words spoken to his son. In this way, even when discursive acts such as expressing painful emotions through crying disrupt normative constructions of masculinity, words are still employed to reify notions of masculinity being associated with being unemotional.

Contesting this dominant discourse of men being raised to avoid speaking openly about their emotional experiences, was a more marginal voice. A participant recounted how he has always had an open relationship with his mother where he could share his problems freely.

For me, because I spent most of time with my mom, my father passed away when I was still a kid. I was much closer to her, although she didn't have time she had to take care of us as a family, but that little bit of a chance that I got to talk to her,

I had to talk to her about each and every day's issues, whatever experiences that I go through at school or whatever, I had to disclose. Starting from when I was now like fourteen years old, when I now starting to look for girls (smiles). That stage, you know, you go around and start to contract some several diseases, trying to hide yourself (covers genitals). But soon you realise you are feeling very severe pain, then you have to talk. And to who? To your mum. (Group 3)

This marginal voice was not supported by other participants, and was in fact actively silenced by a participant who responded by saying that it is very uncommon for a boy or a man to talk openly to his parents about his personal experiences:

But you know it was a fluke, you know, to go and tell your mom about what happened to you, even your father, even your daddy. (Group 3)

Another contradicting position emerged when participants firmly drew on a discourse of nature to explain the behaviours associated with men. One participant challenged the construction of this biological discourse as fixed and unyielding with a statement indicating that there is a possibility for change. The participant states that even if men are 'born in this way' the possibility exists that they can choose to engage in different or alternative behaviours.

I can say it's natural. Its natural, but it doesn't mean that you have to take it that way that it's natural and you have to take it that way. (Group 2)

However, outside of this dominant discourse of men being unemotional, men describe a subject position afforded by this discourse that is lonely and painful. Despite marginal voices contesting this discourse, the discourse of men being unemotional is predominantly described as damaging to men and as restricting the actions available to them. Similar to the discourse of invulnerability, it lends support to an idealised masculinity where men are not allowed to cry or speak openly about their problems, resulting in them being silenced and unable to seek help or support.

So it's true that way, ja men are very slow to act, they die inside, they don't disclose easily. (Group 3)

P2: It's very difficult, it's very difficult (for men to ask for support), because of most of us as guys, we don't accept.

P1: Guys are not open, I think ladies are better, but guys... we are like this (holds up a closed fist). (Group 2)

The discourse of men being unemotional can be seen at times as overlapping with the discourse of invulnerability. Parker (1992) speaks about discourses often being interrelated through points of overlap, where objects in the discourse are constructed as similar by the discourses. The discourse of men being unemotional and the discourse of invulnerability can be seen as overlapping where they construct masculinity in a similar manner in that both serve to silence men. Restrictive constructions of masculinity that portray men as showing emotional constraint prevent men from speaking openly about painful emotions they are experiencing. Furthermore, by talking openly about their difficulties men risk compromising a construction of masculinity that positions them as invulnerable. In this way both these discourses contribute to men's silence about HIV and their reluctance to seek support.

Participants constructed this overlap between the discourse of invulnerability and that of men being unemotional through statements referring to the unacceptability of men showing any indication of suffering. In these statements men are constructed as needing to hide painful emotions, as invulnerable and self-reliant.

... but where I grew up and where I was born, even if somebody he can beat me, I remember one guy he stabbed me with a bottle here (motions under his eye), I didn't cry. I went home and washed it and then go back and fight that guy. If I cry then they beat me up, you've got to be a man. (Group 3)

... you know I remember I was bitten by a snake but I didn't cry. I like to cry but my father comes, my grandpa comes and asks 'what are you crying for', 'a snake', 'what a snake had done to you, don't cry. Go and face it, go and hunt that thing and kill it'. (Group 3)

The subject position afforded to men by this discourse implies that men should attempt to disregard painful emotions, and should find ways to continue in life despite

experiencing fear or pain. This is constructed as necessary for survival, and participants motivated this by stating that as a man you cannot cry or else you will be seen as weak and will be made vulnerable to others. Similar to the discourse of invulnerability, this discourse of men being unemotional prevents men from acknowledging their risk of contracting HIV. By assuming such rigid and uncritical masculinities, men are denied the opportunity to reflect on what they construct as being masculine and to eliminate behaviours associated with masculinity that might put them and others at risk.

4.3.4. “You become like a baby”: Discourse of HIV restricting agency

A prominent discourse in the text was one of HIV being constructed as restricting men’s agency. This discourse can be seen as contesting dominant notions of masculinity such as the discourse of men being invulnerable. Within constructions of men being invulnerable, men are positioned as self-reliant, independent and autonomous. Men are seen as being able to take care of themselves and as not needing support from others. Such a hegemonic construction of masculinity positions men as leaders in their home, where they provide for their family and is respected as the ‘head of the household’.

However, in the present discourse men living with HIV are potentially faced with periods of illness where they need to be cared for by others. Their ability to be autonomous is compromised when friends and family members who are responsible for their care begin to take control of decisions that impact on them. In the groups, participants constructed this experience as being positioned as a child that needs to be cared for by others. The experience of being ill and needing care is seen as encouraging other people such as friends and family members to become overprotective. Such people, who are HIV-negative, are constructed as limiting the kind of actions allowed for the person who is HIV-positive. The person living with HIV is constructed as not being able to make sound decisions and as needing someone else to make these decisions on his behalf.

When you enter wherever you go if I can say the whole week I wasn’t around, I’m in Joburg and I’ve got a flu then ‘no, no go to the doctor, please’. You become like a baby. Your suggestion or your idea that you suggest, maybe you say ‘mama I think to build the garage at the back’ and she says ‘ag, you?’. (Group 1)

Like some of the things, they don't allow me to do. Like maybe if I'll be working they say 'no, no, no. Leave that thing --- or do something lighter, that thing is not suitable for you'. (Group 2)

Participants spoke about how their mothers in particular assume a position of being overprotective. In their interactions men living with HIV are constructed as requiring constant supervision and as needing protection.

Ja, like now, yesterday I was in the hospital for check-up and she (mother) doesn't allow me go on my own, she says 'no I'm not satisfied, I'm not going to let you go on your own'. (Group 2)

Hey my mom, she is overprotective, that's why I say like when I go to hospital she doesn't want me to go on my own...

F: How does that make you feel, if people are like that?

