

EXPLORING YOUNG MEN'S PERCEPTIONS OF CARE AND
SUPPORT FOR PEOPLE LIVING WITH HIV/AIDS

Kyle Ballard

University of KwaZulu-Natal

Student number: 207510683

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Supervisor: Professor Yvonne Sliep

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Abstract

Care and support for people living with HIV/AIDS (PLWHAs) in South Africa, is primarily provided by women in the local community, with young men largely absent. Understanding young men's perceptions and understandings of care and support for PLWHAs, and what role they feel they play has been under-researched and inadequately conceptualised. This study explores the meanings that young men associate with care and support for PLWHAs in their communities. Data was collected from a semi-structured focus group of six young men, and later 3 semi-structured interviews with three of the young men from the focus group, from a peri-urban area in KwaZulu Natal. The data was analysed using Interpretive Practice, drawing on social capital theory, and the theory of planned behaviour. Findings indicate that the meanings these young men associate with care and support for PLWHAs are complex, contradictory and influenced by multiple discourses, expectations, and aspirations. Care and support for PLWHAs represents a set of roles and tasks which young men simultaneously feel expected to perform, as well as ridiculed for performing, by both men and women. It requires careful negotiation into roles which are acceptable by hegemonic masculinity, and do not intrude on women's social space as caregivers. Alternate roles are fulfilling for young men, such as economic provider, joker, loyal friend, and protector, particularly because it provides a means to construct and sustain masculine respect and identity. Importantly, not all young men associate the same meanings to care and support for PLWHAs, nor construct and sustain their masculine identities the same way. Interventions seeking to encourage young men to engage in care and support for PLWHAs need to understand masculinity, femininity and the implications of the roles prescribed in their intervention. Individual interpretations and embodiment by each young man should also be facilitated if the messages are to be accepted and change behaviour effectively.

DECLARATION

I Kyle Ballard declare that the research reported in this dissertation, except where otherwise indicated, is my original work. This dissertation has not been submitted for any degree or examination at any other university. This dissertation does not contain other persons' data, pictures, graphs or other information, unless specifically acknowledged as being sourced from other persons. This dissertation does not contain other persons' writing, unless specifically acknowledged as being sourced from other researchers. Where other written sources have been quoted, then:

- a) their words have been re-written but the general information attributed to them has been referenced;
- b) where their exact words have been used, their writing has been placed inside quotation marks, and referenced.

This dissertation does not contain text, graphics or tables copied and pasted from the Internet, unless specifically acknowledged, and the source being detailed in the dissertation and in the References sections.

Student Number: 207510683

Signed: _____

Date: _____

As the candidate's Supervisor I agree to the submission of this dissertation.

Signed: _____

Date: _____

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CHAPTER ONE: INTRODUCTION

1.1. Background and Rationale to the Study

Care and support for people living with HIV/AIDS (PLWHAs), is primarily done by the local community, and in particular women (Akintola, 2008a; 2008b; Campbell, 2012). Men’s overall absence from care and support on all levels has been highlighted in many research fields (Akintola, 2006; 2008a; 2008b; D’Almaine, 2009; Taylor, Seeley, & Kajura, 1996; Uys, 2003). Patriarchy, the social construction of masculinity and femininity norms, as well as strict traditional gendered norms have all been associated with this gendered nature of caring roles (Akintola, 2006; D’Almaine, 2009; Taylor et al., 1996). An understanding of men’s, particularly young men’s, perceptions and understandings of care and support for PLWHAs, and what role they feel they play has been under-researched and inadequately conceptualised. This study therefore seeks to explore the meanings that young men associate with care and support for PLWHAs in their communities. This includes exploring perceived barriers and enabling factors, as well as their understanding of masculine identity.

This study has been conducted in a peri-urban community in KwaZulu-Natal, South Africa, under a larger research study in the same community, using social capital as the overarching framework for the inquiry. It became apparent in the larger study that there was a lack of voice and involvement of men in the dissemination of the results, leading to the formulation of this study. The implications for this study could reveal approaches men have towards caring which have not previously been considered in the literature and/or show what meanings young men attribute to the various forms of care and support for PLWHAs in their community. This has further implications for our understanding of young men's negotiations of caring and supportive roles for PLWHAs, as well as providing insight for interventions dealing with the issues of gendered care, gender equality, and young men's health.

1.2. Research Question

The overarching research question to be explored in this research is how young men perceive care and support for people living with HIV/AIDS.

1.3. Objectives

The following objectives of this study are therefore to explore:

- Young men's perceptions of their role in caring for PLWHAs.
- Perceived barriers or enabling factors young men experience if performing caring roles.
- Young men's conceptualisation of caring and supportive roles and its relation to their masculine identity
- How caring and supportive roles played by young men change if the person receiving care is HIV positive versus living with AIDS; male or female; older or younger; or a family member or not.

CHAPTER TWO: LITERATURE REVIEW

2.1. HIV and Sexuality

HIV prevalence in South Africa remains high, with an estimated HIV prevalence of over 6.4 million people (12.2%) of the total South African population in 2012 (Shisana et al., 2014). Both contextual and individual factors play a vital role in the expression of people's sexuality, thus creating an interface between these factors and the prevalence and incidences of HIV/AIDS (Shisana et al., 2014, Berger, 2005; Boyce et al, 2007; D'Almaine, 2009; Frizelle, 2005; Morrell & Jewkes, 2011). Contextual factors could include gender stereotypes, historical influences, socio-economic contexts and societal constructions around sexuality (Berger, 2005; Boyce et al, 2007; D'Almaine, 2009; Frizelle, 2005; Morrell & Jewkes, 2011). Individual factors could include the role of desire, knowledge and decision making around sexuality (Berger, 2005; Boyce et al, 2007; Frizelle, 2005; Morrell & Jewkes, 2011; Pisani, 2008).

2.2. Care Burden

Many people with HIV/AIDS require large amounts of care and support. Health care at the community level, including infrastructure, skills and human resources especially in poor communities was lacking before the epidemic of HIV/AIDS, and is now under additional pressure because of the growing number of those infected and affected by HIV/AIDS (Akintola et al., 2013; Akintola & Hangulu, 2014; Bernard et al., 2007; Buve, Kalibala & McIntyre, 2003; WHO, 2008). Due to the formal health care sector's inability to deal with the sheer number of people requiring support in so many ways, care and support for PLWHAs, falls primarily on the shoulders of informal carers living in the communities (Akintola, 2006; 2008b; Akintola et al., 2013; Akintola & Hangulu, 2014). This includes volunteers, friends, and family members living in communities where HIV is prevalent. According to the World

Health Organisation's (WHO) World Health Report in 2006, Africa is home to about 3% of the world's health care workers, but 24% of the global disease burden is found in this region (as cited in Kumar, 2007, p. 2565). This shortage is a result of underproduction of health workers, internal mal-distribution around the country largely due to salary and working condition differences, and the emigration of health workers out of the countries (Kuehn, 2007; Kumar, 2007, Lewis, 2008).

In addition, 26.2% of the South African population is living below the poverty line defined by the World Health Organisation (less than \$1 a day) (WHO, 2010). This degree of poverty adds to the burden created when attempting care and support for PLWHAs, because people simply do not have the financial resources for private health care or even minor items required to look after themselves, let alone others. Furthermore, much research indicates that carers are often individual, and most often without any assistance from others in the community, leading to immense emotional, psychological, financial and physical burdens (Akintola, 2006; Akintola et al., 2013; Akintola & Hangulu, 2014; Kipp, Nkosi, Laing & Jhangri, 2006; Swaans et al., 2008; Wight, Beals, Miller-Martinez, Murphy & Aneshensel, 2007).

These problems, in effect, leave areas with the greatest health care needs with the fewest health care workers (Kuehn, 2007). Fortunately, these problems are beginning to be dealt with, but require renewed energy and commitment for the burden of care on the inadequate health sector to be reduced (Akintola et al., 2013; Akintola & Hangulu, 2014; Kuehn, 2007; Kumar, 2007).

2.3. Gendered Menders

As discussed above, the health sector simply cannot deal with the massive need for care and support and as a result, the majority of HIV/AIDS care in rural parts of Africa, and particularly in South Africa, ends up on the shoulders of the homes and communities which are affected and infected. Furthermore, community health workers and home based carers, often under-resourced and unsupported, take up the responsibility of caring for vast numbers of people, and are used to replace and support much of the formal health work, especially in rural areas (Akintola, 2006; Akintola et al., 2013; Akintola & Hangulu, 2014; Taylor et al., 1996; Uys, 2003).

The women in these communities are disproportionately affected, with the vast majority of home based carers, community workers, and informal caregivers being women (Akintola, 2006; 2008a; Akintola et al., 2013; Akintola & Hangulu, 2014; 2008b; Campbell, 2012; D'Almaine, 2009; Taylor et al., 1996; Uys, 2003). Steinberg and colleagues (2002) indicated that women and girls constituted 68% of the primary caregivers in their study. Additionally, the study by Nnko and colleagues, (2000) showed that most men were “unwilling to care for the sick except in circumstances where women were unavailable” (as cited in Akintola, 2006, p. 238). The absence of men’s support in day-to-day tasks is compounded by lack of employment which is common in township households in South Africa (Akintola, 2006). Denis and Ntsimane (2006) in a “study among HIV/AIDS-affected households in KwaZulu-Natal found that men were not available in about 72% of households; of these, only 10% were absent because of divorce or separation, and just 34% of the fathers provided any support to their children” (Akintola, 2006, p. 245).

This gendered care can be associated with the social construction of masculinity and femininity norms, prescribing caring and supportive roles (Akintola, 2006; Sikweyiya,

Jewkes, & Dunkle, 2014). Often strict traditional gendered norms see household work and care work as women's 'duty' (Akintola, 2006; D'Almaine, 2009; Taylor et al., 1996), resulting in men being absent from daily care chores, and making women feel obliged to take the 'carer' role. Men are expected to perform primarily provider roles for their families and are to assert their social and relational dominance over children and women in their household (Gibbs, Sikweyiya & Jewkes, 2014).

A growing body of literature argues that although on the surface it appears that men are not involved and/or not interested in caring roles, this is partly due to culturally biased observers' lack of acknowledgment of this (Akintola, 2006; Montgomery, Hosegood, Busza, & Timaeus, 2006; Naidu & Slied, 2012). Researchers identified that not only were caring and supportive roles conducted by men not acknowledged by women, even field assistants working in their respective areas did not acknowledge and recognise these roles displayed by men (Akintola, 2006; Montgomery et al., 2006; Naidu & Slied, 2012). This is despite their explicit mandate to identify these roles and activities. Women conducting very similar or identical activities were considered caring and mothering, but men carrying out these same activities were either not acknowledged or were considered disengaged from their expected provider role (Akintola, 2006; Montgomery et al., 2006; Naidu & Slied, 2012). Female respondents and field assistants participated in a strongly gendered bias reflecting the belief that men should be economic providers for their family and household, but fail due to irresponsible and promiscuous behaviour (Montgomery et al., 2006). Furthermore, women have been identified as defending their identity, role and communal space as care giver for PLWHAs from men, as it is one of the few spaces available to display agency and power (Naidu & Slied, 2012). This shows a complex contradiction in the actions of many women as frustrations of men's disengagement from caring roles are aired, yet simultaneously, those

men who are already in caring and supportive roles for PLWHAs or initiate caring roles have their masculine identity actively humiliated and are shunned from caring and supportive roles.

Numerous authors while discussing care and support, specifically for PLWHAs, express an urgency for men to become more involved in these processes (Akintola, 2006; 2008a; 2008b; Akintola et al., 2013; Connell & Messerschmidt, 2005; Doucet, 2004; Hass & O'Brien, 2010; Mindry, 2010; Russell, 2007; Taylor et al., 1996; Uys, 2002; 2003). A deeper exploration of these gendered processes and dynamics involved in care and support for PLWHAs is therefore required, particularly around men's understandings and experiences of this.

2.4. Defining Care

Abraham Maslow's (1943) hierarchy of needs provides a useful theoretical framework for understanding care (Zalenski & Raspa, 2012). Maslow's theory of motivation suggests that human needs are hierarchical, meaning that lower needs, if unfulfilled, dominate one's thinking and actions until they are satisfied (Zalenski & Raspa, 2012). Once a lower need is fulfilled, the next level becomes the priority until eventually, once all the basic needs are satisfied, humans are able to pursue self-actualisation (Zalenski & Raspa, 2012). Although at first glance, the hierarchy appears to be rigid and prescriptive for all human experiences and motivations, Maslow emphasises that needs can be partially fulfilled at lower and higher levels simultaneously, as well as being inverted or reordered for particular individuals at particular turning points (Maslow, 1954; Zalenski & Raspa, 2012). Although Maslow's hierarchy has its limitations it still provides a comprehensive framework for understanding care, particularly for the types of care which are not normally emphasised in health literature. This is especially important for understanding young men's informal caring roles as we need

to consider forms of care which may have previously been overlooked due to the over emphasis on formal, bodily care.

Zalenski and Raspa's (2012) adaptation of Maslow's hierarchy of needs for understanding care is described in the diagram below (Fig. 1.). They further suggest that satisfying the need for symptom control, safety, belongingness, and esteem is valuable in itself, as well as to inspire a patient and/or family to experience self-actualisation and transcendence (Zalenski & Raspa, 2012).



Figure. 1. Maslow's hierarchy adapted to hospice and palliative care (Zalenski & Raspa, 2012, p. 1124).

The figure illustrates the dependence on lower needs first, with the apex of the pyramid suggesting that higher needs are less frequently realised (Zalenski & Raspa, 2012). The five stages described in the diagram above provide opportunity for a different type of care at each of these stages. Literature suggests the physiological needs of PLWHAs are largely met by formal carers, health care facilities, and often women home-based carers (Akintola, 2006; 2008a; 2008b; Akintola et al., 2013; Akintola & Hangulu, 2014; Campbell, 2012;

D'Almaine, 2009; Taylor et al., 1996; Uys, 2003). The contributions of young men to satisfying these physiological needs, according to literature may be fewer; however the other forms of care at the different stages of Maslow's hierarchy may not be recognised and acknowledged due to the concept of care previously being framed with an emphasis on physical bodily needs. The need for safety, love and belonging, and esteem can loosely be understood as psychosocial needs which the formal care sector in many ways does attempt to satisfy. Young men however, may be optimally positioned to provide a level of psychosocial support to PLWHAs which the formal sector cannot, mitigating the devastation of loneliness, fear, and stigma, all contributing to a higher potential for self-actualisation for PLWHAs.

2.5. Defining Carer

The definition of a carer is a debated topic and is perhaps impossible to define conclusively for all contexts and fields of research (D'Almaine, 2009). Community members who are formal carers seem to define themselves relatively easily because there are obvious boundaries, roles and expectations (D'Almaine, 2009). When informal carers refer to themselves however, it is not necessarily as a 'carer', because informal carers tend to find it difficult to distinguish between normal family expectations and obligations and 'carer' roles (Ungerson, 1993). This means that the role and identity of a carer is a fluid one and is often fused with other roles and aspects of people's identities (D'Almaine, 2009). This relationship between caring, identity, and role expectation has a large influence on the gendered roles and expectations of carers, and will be discussed further with regard to masculinity.

D'Almaine (2009) defines a HIV/AIDS caregiver as any person who fulfills a person who is ill with HIV/AIDS with a care need. Drawing on this, for the purposes of this study, anyone who strives to meet a perceived need of someone who is ill with HIV/AIDS can be considered as an HIV/AIDS 'carer' thus including formal and informal carers, as well as

physiological and psychosocial needs. Formal carers will refer to carers who receive remuneration for their services and/or are part of an established group defining themselves as people providing care and support services. Informal carers will refer to those who are involved in caring activities and roles even though they are not necessarily obliged to, or remunerated for this. Whilst care for PLWHAs refers to more direct activities meeting the needs associated with the illness (such as treatment, and physiological needs), support refers to less direct but still important needs associated with daily living being fulfilled, and not necessarily associated with illness (such as cooking for the PLWHA, or recreational activity). It is important to acknowledge that a person could therefore be defined as a carer and supporter simultaneously in different contexts, however, across both definitions; it refers to one person fulfilling the needs of another, and in the context of this research, specifically for PLWHAs.

2.6. Why people care

The philosophical reasons underpinning why people care may not be easy to establish for all situations, however it appears to be that an understanding of one another as mutually human, and therefore intrinsically possessing meaning and worth is what drives these sacrificial and unselfish acts (Akintola 2008a, 2008b; Akintola et al., 2013; Akintola & Hangulu, 2014). As mentioned above, the burden of care in South Africa for PLWHAs falls primarily on the informal carers living in their respective communities, with little to no support from government or organisations. Mostly (although not always) family members take up the responsibility of care and support for PLWHAs. Those who are closest geographically or genetically are generally the first expected to care (D'Almaine, 2009). Thus, many carers feel a sense of obligation to care because of the relational or genetic connection they have with the PLWHA.

Perhaps the most powerful ideology and philosophy in traditional South Africa contributing to motivation of care is that of Ubuntu (Murithi, 2006). Ubuntu views group solidarity, collective unity, communal life, social responsibility, compassion, and caring to be of utmost importance and a way of survival (de Villiers, 2005; Murithi, 2006). These principles of empathy, cooperation and interconnectedness greatly affect the way people care for each other in abstract, ideological, and practical ways. The result of this ideology is the production of social scripts and discourses which invite and prescribe how one should act. Thus, as discourses do, it establishes relations, dictating how individuals should relate to one another and how they should view themselves, others and the world around them (Foucault, 1997).