Sometimes I don't feel fine with it ... I can manage myself. Well, they help me a lot, but somewhere somehow I can help myself. (Group 2)

... my mother is so overprotective. Because when I tell her sometimes that I want to move out, I want to find my place, she didn't want. 'No, you're not going anywhere, you stay here'. (Laughs). So I say I want to find another wife and stay with her... But she says 'why you can't just stay at home, and stop staying any place but (sic) here'. I say 'tomorrow I'm going to die, who will look after me?'. She doesn't want me to go, she just wants me inside the house. (Group 2)

A participant related the loss of agency and dependence on others to the reluctance of men to disclose their HIV status:

So since a person becomes positive he starts to have some little bit a red ball pen outside (motions drawing a boundary around him). You are no longer walking as free as you are. When I was still working at the SAP when I disclosed to my commissioner and the commissioner decided to change me from day shift to put me on only day shift not night shift. When I had to pair with somebody he would say 'No (name), let maybe (name) help somebody to carry something to court,

not to go outside. You know what he was doing was giving me a room that I can play (motions small area). So sometimes that is why people are still afraid to disclose. Because you can look even for men, mostly men who come out we are so few. (Group 1)

This statement indicates that men fear that disclosing their HIV status might leave them in a position where they are treated as incapable of making decisions for themselves and as needing excessive protection or assistance.

This discourse of HIV restricting men's agency and positioning men as children challenges hegemonic constructions of what it means to be a man. In Africa, as well as in South Africa, the distinction between being a boy and being a man is clearly demarcated through cultural rites of passage such as initiation or circumcision (Barker & Ricardo, 2005). Attaining masculinity or 'becoming a man' is often equated with leaving childhood behind and entering adulthood. Practices such as becoming financially independent and being sexually active are seen as marking this transition from being a child to being a man (Barker & Ricardo, 2005; Mfecane, 2007). The experience of illness that often accompanies living with HIV is constructed as threatening men's behavioural autonomy and sense of being in control. Being in need of care as well as perceiving others as overprotective further supports the construction of men living with HIV as being positioned as children. Interestingly, this discourse of HIV restricting agency was more dominant in the talk of men who have experienced severely ill health as a result of living with HIV. This lends support to the notion that illness challenges a hegemonic construction of masculinity where men are seen as autonomous, in control and invulnerable. It could further be asked whether treatment, in turn, then has the potential implication of allowing men to retreat from some of these challenges to their masculinity, as their health improves.

4.3.5. Discourse of being different and preferring partners who are also living with HIV

This discourse refers to statements about how men living with HIV construct their identity as a man in relation to their HIV status, as well as in relation to their relationships with their partners. This is relevant to constructions of masculinity because of the manner in which public discourse often constructs masculinity in relation to heterosexuality and

having successful relationships with women (Lützen, 1995). In this heteronormative notion of masculinity, a successful male is signified by having a (female) partner. For this reason it is necessary to explore how men living with HIV speak of themselves and of their relationships with their partners. Within the present discourse men who are living with HIV are constructed as very different from others who are HIV-negative. The discussion will then illustrate how the distinction between those who are HIV-positive and those who are HIV-negative is supported in talk about preferring HIV-positive partners.

Most of the men in the groups spoke of how they prefer being in a relationship with a partner who is also HIV-positive, and statements made in this regard reflect this discourse of being different. A participant stated the following in support of a distinction between people living with HIV and those who are HIV-negative:

There is a treatment even though you know your status in the house. Sometimes my man can come and visit me, and she (the participant's girlfriend) says to me 'who's this man' and I say 'no, it's my friend, we meet at the support group' and she says 'okay, ag, we'll make you food that side in the dining room, don't come to my room'. Because I came with somebody like me (sic). (Group 1)

By using the statement "somebody like me" in the excerpt above, people living with HIV are distinctly differentiated from others who are HIV-negative. This distinction is used to justify the choice of men living with HIV to only have relationships with HIV-positive women. Living with HIV is seen as something that alters one's identity to the extent that one can be categorised as different from everyone else on the basis of one's HIV status. These two categories of people are ascribed certain characteristics, with HIV-negative women (in reference to choosing a partner) being described as potentially abusive, sexually irresponsible and reluctant to use condoms due to a lack of information about HIV/AIDS. This is illustrated in the following statement, where the participant fears that if condoms are introduced into the relationship, an HIV-negative partner might seek sexual partners outside of the relationship.

You find that you buy the condoms and she says 'no problem, I'll use condoms', and she goes and gets a man outside. (Group 1)

Women who are HIV-negative are constructed as uninformed and unable to provide the support needed in a relationship. A partner who is also living with HIV is in turn constructed as being caring and supportive. Such a partner is able to accept and actively support the healthier lifestyle that often accompanies living with HIV and adhering to ARV treatment, such as eating healthy food, having protected monogamous sex and avoiding alcohol. This is similar to Mfecane's (2007) finding that men living with HIV prefer partners who are also HIV-positive as the partner is seen as more understanding and supportive.

Because you can never be with someone who is negative, otherwise your relationship is not going to last. (Group 3)

We are using the same language, the support (if we are both living with HIV). They will be walking together to the clinic. But if I didn't talk anything in that house, there will never be any support. They will cook whatever they want, they will cook with spices and anything in my food ... I will never say anything I'll just eat, and go and get the diarrhoea whatever, because I'm not open. But if you're open, you change, you follow the lady who is positive, you get the lady who is positive, you become at the same level, the same language. (Group 1)

I find from experience it is problematic to be with HIV-negative girls, you disclose your status with them and after you disclose, you can find that it's going nowhere, goes no where at all ... so I got a girlfriend now who is positive, we can talk to each other, we discuss these things, she's got her own medication and I've got mine and we remind each other about when to take it. (Group 3)

He knows my status, I know his status, you don't have a problem. Then if I go to the shop I buy not one 100% juice I buy two. I don't go to the party, or a tavern, no. (Group 1)

It's a matter of tolerance and understanding, you're sharing some common issues over this disease and so forth, you see. Then you go on and it bonds you together. (Group 3)

But my problem comes in if maybe one day condom bursts, what are you going to do? You see, the issue, the problem is going to come back to you. That now the condom bursts at the night. Will this lady get HIV or what? But if also we are positive together, I don't think it will be a problem. I'll just say, 'whoa sweetie, we make mistake that condom is burst. I think we have to change this method of putting condom on in a hurry'. (Group 1)

Because I see if I can find other girl who is negative, you can't stay together because me I am positive and she doesn't have the disease, you see. It's a problem, she needs too much counselling, you see. (Group 3)

The statement below further illustrates the distinction that is made between those who are living with HIV and those who are not. In this statement the participant speaks of finding potential partners at support groups for people living with HIV, and refers to meeting these partners on the 'inside'. In that way a clear boundary is drawn between those who are 'outside' and 'inside' the experience of living with HIV.