Globalisation has brought an interconnection between the world through political, economic, technological, and cultural processes (de Villiers, 2005). This has ensured that many different ideologies and discourses do not stay separate (as many may have done before globalisation), but rather mix, integrate, and exchange (de Villiers, 2005). Particularly in townships and peri-urban areas, where traditional ideas are mixed with others from city life, interesting blends of cultures, roles and expectations emerge. People find themselves in often difficult situations where personal ideologies, discourses, and practices are chosen over others, whether consciously or not. Discourses from traditional and/or recent ideologies are discarded, maintained or adopted, often creating contradictory, conflicting and confusing identities and roles (Chadwick 2007; de Villiers, 2005; Meyer, 2009). This constant transition and adjustment of ideologies and practices, as a response to people's environments is especially important in our understanding of masculine identity, and their perceptions of care and support for PLWHAs.

2.7. Tough-guise

The concept of masculinity can be “defined as a configuration of practice organised in relation to the structure of gender relations” (Connell & Messerschmidt, 2005, p. 843). Therefore, masculinity refers to the nature of gendered relations between individuals in a society or community (Burnard, 2008), which produce the physical, enacted, or behavioural characteristics of an individual (Connell & Messerschmidt, 2005). These gendered relations and structures cannot be conceptualised apart from the socio-cultural and historical context (Burnard, 2008; Sikweyiya et al., 2014), and are therefore prone to adjustment and change according to changes in the globalised world and cultural norms entering a particular system.

Young men define their sense of masculinity against or in position to those around them, particularly other men, but also women, thus creating a hierarchy (Burnard, 2008; Chadwick, 2007; Sikweyiya et al., 2014). In this way, a constant re-adjustment and re-positioning of identity can occur amongst men as their environment around them changes, so as to sustain or increase their level in the hierarchy. “To be a man is to carry a tape measure by which you measure yourself in relation to the world” (Kriegel, 1979, p. 34), and in this way the ‘measurement’ as men compare themselves to others, fuels this constant adjustment of masculine identity and practice. There are multiple, often contradictory, subject positions that men can occupy in relation to these discourses, norms, and standards (Chadwick, 2007; Sikweyiya et al., 2014). Therefore, the process described above is not the same for all men as there are many nuances and complexities around the construction and adjustment of one’s masculine identity.

Hegemonic masculinity is a term originally developed by Raewyn Connell and others in the late 1970’s (Hearn & Morrell, 2012). Hegemonic masculinity is considered by many young men to be the “gold standard” of masculinity they strive for, and against which they measure themselves (Connell & Messerschmidt, 2005). It provides a list of expected masculine

behaviours and of prohibited behaviours and beliefs, and is in a sense the ‘goal’ on top of the masculine hierarch (Burnard, 2008). This concept was initially used, firstly as an explanation for how men gained power, and secondly as describing an embodied collective practice at the centre of gender relations, to which men aspire to and/or benefit from (Hearn & Morrell, 2012).

Others began to use the concept of hegemonic masculinity with various interpretations and applications, but most applications use “hegemonic masculinity to refer to expected norms of masculine behaviour and self-preservation, conventions or ideal standards of masculinity” (Morrell, Jewkes & Lindegger, 2012, p. 24). The concept is often used with a different emphasis according to the discipline in which it is used (Morrell et al., 2012). For example, in the health discipline hegemonic masculinity is often used to explain and describe the relationship that men (often young and black) have with women, with the emphasis on violent, sexually driven, destructive relationships, interpreting violence to be a major characteristic of hegemonic masculinity and possibly even a cause of it (Morrell et al., 2012). Hegemonic masculinity, however, can and was intended by Connell to be understood in “gender equitable” terms as well (Connell & Messerschmidt, 2005, as cited in Hearn & Morrell, 2012, p. 4). The power associated with a hegemonic masculinity therefore does not necessarily need to be enforced with violence, but can be “exercised subtly on a foundation of consent, acquiescence, and institutional power” (Hearn & Morrell, 2012, p. 4).

The racial history of South Africa and the diverse range of cultures led Morrell to develop a model of multiple hegemonies of masculinity which reflected the racial diversity and culturally informed nature of identity (Hearn & Morrell, 2012; Morrell et al., 2012). Morrell “proposed a black urban, rural African, and white hegemony, representing three different ideals of male behaviour, three different groups of men, and three different sets of gendered

practice” (Morrell et al., 2012, p. 21). Although this application of ‘multiple hegemonic masculinity’ is problematic in that it presents a rigid view of clusters of hegemonic masculinity, it does provide a useful approach on which to draw, in understanding hegemonic masculinity in South Africa. It must be noted however, that although these rigid clusters of hegemonic masculinity seem separate and starkly different, they did not, and do not emerge in isolation from one another, as urban (mostly ‘white’) and rural (mostly ‘black’) lives did integrate with one another during apartheid and after apartheid (Morrell et al., 2012). Although apartheid attempted to keep races segregated, there was some integration and sharing of ideals occurring. The resultant hegemonic ‘ideals’ emerging from different segments of society will have therefore been influenced by one another, with some men potentially aspiring to all three of the hegemonic masculinities mentioned by Morrell et al. (2012), as well as complex mixtures of all three. In this way different, sometimes conflicting masculine ideologies and discourses emerge within one person’s identity construction creating a diverse range of amalgamations of masculine identities (Cooper, 2009).

Various forms and mixtures of hegemonic masculinity have been observed in various South African studies showing the complexity of each South African man’s conceptualisation of the ‘ideal man’ and what it is for him to be considered masculine by himself and his society. This is heavily dependent on the cultural and historical context which these men bring with them (Hearn & Morrell, 2012; Morrell et al., 2012; Sikweyiya et al., 2014).

For example Burnard (2008) found hegemonic masculinity expecting men to be tough, powerful and sexually virulent, as well as not to be feminine, express emotion, care for children, and/or engage in health-promoting activities. Young South African men in peri-urban areas, in many cases identified with the dominant sometimes violent hegemonic norms of masculinity, yet showed some aspiration to the power associated with wealth with which

Morrell's 'white hegemony' is associated (Chadwick, 2007; Morrell, 2005; Morrell et al., 2012). Chu and Porche (2005), and McCreary, Saucier, and Courtenay (2005) explain that "a traditional masculine ideology proposes that men portray and maintain a specific social persona which reflects toughness, emotional invulnerability, heterosexual dominance and success, as well as an avoidance of anything deemed 'feminine'" (as cited in Adams & Govender, 2008, p.2). Wetherell and Edley (1999) have noted, however, that many young men feel that they fall short of this standard described above, and respond by adjusting their position and identity in other ways, sometimes using altogether different standards. For example some young men oppose the arrogance and violent behaviours prescribed by a particular hegemony and reframe their hegemonies to be seeking healthier, responsible masculine identity (Chadwick, 2007; Wetherell & Edley, 1999).

Connell and Messerschmidt (2005) explain that "hegemonic masculinity is used to describe the forms of masculinity (argued to be present in all societies) that are afforded more prestige in power than other forms of masculinity" (as cited in Burnard, 2008, p. 14). Thus hegemonic masculinity can be considered to be on the top of the masculine hierarchy with other men (subordinate masculine identities) and femininity and 'femaleness' as lower. Furthermore, Messerschmidt (2000) explains that "to question or criticise male behaviour is to assert male social inferiority - whereby he is denied respect, and without respect there can be no masculine self-esteem" (as cited in Burnard, 2008, p. 17).

The previously mentioned global and local processes at work, creating diverse and complex mixtures of ideologies is particularly relevant with regard to the constructs of masculinity mentioned above. Men particularly in the peri-urban areas of South Africa, where strong traditional African values merge with other Western and 'white' ideologies, experience a conflict between traditional African expectations and Western expectations about what it is to

be masculine (Adams & Govender, 2008). Edley and Wetherell (1999) explain further: “It is understandable that the adolescent population are the most ideologically conflicted group in this regard, as they are forced to locate themselves between two versions of masculinity: the socially desirable *New Man* discourse, and the principles of traditional masculinity, in order to become ‘real’ men” (as cited in Adams & Govender, 2008, p. 552). Furthermore some men have been shown in a constant, conflicting struggle to maintain an essential masculinity, prescribed by the more hegemonic norms, while also distancing themselves from the undesirable associations with hegemony including criticisms of men as being traditionally macho, arrogant, and patriarchal (Toerien & Durrheim, 2001).

As mentioned above, the cultural context in which various hegemonic masculinities develop is crucial for understanding how men adopt, adapt and aspire to their ideal masculine identities (Hearn & Morrell, 2012; Morrell et al., 2012). The traditional culture of Ubuntu mentioned earlier is in many ways integrated into the fabric of South African society and many South African men aspire to its values. Aspects of other hegemonic masculinities however, seem to dominate this sense of Ubuntu, causing a general eroding of empathetic, communal, caring and compassionate aspects of Ubuntu to occur, and be replaced by, or merged with the dominant, aggressive, and violent behavioural ideals, especially in rural areas (Connell & Messerschmidt, 2005; Malacrida, 2009; Meyer, 2009). These strict gender roles create the desire to distance oneself from any vulnerability and compassion, causing the role of caring to be very low on the priority list of many men (Akintola & Hangulu, 2014; Akintola, Hlengwa, & Degeid, 2013; Akintola, 2006; 2008b; D’Almaine, 2009). The ideology and discourse of Ubuntu is further eroded by the largely Western and European ideologies of independence, competition, greed and individual care (de Villiers, 2005; Meyer,

2009). Many of these ideologies, discourses and practices are fundamentally contradictory to the values of traditional South Africa, and particularly that of Ubuntu (de Villiers, 2005).

2.7. Caring Men

While this aspect of the exchange shows the destructive effects of ‘newer’ ideologies on traditional values, there is also an opposite effect occurring. Furthermore there is a re-shaping of traditional, hegemonic masculine identities towards more progressive, socially aware, caring, inclusive and equal masculine identities, which have been influenced by alternative masculine ideologies (Chadwick, 2007; Meyer, 2009). Flexible gender roles and more willingness to care for one another has become more of a socially accepted norm for some men particularly in Sweden and more so in South Africa. Nelson Mandela, the first President of Post-apartheid South Africa was identified to be a pioneer in politically and publically endorsing and embodying a more caring and gender equitable hegemonic masculinity (Hearn & Morrell, 2012).

As mentioned above, men are in a constant, conflicting struggle to maintain an essential masculinity, prescribed by the more hegemonic norms, while also distancing themselves from the socially undesirable aspects of hegemony (Toerien & Durrheim, 2001). Thus, some men have forged their own integrated or hybrid masculinity which is healthier and embodies aspects of gender equality, but does not contradict what they have defined to be masculine (Toerien & Durrheim, 2001). Meyer (2009) found that a more progressive hegemonic masculinity was available and adopted by some men who were more likely to be risk sensitive, and more concerned about the negative impacts of their behaviours on the community around them, rather than endorsing hierarchical and self-seeking worldviews. This emerging ‘healthy’ hegemonic masculinity presents an amalgamation of the values from traditional African and Western ‘White’ ideologies to forge an equal, socially sensitive, and

inclusive masculine identity, which can allow for men to engage in caring roles without feeling that they are contradicting their 'manhood' (Cooper, 2009; Meyer, 2009; Morrell et al., 2012).

This is particularly important for understanding and fostering caring roles in men living in communities in South Africa. A major hindrance to fostering men who care is that the ideology of care is conveyed, enacted, and distorted in a 'mothering' way affecting their perceptions of care, and thus their participation in it (Barker, 2010; Malacrida, 2009; Naidu & Slied, 2012). Thus, if a hegemonic masculine identity entails avoiding all that is feminine, and the fundamental nature of care is mothering (feminine), then it follows logically that men's avoidance of caring roles is an attempt to hold onto hegemonic masculine identities and ways of being. Therefore masculinity constructed in opposition to femininity and all things female, and therefore in opposition to caring roles, is particularly common. There appears to be an urgency for hegemonic masculine identities to be reframed by the progressive masculine identities mentioned above (Burnard, 2008), while simultaneously adjusting the construction of caring away from a 'mothering', and a strict 'for female's only', conceptualisation (Barker, 2010; Malacrida, 2009; Naidu & Slied, 2012). A dramatic increase in participation of men in caring and supportive roles for PLWHAs will ease the burden of the above mentioned HIV epidemic and its consequences for formal and informal carers (Akintola, 2006; Barker, 2010; Doucet, 2004; Hass & O'Brien, 2010; Mindry, 2010).

For the purposes of this research, hegemonic masculinity refers to the expressed cultural ideals stipulating men's roles and identity in a particular context and/or society, bringing power and privilege to those men embodying these ideals (Connell, 1995; Connell, 2005; Morrell, 2012). It is dominant not through numbers of subscribers but through cultural and relational dominance, and is not necessarily associated with violence or abuse, meaning that

positive healthy hegemonic masculinities can exist (Connell, 1995; Connell, 2005; Morrell, 2012). Furthermore, drawing on Morrell's (2012) 'multiple hegemonies', multiple cultural ideals for men can exist mainly due to different contexts eliciting different expectations and aspirations.

2.8. Towards Gender Equity?

There is a need for men to become more involved in caring roles which do not contradict their masculine identity in order to improve the livelihoods of women, especially those in rural areas. Gender is by nature relational, meaning "social definitions of femininity and masculinity are so inter-twined that one cannot change much without the other changing at the same time" (Hass & O'Brien, 2010. p. 271). Therefore to truly understand and improve the position of women's burden of care and support for PLWHAs, men's conceptualisation, relation to, and perceptions of care and support for PLWHAs need to be explored and understood (Akintola, 2006; Hass & O'Brien, 2010).

Research has revealed circumstances where men's perceptions and behaviours can become more gender equal and less patriarchal thus reducing the burden of care on women (Burnard, 2008; Doucet, 2004; Meyer, 2009; Morrell & Jewkes, 2011; Russell, 2007). This is often as a result of ideological and identity shifting, allowing behaviours to be more gender equal and caring (Burnard, 2008; Meyer, 2009). Some circumstances however, show men's behaviour changing due to their contextual pressures changing, and thus their masculine identity and ideology changes as well (Doucet, 2004; Morrell & Jewkes, 2011). It must be noted here that "whilst violent, controlling and sexually inconsiderate practices towards women are agreed as indicators of gender inequity, there is a temptation to fall back on the absence of these as indicators of gender equity" (Morrell & Jewkes, 2011, p. 2). Gender equitable men can be identified by much more than an absence of negative relations with women (Morrell &

Jewkes, 2011). Instead, they can be identified by their involvement in practices which extend further into gender equality such as caring and supportive roles and identities (Morrell & Jewkes, 2011).

In a study with South African men, those who were involved in caring roles in their family were generally through the role of protector and provider (Morrell & Jewkes, 2011). It was noted that alternate masculinities could be formed which accepted more equal practices regarding care, without challenging the underlying principles and values of patriarchy, hegemonic masculinity and gender inequality (Morrell & Jewkes, 2011). The roles of protector and provider are needed in families; however these practices are often done so from a patriarchal perspective of gendered labour (Morrell & Jewkes, 2011). “If the definition of caring is extended beyond provision and protection to include hands-on ministering to the sick, aged, young and infirm and an emotional engagement with those to whom care is provided,” this would be a greater step towards gender equality (Morrell & Jewkes, 2011, p. 2). Caring practices and values to this extent “proclaim a commitment to alternative interpretations of masculinity and hold some promise for gender equality” (Morrell & Jewkes, 2011, p. 2).

Men becoming more involved in care and support for PLWHAs can be said to be a tentative path towards gender equity. On one hand, men involved in care work, previously regarded as women’s responsibility, can be seen as resisting and challenging gender norms, ideologies and identities prescribed by society, thus contributing to gender equality (Morrell & Jewkes, 2011). On the other hand, “care work can also be framed by men in a way that is congruent with patriarchy and patriarchal ideals of gender roles, albeit without its violent expression” (Morrell & Jewkes, 2011, p. 2), thus having little effect on gender equality overall. Any involvement of men in care particularly in the area of HIV/AIDS is perhaps valuable in its

own right because of the need for it, however, a more radical transformation of the values of patriarchy is needed for sustainable gender equality.

The gendered nature of care for PLWHAs is shown to be a result of contextual and ideological influences. Men's distance from care is understood as a response from and to masculine and feminine identity constructions. Research has shown that men are able to engage in caring roles, because of the fluidity of identity and ideology. Understanding the processes at work in these identities is important for intervention to be made in this area. This research therefore seeks to understand the meaning and perceptions young men have regarding caring and support for PLWHAs in relation to their masculine identity. This could shed light on what is required for gender equity and to increase the sharing of the care and support required for PLWHAs.

CHAPTER THREE: THEORETICAL FRAMEWORK

3.1. Social Constructivist Theory

This research will use a social constructivist theoretical framework to guide the interpretation and analysis of results. Rather than understanding objective reality as existing, social constructionism emphasises the way in which each individual in society actively interprets, constructs and reproduces *meanings* around various concepts in society, thus creating, or constructing their own (relative) reality (Gergen, 2001; Gordon & Abbott, 2003). Thus, social constructivism criticises essentialist categories, and challenges understandings around sexuality, gender, youth, masculinity, femininity and care (Burr, 1995; Gergen, 2001; Gordon & Abbot, 2003; Lesko, 2001). Social constructionism questions the existence of such categories and essential definitions of these categories, highlighting the historical, cultural and contextual specificity of such categories and definitions (Burr, 1995; Gergen, 2001; Gordon & Abbott, 2003). This theory greatly influenced the methodological approach to this research using ‘contextual reflexivity’ to focus the researcher’s attention on interpreting data through the lens of context (Naidu & Sliep, 2011). Contextual reflexivity moves from the understanding of a socially constructed reality and applies this to the iterative approach of reflection and the constant adjustment of the methodological and ethical approach of collecting, analysing, interpreting, and understanding the data from this research (Naidu & Sliep, 2011).