I find hospice, there's a group of us we're discussing about this disease. Then I find that time we're discussing about HIV/AIDS, we're girls and boys together and we're talking. Then others they say 'if you want to marry this girls you have inside, you see, even that girl they're saying if you want men they are inside, you can find them, you can marry again, you see'. (Group 3)

Participants further stated that the choice to only have relationships with HIV-positive partners is motivated in part by a fear of rejection. In this discourse, being HIV-positive is constructed as something that could potentially deter HIV-negative partners from continuing a relationship. Participants spoke of how a man could meet a partner who is HIV-negative and at some point disclose his HIV status, only to find that the partner is not accepting and rejects him.

So I disclosed to that lady, I'm telling you even today, nothing. No call, no message. Even at least to say '(name), thanks for what you have done'. (Group 1)

A discourse that is present in academic literature but that failed to emerge in the participants' discussions is one of men feeling inadequate in their sexual performance. In such a discourse, Mfecane (2007) relates the choice of men living with HIV to pursue relationships with HIV-positive partners as being due to a lack of confidence in being able to sexually satisfy an HIV-negative partner. As a consequence of living with HIV, as well as due to possible side-effects of being on ARV treatment, men living with HIV could experience sexual dysfunction and a generally lower interest in having sex (Mfecane, 2007). Mfecane (2007) states that men construct themselves as 'failing' in their sexual relationship with partners, and that they construct partners who are also living with HIV as being more accepting of this. Choosing a partner who is also living with HIV is then seen as motivated by a feeling of inadequacy. This discourse did not emerge in the groups and one could argue that, as opposed to the study by Mfecane (2007), not all of the men in the groups have experienced ill health as a result of HIV and not all of them were receiving ARV treatment. Therefore, it might be that they have not experienced themselves as inadequate in their sexual 'performance' with partners and that this has prevented such a discourse from emerging.

This discourse of preferring partners who are also HIV-positive also contradicts a dominant discourse of men being constructed as abusers or perpetrators. In academic literature reference is often made to discourses of men being sexually violent, abusive and responsible for oppressing or exploiting women (Kometsi, 2004). In the present discourse of men preferring HIV-positive partners, this construction of men is contested through presenting a particular description of women. Instead of men being depicted as sexually exploitative, women who are HIV-negative are constructed as such, and men are seen as needing to defend themselves against these women. In this construction women are depicted as careless in their sexual interactions with men, as reluctant to use condoms and as preferring multiple sexual partners. Men in turn are positioned as victims, where they are exploited and abused by women. This seems to contradict the dominant public discourse that men typically are not allowed to inhabit a subject position of being a victim.

You find there's a nice lady just to choose you, and that lady when she looks at you said, 'no, I don't know you but I just feel to sleep with you'. ... It's just that I like this thing of let's do the funny things. We are nothing me and you, we just do

the funny things ... Most of them they want to sleep with a man every day, that's a problem ... You find that you said I have slept with this lady but she doesn't even call me, she doesn't even care about me, doesn't even say anything about me. When you think you want to make a relationship she doesn't want a relationship. They want only funny things and bye-bye ... we feel on a risk when those people get us. I defend myself, that's why I have two phones. That's my problem. (Group 1)

But she said to me, even if I can get involved with you, I won't allow you to make love to me using a condom. I want flesh-to-flesh. (Group 3)

Although the discourse of preferring positive partners was very prominent, there were also some statements that challenged this discourse by deemphasising the importance of a partner's HIV status. The following statement instead emphasised the partner's level of support. This was however not a dominant discourse in the groups:

According to my own experience, at some stage you can find a partner who is HIV-positive, but her behaviour 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 going around drinking, abusing...eh...abusing the relationship with somebody who is HIV-positive. (Group 3)

Interestingly, also in this statement the participant constructs women as abusive and exploitative, and thereby contests the dominant construction of men being positioned in that manner.

4.3.6. Discourse of a transformed masculinity

A final discourse that emerged from the groups relates to how men living with HIV reconstruct their masculinity in the face of the challenges that HIV poses to conforming to an idealised notion of what it means to be a man. This discourse of a transformed masculinity constructs the men in the groups as being different from other men in that they have redefined their masculinity. Participants spoke about the experience of being diagnosed as HIV-positive as allowing for a transformation in how they see themselves as men. This relates to the notion of a transformed masculinity discussed by Mfecane (2007), where he recounts how men living with HIV reject certain aspects of hegemonic masculinity that are seen as jeopardising their health. Mfecane (2007) states that through being faced with illness and other constraints placed by HIV, some men reconstruct their masculinity to avoid risky practices associated with a normative masculinity.

In the present study participants framed this change in their masculinity mostly as it relates to their sexual practices, in that they position themselves as now inhabiting a more responsible sexual identity. Within this discourse HIV is described as something that changes one's life by allowing for a reassessment of practices related to what it means to be a man. Through such a reassessment, a deliberate choice can be made to engage in more responsible practices. Participants stated the following in support of such changes in sexual practice:

Even me since I'm positive, my life is better than before. Because now, I don't live like that time I was drinking I'm moving too much girls, you see. My life is better now. (Group 3)

For me, on my side it has totally changed, because I used to have several ladies, and as soon as I realised I had actually contracted HIV and AIDS I decided to stick to one partner. Yes, because firstly for my own sake, I have to stick to one partner, because sharing several blood cells and so forth I might contract or infect several diseases which might cause more problems for me as well, so at least sticking to one partner is much easier and much better for me. Even now I do believe in one partner. (Group 3)

In this discourse a change in participants' masculinity is not simply ascribed to the event of being diagnosed as HIV-positive, but instead to the process of accepting one's HIV status. The men in the groups spoke of how accepting one's status as HIV-positive allows one to live positively. In this sense men in this discourse inhabit subject positions that have agency; they take control over their lives and over HIV through accepting it. Participants associated acceptance with increased knowledge about HIV/AIDS, as men who accept their status can begin to inform themselves about HIV/AIDS and the kind of lifestyle one has to live to manage the disease. If a person continues living a lifestyle that puts him at risk, despite being diagnosed as HIV-positive, that person is constructed as refusing to accept his status and refusing to take control of his health. In that sense participants resist the discourse of HIV restricting agency by claiming control over their status through accepting it.

Again I'm on a risk, if anything comes, if the condom or whatever happens you know, I start to have a risk, I start to become a person who like I don't know the information. (Group 1)

In talking about how they negotiate sexual practices while living with HIV, participants stated that it is not an option for them to have sex with someone without using a condom. This was motivated by statements relating to unsafe sex resulting in feelings of guilt for putting someone else at risk of contracting HIV.