3.2. Social Capital Theory

As mentioned before, this research is part of a larger study, which uses the social capital theory as its overarching framework. The theory and concepts of social capital theory will therefore be drawn on in our understanding of care and masculine identity. The concept of Ubuntu and the nature of community relationships can be understood from a social capital

perspective (Sliep & Meyer-Weitz, 2003; Wilkinson-Maposa & Fowler, 2009). For this research, an emphasis on the bonding aspects of social capital is useful for highlighting the processes of inclusion and exclusion in caring and supportive roles and identities for young men.

Bonding refers to trust and co-operative relationships within networks that are similar in terms of certain demographic factors, such as age, ethnicity and/or education (Dada, 2011; Ferlander, 2007) as well as power, and access to resources (Sliep & Meyer-Weitz, 2003; Wilkinson-Maposa & Fowler, 2009). It is therefore conceptualised to be on a horizontal level and is more inward-looking; strengthening cohesive aspects of society, positive identity, trust, and reciprocity (Ferlander, 2007; Sliep & Meyer-Weitz, 2003). Thus social capital and bonding in many ways has the potential to facilitate collective problem solving and identity (Sliep & Meyer-Weitz, 2003), as well as group solidarity and social mobilisation (Dada, 2011).

If bonding adds to collective problem solving, identity and action it could be a factor which facilitates and encourages caring and supportive roles amongst young men. If young men experience bonding due to increased levels of social capital, communal relationships and more inclusive caring roles could be strengthened. Campbell, Nair and Maimane (2007), Dada (2011), Malacrida (2009), and Meyer (2009) found examples of care, empathy and compassion in communities strongly linked to the levels of social capital and bonding amongst community members. Sliep and Meyer-Weitz (2003) further argue that bonding could lead to men being more willing to engage in caring roles with those with whom they have bonded. Without bonding however, individualistic and exclusive identities could further alienate men from caring roles for PLWHAs. Fostering increasing levels of bonding will

therefore be more likely to broaden masculine identities to include caring roles particularly for PLWHAs (Islam, Merlo, Kawachi, Lindström, & Gerdtham, 2006; Putnam, 2000).

A potential downside of bonding is the possible exclusion of others within a particular social group (Dada, 2011). Pronyk (2002) for example found that social cohesion in a community could lead to PLWHAs, or people caring and supporting PLWHAs, being excluded from social events and relationships.

3.3. Theory of Planned Behaviour

The Theory of Planned Behaviour provides an additional framework to draw from particularly when understanding roles, activities and intentions around care and support. The Theory of Planned Behaviour assumes that a person's behaviour is determined by their behavioural intention (National Cancer Institute, 2005). This intention is influenced by a person's attitude, the existing subjective norms as well as their perceived behavioural control, while also acknowledging the role that the social context plays on every component within the theory (National Cancer Institute, 2005).

Cialdini, Reno, and Kallgren (1990) have argued for a significant addition to the social norms component of the theory (as cited in Norman, Clark, & Walker, 2005). They have argued that there are two types of social norms, namely injunctive norms and descriptive norms. Injunctive norms refer to one's perceptions of other people's approval or disapproval of a particular behaviour (Norman et al., 2005). Whether a person complies with a particular norm or not, will depend on how significant the person or group expecting certain behaviours is to the person whose behaviour is being predicted (National Cancer Institute, 2005). Descriptive norms refer to one's perception of other peoples' behaviour and/or their attitudes about that behaviour. "Thus, individuals may experience social pressure to perform a behaviour because

they believe that important others also perform the behaviour and have a positive attitude toward it” (Norman et al., 2005, p. 1010).

This resonates with the concept of hegemonic masculinity discussed above. The hegemonic ideals could be understood as injunctive norms approved and encouraged by a dominant group of men. Paradoxically, a social sanctioning by these same men could be applied to norms and ideals which the dominant group of men does not want to associate with their form of hegemonic masculinity. This theory therefore provides a useful framework for understanding the social processes occurring when hegemonic masculinities are enforced, and alternative, less dominant masculinities are sanctioned and subdued.

CHAPTER FOUR: METHODOLOGY

4.1. Introduction

This chapter presents the methodology used in this research project. This includes discussion of the study design, study area, sample, data collection procedures, data analysis, translation, ethical considerations and validity and reliability.

4.2. Research Design

The method for this research project was qualitative and exploratory, which is appropriate for a topic which has not been explored much in the literature, and especially in South Africa (Campbell, 2012; Terre Blanche, Durrheim & Painter, 2008). In-depth, contextually rich data was collected while constantly adjusting questioning and approach as appropriate. This research sought to explore the perceptions which young men have regarding care and support for PLWHAs and therefore sought to provide a platform for their voice to speak into a conversation which has very often spoken for young men without seeking out their understandings and perceptions (Montgomery et al., 2006).

Kvale (1983, p. 174) explains that the purpose of an interview “is to gather descriptions of the life-world of the interviewee with respect to interpretation of the meaning of the described phenomena”. Furthermore, Henning and colleagues (2004, p. 52) explain that these descriptions are to “bring to our attention what individuals think, feel, and do, and what they have to say about it in an interview”.

This type of data collection therefore fits this research question because it is exploratory, descriptive, and focuses on subjective meaning (Kvale, 1983). This approach to interviewing is also centred on the interviewee and the way they relate to the world, is open to ambiguities, and is flexible, allowing for a relatively open and free-flowing dialogue.

Semi-structured interviews attempt to take the strengths from both unstructured and structured interviews. It is “neither a free conversation nor a highly structured questionnaire” (Kvale, 1983, p. 174). This means that respondents have the “freedom to provide an answer in whatever form they choose” (Ackroyd & Hughes, 1992, p. 106) yet still allowing the researcher to facilitate and guide the interview process (Henning et al., 2004). This allows for rich, descriptive data which has been initiated by the research participants (Ackroyd & Hughes, 1992), while also keeping the interview focussed on necessary topics and themes (Kvale, 1983). It is also less costly in time and money, as well as being more straightforward to code and process because of it having some degree of structure.

It is important to note that interviews and focus groups are not only a method of data collection but a “social encounter in all its particularities and complexities” where both parties (interviewer and interviewee/s) “bring expectancies, presuppositions, beliefs and experiences” (Ackroyd & Hughes, 1992, p. 120). These complexities of the social and relational interaction therefore bring further complexities to interviews.

There are a number of criticisms of interviews and/or focus groups which need to be discussed as they are associated with some of the characteristics of interviews and focus groups mentioned above. The first is a challenge of the notion of words and language being a trustworthy carrier of truth (Ackroyd & Hughes, 1992; Opie, 1992). This challenge stems from a social constructivist paradigm and questions whether “words accurately represent attitudes, beliefs, or opinions” (Ackroyd & Hughes, 1992, p. 122). Interestingly the claim against the trustworthiness of words and language is done so using the same words and language which is being critiqued. Showing that there is some value to words and language, however the challenge of a ‘truth’ being discoverable must still be dealt with. Thus interviews and focus groups should not claim to uncover “the ‘true value’ of some attitude,

belief or opinion” (Ackroyd & Hughes, 1992, p. 122), but rather see it as a way of exploring the subjective realities of respondents which needs to include context and caution when interpreting.

Another criticism of interviews and focus groups is associated with the guidance and facilitation involved in a semi-structured interview, thus having implications for power issues (Henning et al., 2004). The role of the interviewer cannot be seen as a neutral force, but rather as an active participant in the research process. Furthermore, the interviewer's ownership and power, displayed through his/her guidance of the interview, can potentially disempower the interviewee and/or threaten the “interviewee’s sense of trust and freedom” (Henning et al., 2004, p. 53). The interview must therefore not be viewed as a “data eliciting mechanism” when it is actually a “data making process” where the interviewee and interviewer co-construct meaning, whether intended or not (Henning et al., 2004, p. 54). This is because any interviewer cannot separate oneself from one’s personal biography, narrative, and the associated power dynamics. The interviewer’s attitude and approach when interviewing is especially important here, ensuring that s/he is sensitive and reflexive about his/her influence on the meaning-making process (Henning et al., 2004, Naidu & Slipe, 2011; Opie, 1992).

Opie (1992) adds to this the criticism of appropriation of the ‘other’. Although Opie (1992) critiques feminist interpretation here, many of the arguments apply for interviews and focus groups, and the constant process of interpretation and meaning making. Opie (1992, p. 52) warns that in analysis and interpretation (which occurs before, during and after an actual interview), one can “appropriate” the data to the researchers interests, potentially silencing or excluding other “significant experiential elements” which may be contrary to the interpretation. This caution is of particular importance in fields such as care and support,

where gender and power dynamics are said to be of major importance in the literature. In other words, there is potential for bias to occur in interpretation because the interviewer and interpreter's agenda and objectives of the research may influence the interpretation of the data, thus distorting the subjective reality which the interviewee has expressed.