So even sexuality, you have to go and sit down and say 'this is me, I am positive', then 'this is a condom. This condom can add to the days of my life'. You see. And again to even not getting more guilty. Because now if I sleep with that lady from Swaziland without a condom, and suddenly one day when I call that lady and I find that lady have (contracted HIV). What am I going to think? I'm the one who caused that, you see? (Group 1)

... so if the condom burst you didn't tell your partner, what is going to happen? (Short silence). Guilty. It's better if you tell that lady from the onset. 'Look my sweet heart I am HIV-positive. It might happen along the way when we're having sex and then the condom bursts. You must know that I'm HIV-positive.' (Group 1)

Ja, guilty conscience, it's going to come to you. Because now you know that you're positive and now it's time for sleeping. (Group 1)

Within this discourse men are constructed as having an obligation towards their partners to educate them on safe sex practices, and to encourage responsible behaviours such as testing for HIV before having sex. In this discourse, being HIV-positive positions men as responsible social actors.

I can sleep with her, but my issue is going to be like I have to teach her something. Because sometimes when you took the condom it starts to be an issue. 'What are you thinking? Condom?'... Because mostly women they don't want condom, because of lack of knowledge, lack of understanding why condoms are important. (Group 1)

But he doesn't even want to go with this lady for the test before they can continue about everything. That I think is very much important. So that I can be testing for my things where I come from, you see. And he will be or she will be testing for things that she comes from. And again then we have to wait for three months together. Or you can be using condoms for three months in the window period. And then after the three months we can see we are still negative, then we can talk about a baby or whatever. But mostly we don't talk about it, we just go through I see that baby is still 21 years, she is still fresh. Fresh with HIV. There isn't anything fresh. Is there anything fresh nowadays? (Group 1)

When the time we must have sex, and when we are having sex in the right way, using condom and things like that. But doing things recklessly then it don't help. You can say to yourself if I do things recklessly maybe you sleep around, it won't help, that thing will come back. (Group 2)

I mean even my girlfriend now, she's positive but we use a condom. I'm not going to say that because she's positive I cannot use a condom, so we use a condom. (Group 3)

This discourse of a transformed masculinity and responsible sexual practices challenges dominant discourses about male sexuality. In the discourse of traditional masculinity, where having multiple sexual partners is constructed as supporting an idealised masculinity, men are positioned as reckless in their sexual behaviour. Also in the discourse of men as perpetrators, men are constructed as abusive and irresponsible in their relationships with women. The subject position afforded by the discourse of a responsible sexual identity resists these dominant discourses about what men are like. It provides alternative courses of action for men who position themselves as different from other 'traditional' men.

One participant describes this dominant discourse of sexuality, where regular sexual intercourse is as seen necessary and natural.

...if that person doesn't sleep with a woman we used to say *ke kgope*⁵, we used to say you're mad. Those are the things people say. If a lady is still a virgin we used to say, no man get a boyfriend man, that's why you are like that, that's how people talk. (Group 1)

This participant continues to describe how he contests this dominant discourse through abstinence.

But for me to abstain, it's very very very important. For me to abstain, I have tried and it's working. Because it brings the body back, and it's giving you a right chance to understand your life. (Group 1)

Participants also spoke about how HIV has changed their masculinity, in that they are more open to discuss problems they are experiencing or ask for support. In this sense they are resisting hegemonic constructions of men being invulnerable by speaking openly about their problems:

Ja, it has changed. As we decided to come together as men, even we come together with women. If I'm a person then I have something, I realise I have a sore. And then I won't be afraid to ask someone, 'I have this and it gives me a

⁵ "*Ke kgope*" is a phrase that is used here to refer to a single man, someone who is viewed as unable to engage in a relationship with a woman. This person is seen as different or strange, in that he doesn't have a relationship with a woman.

problem', then somebody will say, 'no, use this, it can help'. Then from there I'll use that. If that thing cannot help me, they'll refer me somewhere, 'go to such and such a doctor, and the doctor will help you to deal with the problem'. (Group 2)

However, resisting this discourse of a changing masculinity where men can assume responsible sexual identities and speak openly, is a discourse of fear. Within this discourse, men are trying to change and to inhabit more responsible ways of being a man. However, many men fear the reactions of others if they disclose their status. Even when men can disclose their HIV status to family members, they still fear the reactions of those outside of their family, and try to contain talk about their HIV status inside the family. A participant spoke of how some men, in order to avoid testing for HIV, will take his partners' HIV result as an indication of his own status. If the result is positive he will then pursue treatment as he knows he has his partner's support, as she is also HIV-positive. In that way men can share their HIV status with those close to them, but still fear the reactions of others. A fear of rejection and the stigma attached to living with HIV is then seen as preventing men from accepting their status and assuming a more responsible masculinity.

But I think some men, they are trying to change. I think so, some I have seen. Maybe we are afraid of these things he (P2) is saying, I agree with him. Because in most cases, some men when coming to this thing of testing, to know your status, they just wait for the woman, if she's pregnant then when the HIV comes, then the results there, if the baby is positive then he understands the situation, you understand. (Other participants agree). Yes, then he goes to the treatment and goes for testing, and then they got, they understand each other there, that family, you understand? You don't want to go outside, only the family and then they live that, they understand each other, they attend the treatment both of them, those things. (Group 1)

What I was trying to say is some men are trying to change. The problem is the fear P2 was talking about, maybe. What would people say outside, and like if I go to my situation. I've seen many guys attending the treatment. This thing of they don't want to disclose to other people. This thing remains within the family.

If I'm positive and my wife is positive, then both of us, we go together to the treatment then we come together then we live the positive life. You understand, that is what I was trying to talk about. (Group 1)

Another discourse that can be described as contesting the discourse of a responsible masculinity is the discourse of attributing the symptoms that accompany HIV to being bewitched. Participants related how some men draw on a discourse of being bewitched to avoid accepting that they are HIV-positive. Men in the groups spoke of how men would deny their status or the status of their partners, and would ascribe the symptoms they were experiencing to being the result of witchcraft. This discourse was said to be supported by family members, where family members would insist that they see a sangoma instead of seeking medical treatment. This was constructed in the groups as a common route for someone with HIV to take, where a sangoma would be consulted as a way to avoid confronting that one has HIV.