Avoiding appropriation by being reflexive and sensitive to the complexities of interviewee's voices and perspectives is therefore an empowering approach for research participants (Naidu & Slied, 2011; Opie, 1992). To do this, all perspectives must be acknowledged, noted, documented, and commented on, as well as differences in the data being highlighted, unlike many researchers who will attempt to draw one homogenous perspective from the data.

This means that even if aspects and perspectives in the data resonate with the literature and the objectives of the study, one must still "indicate points of complication and contradiction", and their value and significance must be noted even if they are few (Opie, 1992, p. 53). These contradictions do not necessarily negate the literature but show the phenomenon's complexity (Opie, 1992).

Opie (1992, p. 57) suggests ways to reduce appropriation through deconstructive textual practice. This can be done by acknowledging the "constraints ideology can impose on data"; writing a range of perspectives expressed by participants (attention to paradox, contradiction and the marginalised); and negotiating ways of "interpretive control" between the researcher and participant. Identifying and questioning one's own ideology and "the extent to which that ideology contributes to a failure to see beyond it" is of utmost importance for a reflexive interpretation of data (Opie, 1992, p. 58). Although these are ways to reduce appropriation, it cannot ever be eliminated from interpretation, because interpretation cannot occur without ideology (Opie, 1992; Gergen, 2001).

4.3. Role of the Researcher

The significance of the above mentioned for my research is that as the researcher, I cannot view 'young men' as a generic, cohesive, homogeneous whole. Instead, there are many differing perspectives, cultural practices and worldviews which young Zulu men have, adding to their complexity and contradictory nature as a group. Furthermore, my ideology as a white, middle class, male influences and limits my ability to interpret and understand my research participants. While in some cases it may be an advantage in identifying differences, it is also a limiting factor. By reflecting on my positioning and perspective within my ideology, giving voice to contradictory and paradoxical perspectives, and verifying my interpretations with participants, the degree of appropriation has been reduced, and a degree of indirect empowerment has been achieved (Opie, 1992).

Above all, accepting and acknowledging that an interview is a social, relational experience, not merely a data collection tool, has assisted me in being sensitive and reflexive to research participants' perspectives as well as my own, and to understand my own influence on the entire process (Ackroyd & Hughes, 1992). Furthermore, acknowledging and negotiating the power dynamics which impinge on the research process is an important step towards empowering participants to voice their perspectives, especially for the marginalised (Henning et al., 2004). The limitations of language as a trustworthy truth carrier has also been accepted when interpreting and expressing research findings, especially in my situation where translation from Zulu to English, and back again, has brought many interpretation and linguistic struggles (Ackroyd & Hughes, 1992; Opie, 1992).

Accepting and acknowledging my inexperience and limited skill in reflexive, empowering interviewing is also important for interpretation. Many of the criticisms against interviews and focus groups are valid, and highlight the pitfalls and limitations of an interview's ability

to elicit accurate data, which can be interpreted accurately. This, however, does not mean that interviews or focus groups are inadequate data collection methods, but that these criticisms must be heeded to and negotiated. The limitations of interviews and focus groups have been acknowledged and kept in mind during the entire data collection and interpretation process, so that the pitfalls are reduced as much as possible, and honest, transparent interpretation has occurred.

It is important to consider some of the explicit and implicit aspects of the researcher. The researcher is a male, South African by birth but not of indigenous African lineage, middle class, and not personally affected by poverty, not a rural dweller and a non-isiZulu speaker (Naidu & Sliep, 2011). I therefore take the position and perspective of ‘outsider –insider’ in relation to the young men in this study (Naidu & Sliep, 2011). This allows for a degree of contextual understanding from both an insider’s perspective as well as an outsider observer varying between the two depending on the topics covered in the focus group and interviews.

4.4. Data Collection Procedure and Instruments

This study forms part of a larger study exploring various aspects of social capital and care and support for PLWHAs. Results from the previous research projects from this larger study have been collated with the intention for results from all of this research to be disseminated using a narrative theatre approach. To do this the research results from the larger study were categorised into various themes, acted out, and compiled into short plays recorded on a video. The plays provided a microscopic view of the circumstances and simulations dealing with care for PLWHAs. The plays posed questions and allowed members of the community to be involved in providing solutions to the problems of care, thus fostering critical thinking and awareness amongst community members (Sliep & Meyer-Weitz, 2003). It is at the end of this

narrative theatre where this research data collection began, which is explained in further detail below.

This research project sought to explore young men's perceptions of care and support for people living with HIV/AIDS. The qualitative methodological approach is therefore best suited due to the exploratory nature of qualitative methods as well as the focus on interpreting meaning from rich in-depth data.

Data has been obtained for this research through a semi-structured focus group directly after a narrative theatre production on HIV research results in that community, as well as semi-structured interviews 3 years after the focus group and narrative theatre. After the focus groups were conducted, an initial analysis of the transcribed data informed follow up interview questions with three of the young men in the focus group who were selected based on the need to explore additional areas of interest. The time between the focus group (12th July 2011) and the additional interviews (July – August 2014) allowed for an exploration of any changes in the young men's attitudes and perceptions around care and support for PLWHAs. This also allowed for the exploration of how narrative theatre may stimulate communal reflexivity as a mechanism for social action (Naidu & Sliep, 2011). While this is not the primary focus of the study, this presented a valuable opportunity to be explored.

The semi-structured focus group was conducted after the narrative theatre results dissemination with a group of young men who participated in the theatre. The narrative theatre provided a context and an overarching question to the young men inviting them to answer. The question in the narrative theatre asked whether young men are willing and/or able to engage in caring roles for PLWHAs, and what that would look like. The young men were invited to respond to this question in the focus group.

Both the semi-structured focus group and semi-structured interviews have all Zulu spoken word translated into English and all English questions translated into Zulu. The research participants displayed relative confidence in speaking English, however translation was used to reduce miscommunication due to any language barriers, as well as provide the option to the research participants to speak in their home language to explain concepts they may not be comfortable explaining in English. Recordings have been transcribed and a second translation of all Zulu spoken on the recordings was done to ensure rigour in the translation of Zulu. A young male translator who was friends with most of the research participants was used for the focus group. This was done to keep intact the atmosphere and social interactions associated with young men in a group context. A young female translator was used in the semi-structured interviews partly due to availability, as well as to enable comparison between the responses in the focus group and semi-structured interviews. Differences identified between the focus group and interviews potentially due to this have been reflected on in the analysis section.

4.5. Study Sample and Study Location

Snowball sampling has been used to select the seven young men between the ages of 22 and 31 participating in the semi-structured focus group due to the relationship the researcher has with the interpreter. The focus group interpreter (a young Zulu male living in the area) assisted the researcher in identifying young men in KwaNgcolosi area who were involved in informal care for PLWHAs. This was done by walking through the area on a weekend and meeting and speaking to young men we came into contact with at their houses and communal areas and inviting them and their friends to the narrative theatre and semi-structured focus group. Participants for the semi-structured interview were selected after initial analysis of the semi-structured focus group transcriptions. The three interviewees were selected based on

them revealing particularly different viewpoints about specific themes in the focus groups. A fourth semi-structured interview participant was contacted to participate in a semi-structured interview as well, but was no longer available as he had moved to another city.

KwaNgcolosi, a peri-urban area in KwaZulu-Natal, is situated on the banks of the Inanda Dam. The area has primarily poor residents, with high unemployment, poor infrastructure, and a high HIV prevalence rate. Residents primarily speak Zulu, however most are able to understand and speak some English, with younger generations being much more proficient in this. KwaNgcolosi has few amenities and services except for a clinic, community hall, bottle store, and 'spaza shops' (informal retailers selling basic items such as bread, milk, vegetables and some meat). The area is in close proximity to the developed middle class neighbourhoods of Waterfall and Hillcrest, although expensive transport outside of the valley limits KwaNgcolosi residents' movements into these areas.

4.6. Ethical Considerations

The ethical considerations taken into account are firstly that participation in this research was only on a voluntary and anonymous basis. Pseudonyms have been used instead of names for research participants in the semi-structured focus group and semi-structured interviews to ensure anonymity. This research project falls under an overarching, ongoing research project, exploring various aspects of social capital and PLWHAs, supervised by Prof. Yvonne Sliep, thereby satisfying the obligations of the ethics board, due to this larger projects ethical clearance. Further ethical considerations however, need to be taken into account. My social biography, cultural, political, economic and historical context informed by the respective discourses and ideologies, all informed the particular research questions I asked and the manner in which I did it. It is therefore important to note that objectivity and political neutrality is impossible and therefore my position as a researcher has been acknowledged and

reflected on throughout the research process. Remaining as reflexive and vigilant as possible has assisted me in being as objective as I can be, as well as recognising possible bias in my interpretations. Access to the community was arranged via my research supervisor, and was the same community as the larger research project.

CHAPTER FIVE: ANALYTICAL FRAMEWORKS

5.1. Introduction

This chapter outlines the major analytical frameworks used when interpreting the data collected. Narrative Theatre and Interpretive Practice together provide the lenses through which the researcher analyses and interprets this study's data, with its roots strongly in a social constructivist ontology and epistemology. Emphasis is therefore on the social mechanisms and processes used by the young men in this study, when generating meaning in their relational and social context, particularly in relation to care and support for PLWHAs and masculinity constructs.

5.2. Narrative theatre

Narrative theatre uses stories as a means of understanding and adjusting the meanings people associate with their lives and actions (Sliep & Meyer-Weitz, 2003). It invites community members to elicit strength-based stories as alternatives to the problems presenting the community, thus fostering collective problem solving and reflexivity (Sliep & Meyer-Weitz, 2003).

Audience members are able to participate in the plays, thus embodying the role of the character in the play, which allows for the possibility of experiencing and experimenting alternative roles to what they know (Sliep & Meyer-Weitz, 2003). The approach is interactive instead of passive and allows for community members to be "spect-actors" instead of only spectators. Paulo Freire (1970) discussing "critical consciousness" highlighted that it is important to recognise that it is embedded in action (as cited in Sliep & Meyer-Weitz, 2003, p. 47), which is at the crux of narrative theatre. By aiming for critical consciousness and communal reflexivity, this approach can be regarded as an aspect of Action research (Naidu & Sliep, 2011; Sliep & Meyer-Weitz, 2003).

Participants are able to stop, interrupt and adjust the play whenever it is perceived to be needed. The audience is therefore able to sanction what are acceptable or realistic behavioural ‘experiments’ or alternative narratives in the play (Sliep & Meyer-Weitz, 2003). If alternative narratives are found to be unrealistic, smaller or alternative ‘experiments’ can be attempted, eventually resulting in more realistic alternatives which are healthier, communally accepted, and potential solutions to problems. Changing ideology and practice requires reflexivity, involving grappling with attitudes, assumptions, and intentions, and the effects of these on others and oneself, which is what Narrative theatre facilitates (Sliep & Meyer-Weitz, 2003).

One of the plays was themed on the gendered nature of care and was particularly important for my research as it structured and framed the enquiry about young men’s involvement in care. Young men living in the area and attending the narrative theatre participated in a semi-structured focus group after this play, to document in-depth data about the participants’ response to the play. Interviews with some of the research participants were held at a later stage to explore additional aspects with the young men. Participants for the focus group and interviews were identified through the contacts of the interpreter who lives in the area. Many of these participants are from the focus group which D’Almaine (2009) was involved in as part of the larger social capital research project in the same area. The focus group and interviews were transcribed, translated into English and analysed using interpretive practice. After each person in the focus group or interviews had spoken, the translator translated what was said; however secondary translation of the recordings was done to identify any information which was mistakenly or intentionally omitted.

5.3. Interpretive practice

“Interpretive practice engages both the *how’s* and the *what’s* of social reality” (Holstein & Gubrium, 2005, p. 484). It seeks to explore “both how people methodically construct their

experiences and their worlds, and in the configurations of meaning and institutional life that inform and shape their reality-constituting activity” (Holstein & Gubrium, 2005, p. 484). The exploration of the *what's* of social reality refers to the understanding of discourses in practice which inform and shape the actions of individuals. The exploration of the *how's* of social reality refers to the discursive practices, which are the local nuances and re-constructed interpretations of ‘how things should be done’ according to everyday life (Holstein & Gubrium, 2005). This involves exploring how individuals use their agency and practices to modify and tailor discourses according to their local contexts. Discourse in practice and discursive practice interacting in a community could be understood as bounded autonomy, as discourses direct and persuade individuals behaviours, whilst simultaneously individuals are able to exercise agency and behave with re-interpreted and locally tailored actions which they prefer (Holstein & Gubrium, 2005).

How the young men participating in this research negotiate and re-interpret discourses as they choose to (or not to) care and support PLWHAs is what interpretive practice seeks to identify and interrogate. Interpretive practice ‘borrows’ from various other analytical approaches such as structural analysis, thematic analysis, interpretive phenomenology and discourse analysis (Holstein & Gubrium, 2005). With its ontological and epistemological origins in the interpretivist paradigm, it is best suited to qualitative approaches to data. The emphasis is therefore on thick description and understanding of meanings from an emic perspective. Words and categories will be used to explore and understand the meanings and subjective experiences men associate with care for PLWHAs as they “are the constitutive building blocks of the social world” (Holstein & Gubrium, 2005, p. 485).

The structure of this analysis section followed a format of describing and categorising themes identified in the data, after which a discussion deconstructing, evaluating and interrogating

the identified theme will follow. This approach of bracketing for Interpretive Practice aims to “capture the interplay between discursive practice and discourses-in-practice” (Denzin & Lincoln, 2005, p. 496). This involves alternating focus on the meaning associated with young men’s care and support for PLWHAs and the related institutionally and socially constructed discourses. The focus of analysis then needs to shift to the practical application and individual variations in how these discourses are practiced and embodied (Denzin & Lincoln, 2005).

This approach to analysis initially engages in a descriptive approach to the themes in the transcripts, however, pure description is never really attainable because a degree of interpretation occurs even in the mere selection of which themes and phrases to include and which to exclude. I therefore do not pretend to have a passive account of data analysis, but rather see myself as an active agent engaging with the data and thus being the primary research instrument or tool. I cannot attempt to separate myself (including my particular socio-historical narrative, ideologies, meanings and norms) from the research process. Rather, I have sought to be reflexive and transparent throughout the research process and the writing of the research report. The influence of the translators’ presence and actual translations of the data was also taken into account, and is a potential limitation of this study.

I have strived to be constantly reflexive on my ethical and methodological practice rather than to accept that ethical clearance approved by the institution’s procedural requirements is enough (Naidu & Slied, 2011). This “position of ethical reflexivity requires researchers to interrogate the relationships between their value positions and the ways in which they conduct and write about their research” (Gerwartz & Cribb, 2006; Bhattacharya, 2007, as cited in Naidu & Slied, 2011). It is therefore important to refer again to some of the explicit and implicit aspects of the researcher as mentioned above. The researcher is a male, South

African by birth but not of indigenous African lineage, middle class, and not personally affected by poverty, not a rural dweller and a non-isiZulu speaker (Naidu & Sliiep, 2011). I therefore take the position and perspective of ‘outsider–insider’ in relation to the young men in this study (Naidu & Sliiep, 2011). This allows for a degree of contextual understanding from both an insider’s perspective as well as an outsider observer varying between the two depending on the topics covered in the focus group and interviews.

5.4. Coding and Theme Selection

Participants’ expressions in the data were categorised into themes or categories using techniques suggested by Ryan and Bernard (2003). The question “What is this expression an example of?” was used to identify themes, which are guided by both the data itself and from the researcher’s prior theoretical understanding of masculinity, care and support and social capital from the literature (Ryan & Bernard’s, 2003, p. 4). Transcribing the focus group and interviews and reading through each transcription three times whilst noting broad themes identified in the text with coloured pens allowed for initial theme identification. Ryan and Bernard’s (2003, p. 96) “Word Lists and Key Words in Context” processing techniques was used for coding and theme identification. The researcher actively looked for repetition of similar words or phrases, local terms that sound unfamiliar, analogies and metaphors, transitions and shifts in content, similarities and differences in content between respondents, and avoided topics of discussion as pieces of data which could be a theme or subtheme. Thereafter all these themes were categorised into subthemes where similarities existed, as well as excluding themes which are not particularly relevant to this research. Quotes illustrating these themes and subthemes were extracted, and then each theme and subtheme was linked to theory and discussions in the literature where applicable in preparation for the discussion of the data.

These themes were then applied to Holstein and Gubrium's (2005) Interpretive Practice analytical method. The themes identified were used to illustrate and describe the *how's* of social reality referring to the young men's local nuances and re-constructed interpretations of 'how things should be done' according to everyday life (Holstein & Gubrium, 2005). This involves exploring how the young men use their agency and practices to modify and tailor discourses according to their local contexts, particularly associated with care for PLWHAs and masculinity. The significance of analysing these socially constituted discourses is because they discipline or prescribe behaviour sanctioning certain behaviours of the young men. The practice or embodying of these discourses by these young men is often merged with additional discourses and individual nuances creating complex, often contradictory manifestations of life lived. These complex discursive practices displayed by these young men are what this research is seeking to analyse with the Interpretive Practice, particularly related to care and support for PLWHAs and masculine identity.