Most of us we came there, as men, we came there. We are being bewitched. But later, not all of us accept, few of us accept our status that we are HIV-positive, but some they don't accept. (Group 2)

I think most of us we are from there. When you get sick, very serious, they say you are bewitched, they take you to a sangoma or what. I've been there. (Group 2)

There's a guy at my place there. His girlfriend, but they have a child together. She passed away last year December, but he told other girls that his girlfriend passed away because she was bewitched, and he's still having sex without a condom, although his girlfriend died of AIDS. (Group 2)

The men in the groups did not disregard the position of a sangoma or traditional healer as an important one, but instead spoke of how a 'good' sangoma would be able to differentiate between someone having HIV and someone being bewitched. They recounted that some sangomas accept money without being concerned with the actual source of the person's difficulties. One could wonder what the function of drawing on this discourse is, as it could be argued that men use this discourse in order to avoid

taking responsibility for their health or the health of their partners. By attributing the cause of their difficulties to witchcraft, they avoid constructions of having 'caused their problems themselves' and avoid being blamed by others. The act of visiting a sangoma and claiming that one was bewitched, removes the possible stigma of having HIV as well as the responsibility others might assign to one where one is blamed for having contracted HIV. Instead of risking stigma and the possible rejection that may follow, the cause of the problem is attributed to someone else, and specifically to whoever is said to have bewitched the person.

There are symptoms that you have to say you are bewitched. Because of this thing, I don't know if you know *kgetlane*, I don't know how you say in English? ...It's something like a pain here (motions to chest), and they say you ingested something, even the witch doctor will say you ingested something, or were poisoned, it's true. And the other symptoms are like ---, you see things, you are hallucinating. It's another symptom that makes a person to say I'm bewitched... (Group 2)

Especially when you reach this AIDS stage, you come across those symptoms and what's happening to a person, then most of us are taken to traditional doctors. And then it's up to the traditional doctor to say 'no, take this person to the hospital'. Or the traditional doctor, if he or she wants money, he will say 'no, it's ancestors'. You see. (Group 2)

Another function of drawing on this discourse of being bewitched may be for men to avoid risking their masculinity and to retain the masculine notion of being invulnerable. Through doing this men can resist the potential threat HIV poses to attaining a normative ideal of masculinity, and can therefore avoid any attempts at change.

However, this discourse of a transformed masculinity illustrates that despite the notion of traditional hegemonic masculinity being reified and presented as natural in society, it can be contested. It further illustrates that masculinity can be attained in ways other than that which is prescribed by a dominant normative discourse. Men can conform to certain alternative ideals of masculinity, where something like being a responsible and caring

father is respected and contributes to a construction of a 'real man'. A participant stated the following in this regard:

To my side, I stay with my son. I always get the remark that 'you are a good father, I wish that you were my children's father'. You see they take me as a man, not as somebody who is HIV-positive. (Group 2)

The above statement serves to support the discourse that HIV interferes with masculinity, in that a distinction is drawn between being a man and being HIV-positive. However, it also implies that there are possibilities of performing one's masculinity in such a way that one's practices are not harmful to oneself or to others.

4.4. Conclusion

The discourses identified in this chapter together serve to construct masculinity as an object in the talk of men living with HIV. The first three discourses in particular can be described as contributing to an idealised notion of what it means to be a man. This idealised masculinity is constructed by men as something that is valued and necessary to conform to. At the same time it is also constructed as something that men cannot always attain, and that men experience as a burden in that they continually need to engage in actions that affirm their position as 'real' men. Men in the groups constructed this tension as a sense of not being able to 'live up to' hegemonic notions of masculinity that partners, family members and others in their community value.

In the discussions of the last three discourses the manner in which HIV contributes to constructions of masculinity became a more prominent feature of the discourses. It can be noted that throughout the analysis and in the last three discourses in particular one becomes aware of participants' construction of HIV as something that interferes with attaining a normative masculinity. In the final discourse that discusses a transformed masculinity, it becomes clear that HIV requires of the men in the study to re-evaluate and change their masculinity, as conforming to normative constructions of masculinity is perceived as restrictive and harmful. Such an idealised masculinity prevents men from accessing the support they need in managing their health, and men therefore look towards change.

Chapter 5: Conclusion

5.1. Introduction

This chapter provides an overview of the present study through summarising the findings, evaluating the study, discussing its strengths and limitations and considering the implications of the findings. It also provides recommendations for future research.

The aim of the present study was to explore how men living with HIV construct their masculinity. When reviewing literature concerned with men and masculinity, it was found that masculinity is often discussed in terms that indicate an essential and fixed male identity. This male identity is seen as normative and not easily contested. More recent literature provides accounts that acknowledge the fluidity of masculinity, through exploring how masculinity is constructed in relation to various influences. This study then aimed to contribute to the growing body of research that considers complexity in gender identity.

In reviewing literature specifically focused on masculinity and HIV/AIDS, it was found that most studies depict men in a negative and simplistic manner, with the focus on men's role in infection and not their experience of being affected by HIV. From this review it was also noted that there is a paucity of research specifically exploring how men living with HIV construct their masculinity. A further aim of the study was then to explore how men living with HIV construct their masculinity particularly in relation to their HIV status.

In order to achieve its aim the present study set out to conduct three focus groups with black South African men living with HIV. The text from the focus groups was analysed using a discourse analytic approach. The following section briefly presents the main findings from the discourse analysis.

5.2. Overview of the Findings

The discourse analysis was conducted using the steps suggested by Parker (1992) and the following six discourses were identified as operating in the text:

“My son, he’s a man, he’s a real man”: *Discourse of a traditional hegemonic masculinity*

This discourse describes a dominant construction of what ‘real’ men are like. This hegemonic masculinity was discussed in the groups as being comprised of several social signifiers that men need to attain. These signifiers were said to include getting married, having children, being a financial provider, having multiple sexual partners and being in a position of authority in the home.

In discussing this discourse of a traditional hegemonic masculinity, living with HIV is constructed as interfering with attaining a normative masculine ideal. This was described as it related to the difficulties of having an intimate or sexual relationship with a partner, having children or being in a position of authority in the home. Participants also spoke of the difficulty in becoming ill and having to depend on others financially. Within a discourse of masculinity where men are positioned as financial providers, being unemployed is constructed as preventing men living with HIV from conforming to an idealised masculinity.

Despite this notion of masculinity being described in terms that are similar to descriptions of masculinity in international academic discourse (Noar & Morokoff, 2002), it was found that participants in the present study often drew on constructions of traditional and cultural practices in their talk of masculinity. This was seen, for example, in how the normative ideal of men having multiple sexual partners has been constructed in relation to cultural practices such as lobola and polygamy. These practices afford a particular meaning to men having more than one partner through the association of having many wives indicating wealth. In these instances the analysis allowed for the recognition of the multiplicity of influences in constructions of masculinity. It can also be stated that this discourse of hegemonic masculinity has implications for HIV in that certain practices that contribute to its construction serve to increase men’s risk of contracting HIV.

Discourse of invulnerability

The discourse of invulnerability constructs men as self-reliant, independent and tough. Participants spoke of the unacceptability of men asking for help, particularly from women. In this discourse, being ill is constructed as resisting the notion of men being invulnerable. In this way, living with HIV or seeking medical treatment is constructed as

not masculine. Within this construction of masculinity where men are expected to be self-reliant, men are not able to assume a victim role where they need support or assistance.

Within the discourse of invulnerability, men are unable to disclose anything that might be perceived as weakness. This is constructed as forcing men into silence about matters such as being HIV-positive, as being perceived as weak might result in them being rejected by others.

“Men die like sheep”: Discourse of men being unemotional

This discourse describes men as unemotional and draws on a metaphor of men dying like sheep in explaining how men restrict their emotional expression. Participants spoke of how men die silently, similar to when a sheep is slaughtered without making a noise. In the metaphor this is contrasted to how a goat screams noisily when being slaughtered. Participants stated that men do not reveal their emotions and would die without ever sharing their painful emotions with anyone. In this discourse what is seen as masculine is contrasted to what is seen as feminine. Men are constructed as expressing emotions associated with a normative masculinity, such as aggression, but otherwise exhibiting emotional constraint. Women are in turn constructed as showing emotions such as fear and sadness that are associated with femininity in dominant discourses. The discourse of men being unemotional is described as being maintained through interaction between generations, where men are raised to avoid showing their emotions. This refers to men in general not sharing their emotions, but participants also stated that this discourse contributes to men being reluctant to disclose their status or ask for support in relation to living with HIV. Both this discourse as well as the discourse of invulnerability serves to silence men in that they cannot easily talk about painful experiences. By revealing that they need support it also compromises the construction of men being invulnerable. In this sense the discourse of men being unemotional constructs masculinity in a similarly restrictive manner as the discourse of invulnerability.

“You become like a baby”: The discourse of HIV restricting agency

This discourse relates to descriptions of HIV as restricting men’s agency. The experience of living with HIV, and in particular needing care or becoming financially dependent when ill, is constructed as restricting men’s ability to be autonomous and in control. This contests a dominant construction of hegemonic masculinity where men are

constructed as self-reliant and in control. Within this discourse, the experience of being ill is constructed as resulting in others becoming over concerned and taking control on behalf of the person who is ill. In this sense this discourse positions men living with HIV as children who need to be cared for. In South Africa the transition from being a child and becoming a man is clearly demarcated through cultural rites of passage such as circumcision and initiation rituals (Kometsi, 2004). Other social markers such as becoming financially independent are also seen as part of this transition. In positioning men as children with little or no agency, the experience of being ill disrupts this normative construction of what it means to be a man.

The discourse of being different and preferring partners also living with HIV

This discourse describes men living with HIV as being different from others who are HIV-negative. Living with HIV is seen as something that alters one's identity to the extent that one can be categorised as different from everyone else on the basis of one's HIV status. This construction was supported through statements about preferring partners who are also living with HIV. Participants spoke of women who are HIV-negative as potentially abusive, reluctant to use condoms, preferring to have multiple sexual partners and generally uninformed about HIV. In contrast to this, a partner who is also living with HIV is constructed as understanding, caring and able to actively encourage the healthy lifestyle that is necessary to maintain when living with HIV.

This discourse of preferring partners who are also HIV-positive serves to contradict a dominant discourse where men are often constructed as abusers or perpetrators. In literature reference is often made to men being depicted in negative terms through descriptions of men as abusive, sexually violent and responsible for oppressing women (Kometsi, 2004). The present discourse of men preferring HIV-positive partners instead contests this dominant construction of men through presenting a particular description of women. This discourse reverses the usual depiction of men as sexually exploitative through depicting women who are HIV-negative as such. This constructs men as needing to defend themselves against women who are potentially exploitative.

Discourse of a transformed masculinity

The discourse of a transformed masculinity relates to how men reconstruct their masculinity in the face of the challenges posed by living with HIV. As discussed in the previous discourses identified in the text, living with HIV serves to contest hegemonic

masculinity in different ways. The experience of being ill, for example, disrupts the dominant construction of men being invulnerable and self-reliant. Within the discourse of a transformed masculinity, some men living with HIV redefine their masculinity by rejecting aspects of hegemonic masculinity that they experience as harmful. In this discourse, this transformation is mostly described in relation to men's sexual practices. Participants position themselves as now inhabiting a more responsible sexual identity, through practicing safe sex and educating their partners so that they can do the same. Within this discourse men are constructed as having agency. By accepting their status and rejecting harmful aspects of hegemonic masculinity, men living with HIV are claiming control over their health and their lives.

A theme that is common across many of the discourses is that of contradicting constructions of masculinity and femininity by men and women respectively. This theme can be highlighted and further discussed. From the analysis it emerged that men and women often construct images of what each gender is like in different and often opposing ways. Men are commonly constructed in a negative manner in dominant discourses outside of the text. The literature review indicated that particularly in discussions about men's interaction with women, men are often constructed as reckless, abusive and violent (Jobson, 2002; Wyckoff-Wheeler, 2002). These descriptions can be seen as constituting a discourse of men as perpetrators. Women in turn are often constructed as victims of men's harmful behaviour (Jobson, 2002). In the text, however, it emerged that the men participating in the study often construct *women* as abusive. This served to challenge the dominant constructions of what men and women are like. Furthermore, in reconstructing their masculinity so as to reject harmful practices often associated with masculinity, participants' talk further serve to resist the dominant discourse of men as perpetrators.

A possible interpretation of these contradictory descriptions of masculinity by men and women is that some aspects of experience can be described as common to both men and women. These experiences (such as being hurt by a partner, or being reluctant to use condoms) do not necessarily have to be constructed as particular to one gender, and that may be why men as well as women talk about the other gender in this way.

In concluding the overview of the findings, it can be said that the first three discourses that were identified as operating in the text serve to contribute to an idealised construction of a normative masculinity. In the last three discourses that were discussed, the manner in which living with HIV contributes to constructions of masculinity emerged in a more prominent manner. Throughout the discussion of the different discourses, the manner in which living with HIV challenges hegemonic constructions of masculinity could be seen.

5.3. Evaluation of the Study

This section evaluates the present study through considering the challenges posed during the research process and how they were negotiated by the researcher. This is done through a discussion of the study's epistemological reflexivity and the researcher's personal reflexivity, as well as a discussion of the process of arriving at analytic claims. It also considers the credibility of these analytic claims as well as the limitations and strengths of the present study.

5.3.1. Epistemological Reflexivity

Willig's (2001) notion of epistemological reflexivity, as discussed in chapter 3, is relevant in evaluating the present study. Willig (2001) argues that in conducting research in a reflexive manner, one should be concerned with how the research design or the method of analysis might contribute to or limit the description of the phenomenon under study.

The research design was coherent and appropriate in that the ontological starting point of postmodern theory, the epistemological framework of social constructionist theory, and the methodological approach of qualitative research and specifically discourse analysis served to facilitate achieving the aim of the study. The methodology was also relevant in that it allowed for an approach that resulted in participants providing rich and candid descriptions and resulted in an analysis that created new knowledge about masculinity and living with HIV. It also provided the opportunity to acknowledge complexity and contradictions in discourses around masculinity.

5.3.2. Personal Reflexivity

Willig's (2001) notion of personal reflexivity is also relevant, where she argues that in conducting research the researcher cannot assume a position of an impartial observer. In this regard the researcher needs to reflect on how her social context, values, beliefs and experiences contributed to and impacted on the research.

The researcher's interest in how men experience living with HIV is informed by a general interest in gender and how it is constructed in societies. Notions of femininity and masculinity pervade many areas of social life and often determine what actions are available to men and women. Through personal experiences the researcher began to gain an awareness of certain narrow and seemingly rigid constructions of masculinity that men often feel compelled to conform to. Also when working as a volunteer HIV pre- and post-test counsellor it was found that male clients who wanted to test for HIV would often speak in a very particular manner about their sense of being a man and how it intersected with the possibility of being HIV-positive. The researcher found that male clients would often speak about what is expected of them as men, how their diagnosis might impact on their partners' views of them as men and which behaviours are seen as 'acceptable' for men in terms of their sexuality. This inspired an interest in how people construct masculinity and specifically how masculinity is described in relation to HIV/AIDS. The researcher found it particularly interesting that issues of masculinity and male sexuality often arise when HIV/AIDS is discussed, yet so few studies have explored masculinity in relation to HIV/AIDS. This prompted the researcher to focus the present study on masculinity and HIV/AIDS.

The researcher did not enter the study with firmly developed expectations, but did have some concerns about the feasibility of conducting the study from the position of a white, female researcher. In particular, it was anticipated that such a position might complicate gaining access to participants as well as having open conversations with them about notions of masculinity and HIV. As mentioned in the previous chapter on research methodology, the researcher implemented certain 'safe guards' to mitigate the potential impact of her position as outsider in relation to race and gender as a white female. One such 'safe guard' was to conduct the groups with the assistance of a black male co-facilitator. Despite anticipating that her subjectivity might negatively impact on the research process, it was often found that her position as outsider, or one who is

assumed to be ignorant of certain experiences or practices, was useful in obtaining rich descriptions from participants. It allowed the researcher to ask probing questions and encourage detailed discussion; particularly where participants spoke of cultural practices that the researcher was unfamiliar with. The researcher found that the participants were very candid in their discussions. She questioned participants on their experience of her, as a woman in particular, facilitating the discussions, and they stated that they did not perceive it as an obstacle in speaking freely. A participant however stated that it might be problematic when a woman speaks to men who are reluctant to accept their status as HIV-positive, again emphasising the distinction between men who accept their status and men who do not that was discussed during the analysis, and particularly when discussing the discourse of a transformed masculinity.

A prominent concern when preparing for the focus group discussions was how the participants will respond to issues around confidentiality and anonymity in the context of living with HIV. The researcher's concern was mainly that participants would be reluctant to share their experience of living with HIV with someone who, in addition to other perceived differences, is herself not HIV-positive. Her HIV status was not disclosed to the participants during the groups, but was interestingly assumed to be negative by all the participants. A question that kept surfacing in the researcher's mind when preparing for the groups was 'how will participants trust the researcher?'. In this regard it was useful to establish rapport before the groups by communicating with each participant personally and explaining the nature of the study prior to meeting for the focus group discussions. When the groups were finally conducted, the researcher made it clear to participants at the start of each group that the terms on which the discussions were to take place needed to be negotiated and that the goal was to achieve a climate where all the participants felt comfortable. The researcher was surprised when most of the participants were unconcerned about confidentiality or anonymity, and didn't have any objections about the discussions being recorded. Participants did however agree that the researcher as well as all the participants themselves needed to maintain confidentiality out of sensitivity to their friends and family who might not wish to have their details (as it related to the participants' stories) shared.

During the entire research process there were moments when issues of power between the researcher and the participants emerged in interesting ways. There was a constant

shift in the researcher's perception of who was positioned as having authority or power, with these positions changing throughout the research process. When recruiting participants and conducting the focus group discussions, the researcher was reliant on participants being open to participating in the study and sharing their experiences. In these instances the participants were very clearly positioned as the 'experts' on their experiences. The researcher found this to be a comfortable position to be in, as it allowed her to question, to explore statements made by participants and to communicate her sincere interest in sharing their stories. However, once the groups had been conducted and the process of transcribing and analysing the discussions started, the researcher grew increasingly uncomfortable. There was a distinct feeling that the researcher was now the 'expert', trawling through pages and pages of transcripts, attempting to reduce the complexity of the very personal stories in order to 'interpret' them. At times it was incredibly difficult for the researcher to move from the position of hearing participants speak very openly about intimate and often painful experiences, to assuming a slightly removed position in order to analyse these conversations in an almost abstracted manner.

It was at this point during the analysis that it became useful to leave the text for periods of time and to return to it again later. It was also useful to engage others in the interpretation of the text in order to elicit connotations outside of what was spoken during the focus group discussions and to challenge the particular understanding afforded by the researcher's subjectivity, as her social and cultural positioning not only informed the manner in which the focus groups were conducted but also impacted on the interpretations made during the analysis. In order to draw on interpretations outside of those allowed by her subjectivity, the researcher compared her understanding of the text with other individuals from different social and cultural contexts. This entailed consulting with another female researcher familiar with discourse analysis as well as with the male co-facilitator of the groups during the process of analysis. This allowed for an exploration of the connotations the text evoked in others, including someone who was not involved in the process of facilitating the groups.

5.3.3. The Credibility of Analytic Claims

The following guidelines offered by Potter and Wetherell (1987) for increasing the credibility of analytic claims were discussed in chapter 3 and can be used to evaluate the analysis in the present study.

Coherence

The analytic claims can be described as satisfying the criterion of coherence in that it provides an account of how the statements that constitute the discourse fit together, as well as what their discursive effects are. This is however done without discounting contradictions in participants' descriptions.

Participants' orientation

This criterion entails conducting the analysis in such a manner that the distinctions that are of importance to participants are the same distinctions that are identified as important by the researcher. This criterion was not satisfied as the researcher was unable to present the analysis to the participants within the time-frame of completing the mini-dissertation. Participants did however indicate that they were interested in seeing the research product and it will still be presented to them in future.

New problems

This criterion relates to the researcher attending to new problems that are generated during the discourse analysis, which may be used to validate the primary analytic claims. Through drawing on certain discourses in constructing masculinity, participants create new problems through the emergence of various responses to what is said. These responses or secondary problems provide support for the analytic claims made by the researcher, in that they substantiate the notion that participants are drawing on the primary discourses identified in the analysis. The criterion of new problems was satisfied in the present study in that the discourses that were identified were demonstrated to give rise to new problems. For example, when discussing the discourse of invulnerability, the analysis demonstrated that by drawing on this discourse men further make use of statements that deny their risk of contracting HIV. These statements that deny their risk serve to substantiate the analytic claim of a discourse of vulnerability operating in the text.

Fruitfulness

The criterion of fruitfulness was satisfied in that the analysis produced new knowledge that indicates possibilities for men to engage in different and positive constructions of masculinity.

Reflexive nature of the research

Burman (1997) argues that the reflexive nature of a study can provide support for its claim to value. The researcher was aware of how her personal context could impact on the study and the analytic claims formulated, as discussed in section 5.3.2. of this chapter. Despite this the researcher acknowledges that the study could have been approached in different ways and different interpretations might be reached through other readings of the text.

From this evaluation of the study, the limitations and strengths can be identified and are presented in the following section.

5.3.4. Limitations of the Study

The analysis did not explicitly focus on how influences of factors such as race or ethnicity inform constructions of masculinity. Furthermore, although participants did make reference to how they draw on cultural discourses in constructing their masculinity, an explicit analysis of the varying influences of culture was not conducted. Twine (2000) argues that race is a salient social signifier in most contexts and cannot be removed from research, as knowledge production is always informed by the racialised subject positions of both the researcher and participants. A more explicit analysis of race that considers how the researcher's subject position could impact on the research process, as well as an analysis of how race intersects with constructions of masculinity, would then be valuable.

The nature of the theoretical and methodological approach employed in the study is such that the research findings generated are limited to the participants who contributed in the construction of the text. Furthermore, as noted before, the reading of the text is only one of many possible readings and is informed by the researcher's particular social and cultural context.

5.3.5. Strengths of the Study

Methodological coherence

As discussed in section 5.3.1 where epistemological reflexivity in the study is considered, the theoretical approach and research methodology that informed the process of the study was coherent. It also facilitated the achievement of the aim of the study by allowing for descriptions of different ways of being a man.

Credibility

In evaluating the credibility of the analytic claims made by the study, it was indicated that the study can be described as credible. This is illustrated in the analytic claims satisfying criteria for credibility through providing a *coherent* account, generating *new problems*, presenting *fruitful* findings, and supporting the *reflexive* nature of research.

5.4. Implication of Findings

The study aimed to contribute to the body of literature that explores alternative constructions of what it means to be a man. As stated by Burr (1996) one of the aims of social constructionist research is to generate new ways of thinking about the social world through critically examining our claims to knowledge. In this sense the study achieved this aim by presenting an account of how men living with HIV challenge and resist dominant constructions of masculinity, thereby indicating that there are possibilities for change. This serves to challenge dominant discourses about masculinity and gives voice to descriptions of different ways of being a man.

Furthermore, the findings in the present study also describe discourses of masculinity that are harmful to men, where an idealised masculinity is associated with certain high-risk practices such as having multiple sexual partners. The men participating in the study described how they resist these constructions of masculinity and avoid engaging in practices that they view as harmful. However, the insight gained in the study regarding such as idealised masculinity can be applied to programmes working with men in reducing men's vulnerability to infection.

In considering the broader application of the findings, it could be used to inform discussions around men's role in responding to the challenges posed by HIV/AIDS. Participants spoke of the manner in which they perceive efforts by government to

address gender inequality as alienating men. This is problematic, also in efforts to respond to the HIV/AIDS epidemic, as it is necessary to include men in initiatives. By exploring how men are affected by living with HIV, and how they experience their masculinity as transformed in relation to their status, this study contributes to debates around increasing the possible positions for men to assume in promoting responsible sexual practice.

5.5. Recommendations for Future Research

As noted in the discussion on limitations of this study, it would be useful to conduct an explicit analysis of how factors such as race, ethnicity or culture influence how men living with HIV construct their masculinity.

It would also be useful to explore how men who have never sought treatment or support in relation to living with HIV construct their masculinity. The participants in the present study were either attending a support group for people living with HIV at the time of data collection or had at some previous point attended a support group. Many of the men also stated that they were receiving ARV treatment for HIV. The advantage of having such a group of participants is that it allowed for an exploration of the discourses drawn on by men who are actively contesting dominant constructions of masculinity by seeking support. However, it might be that men living with HIV who have never sought support or treatment draw on different discourses in constructing their masculinity and future research might want to explore these discourses.

The present study had a broader focus in that it explored discourses around masculinity that are constructed through social interaction. This focus implied that the mechanisms employed by men in constructing and reconstructing their masculinity on a more individual level were not within the scope of the study. Future research could explore these dimensions of masculinity as it is negotiated on an individual level, with a consideration of the psychological aspects involved in such a process.

5.6. Conclusion

In conclusion it can be emphasised that practices associated with gender and sexuality are socially constructed, and therefore open to change. Similarly, limiting and

disempowering discourses that are constructed in relation to HIV/AIDS can also be deconstructed. In reference to this Davidoff and Hall (1987) state the following:

'Masculinity' and 'femininity' are constructs specific to historical time and place. They are categories continually being forged, contested, reworked and reaffirmed in social institutions and practices as well as a range of ideologies. Among these conflicting definitions, there is always space for negotiation and change... (p.29)

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

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Appendix A: Interview Guide for Focus Group Discussions

Questions

1. What does society expect of men today?
Probe: What do women expect of men/ what do families expect of men/ what does the workplace expect of men/ what do churches expect of men/ what do you expect of yourselves as men?
2. In the context of HIV/AIDS, how are men portrayed?
Probe: In talking about HIV, how are men mostly described?
Probe: How would you describe the kind of images that exist of men who are HIV positive?
3. How, if at all, is it different for a man, instead of a woman, to live with HIV?
Probe: How would you describe the kinds of behaviours or actions that people expect of HIV positive men?
4. How, if at all, has being diagnosed HIV positive influenced the way you feel about yourself as a man?
Probe: Do you feel differently about yourself now, as a man, than you did before your diagnosis? How so?
Probe: Are there certain things that you do differently now, in your relationships or in how you think about yourself, compared to how it was before your diagnosis?
5. Does being ill (or living with HIV) change the expectations of men?
6. How does being HIV positive affect your sexuality?
Probe: Is sex the same/different?
Probe: Does this impact on how you view yourself as a man?
7. Are there any other comments you would like to add?