CHAPTER SIX: FINDINGS

6.1. Introduction

The graphic below illustrates the hierarchical categorisation of themes and subthemes which emerged from the semi-structured interviews and focus group data. The young men spoke of various experiences they had regarding care and support for PLWHAs and these highlighted the actual behaviours according to their accounts regarding these roles. Perceptions about some of the concepts and social expectations were also discussed by the young men and these often highlighted the internal tensions and struggles these young men have when engaging in care and support for PLWHAs. Masculinity, care roles and barriers and enablers are the next level in the hierarchy emerging from the data. These are discussed in more detail below.

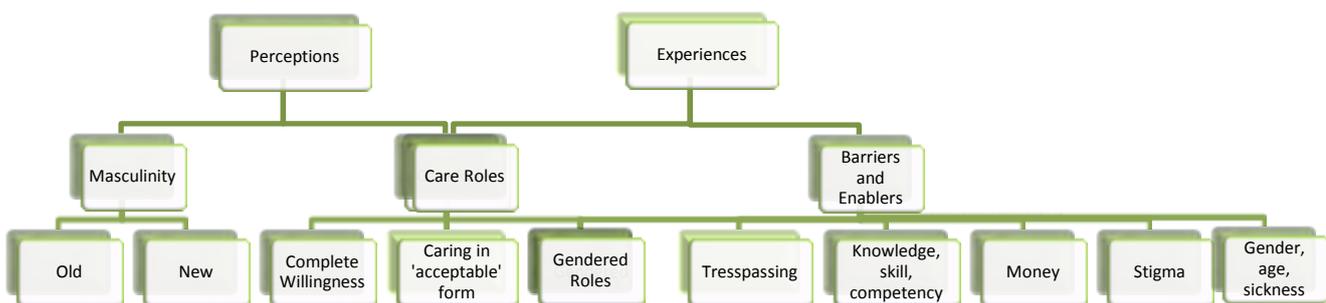


Figure 2: Hierarchy of themes produced from interview and focus group data

In the presentation of results below, various symbols are used to provide details which aren't communicated in the words of the interviewees. The symbols used include:

Transcript Symbols and Participant Descriptions

(...) – Text removed for brevity.

... – Pause by speaker.

Italics – Zulu spoken in original interview but translated later for the reader.

(Text in brackets) – Explanation of what is meant by slang, or explanation of other occurrences

Pseudonyms have been used instead of names for research participants in the semi-structured focus group and semi-structured interviews to ensure anonymity. Below is a description of each research participant. All research participants are young African males.

6.2. Research Participants Descriptions

Vuyani – Very confident and outspoken. Enjoys making jokes in the group and often disagrees with others to create debate and make opportunities for further jokes. (29-30 years old)

Sipho – Significantly older than the rest of the group and enjoys providing his alternative perspective. Perceived to be the wiser one of the group, approaching discussions as a father figure providing his advice to others. (35- 36 years old)

Mandla – Strong opinions which appear to command significant respect from the rest of the group. Proud of his Zulu culture and passionate about living according to its customs. (26-27 years old)

Bandile – Young, (19-20 years old) and confident, with an awareness to be gentle when speaking about topics which could offend others.

Sandile – Translator for the researcher and participants. Friends with all of the research participants. Eager to engage in topics with ‘western’ or modern associations. (23-24 years old)

Buyisiwe – significantly quieter and reserved compared to the other young men, and often required coaxing to voice his opinion. Not as much of a close friend as the rest of the group. (22-23 years old).

Sibusiso – More of a follower in the group, but confident enough to share his opinion on issues. (24-25 years old)

A female translator was used in the interviews and is different to the young male translator from the focus group. Their speech is symbolised with a “Translator:” indication.

6.3. Tensions Between Perceptions

The young men spoke about opposing expectations felt regarding the way they should be acting in their community. They seemed to be skillfully negotiating two or more logically opposing discourses which emerged depending on the context of the discussion or what others in the conversation had said in both the way they displayed their masculinity as well as their caring roles for PLWHAs.

6.3.1. Masculinity Tensions

The young men, particularly in the focus group, discussed their tension between meeting the expectations of their traditional and cultural manhood, versus the new ideas of what it is to be a man in current society. The young men spoke about what they perceive as expected roles that certain key individuals in society prescribe to them, versus another set of people expecting different roles and behaviours surrounding their masculinity. The excerpts below provide more clarity.

Interviewer: What is a man?

(Some laughing)

MANDLA: According to my culture... (More laughing) and my customs... (more laughing) a man, like a definition of a man is a person that is a head of the family, and a head of the family is only responsible for going out and looking for employment, to get some food in his house, and the caring and support, well it's for the women. And he's only responsible for the slaughtering of the cows, and work to do, like the ceremonies for the ancestors and all that stuff, but not just to, really care and support, and this thing is just new because we've been colonised before so now it is just coming in as like a new introduction to what we can do as well.

SIBUSISO: A man is actually a person that you look up to, especially for money like to support the household and especially when there is a sick person in the house and the person that is like kind of responsible, that you bow to, like to say 'ok we need this... one, two, three and four, can you offer us?' and the person can offer...

SIPHO: For my understanding, a man actually is like a human being however the only difference is when it comes from your sex organs where it differentiates in say uh... you've got a penis or a vagina, you know... of which in mind and soul and heart we are all the same... we're all just the same

VUYANI: ...a man is a protector a man is the head of the house and a man is a giver.

(Laughing)

BANDILE: I really don't have much more words to explain how a man is or who a man is, but I do believe the fact that a man is someone, you know, who can do

whatever he wants to do, cos in our days people are free to do whatever they want to do, so the only difference is the sex organ, but for overall work it's just a... a man is somebody who can do anything.

(Focus Group)

When speaking about one's upbringing at home influencing one's perception of what it is to be a man, one young man revealed how he felt he should approach parenthood and which gendered expectations he is continuing to teach to his child.

SIPHO: ...so right now I'm trying to introduce the new cultures and the new teachings that are happening in our communities and our societies that my child needs to be exposed to in so many activities happening around...

(Focus Group)

The young men spoke about a conscious appraisal of various expectations on them from traditional communal understandings of masculinity to newer 'westernised' expectations. Some explained the confusion it creates regarding what is expected of them:

MANDLA: Ya, there is a problem whereby the culture does not change for my own sake, but as for these new teachings coming in within the cultures and stuff, it makes a hell of... uh... disturbance of not knowing which is which that you are to hold onto so... it creates a difficulty in that... in adjusting.

SIPHO: The culture has not changed but we have changed and although we can try and balance things out, it definitely cannot balance because these new things that come in, they do not really like make us balanced...

(Focus Group)

Others spoke of a conscious decision making process required to decide which expectations to follow based on what they perceive is most beneficial to them, whether related to care and support, parenthood, and ‘progressing’ in society.

VUYANI: I disagree it is not only culture that makes us do things like this. Most of the things we do in today’s society is coming from the west or is westernised however we as, is our own cultures like we just wanna hold onto the things that are not even helping us at all. But just because we see these things coming from the west and you say ‘oh no these things you know, we cannot engage with them’. At the end of the day the ones that we are holding on, and we say it is ours it does not help us at all.

BANDILE: Ya, we have changed in today’s society, we have changed. Our stuff that we wear, our wardrobe had changed but we still hear us saying we cannot adapt into the western cultures or stuff that is being brought to us. But yet again, anything that belongs to us has changed.

SIPHO: ...for the fact that out there, there is a lot of rape, there is so much happening and if I have a daughter and I have three cows I wouldn’t really send my daughter to go fetch the cows, but I will still go out and say I am responsible for fetching the cows... so that’s how I see it.

VUYANI: It is very important to change our thinking and ya to really like change our paradigm shift and like to do things in today’s society, like to go with the time...

(Focus Group)

Summarising the young men's various understandings of what it is to be a man in relation to care and support for PLWHAs, the responses can be divided into two broad discourses or collections of expected behaviours:

Traditional masculinity: As seen in the quotes above, care and support for PLWHAs (especially cooking and cleaning) are viewed as exclusively women's work except in extreme cases. Men are expected to perform specific roles of provider and protector for the family and sometimes to those in close proximity in his community. Severe societal discipline or sanctioning from both men and women occurs if men step out of the roles prescribed in favour of alternatives.

For example, in his interview, Vuyani spoke of the challenges encountered when he did perform caring and supportive roles for a friend living with HIV:

VUYANI: ...most of the time when a person is HIV positive it is women who usually take care of them... because it would be like trespassing if you come there and try to do things.

...Even the eye, how they look at you, you can see that [they think] you are here to look for a story. Even though they won't say it out loud, you can see their face like you are not welcome.

Most of the times, girls don't like the friends of the person. She might think, 'now these people are here and these are the people that he's been hanging out with, sleeping around with. Now they are here to check up on him and I don't know what they are checking up on him for. Because these are their ways.

(Interview)

New masculinity: care and support for PLWHAs is viewed as a shared responsibility amongst all affected, including both men and women. Following these sets of behaviours is

considered to be progressive and ‘moving forward with society’ by some, yet disrespectful to one’s past and one’s elders. Alternative masculine identities are encouraged within this ‘new masculinity’, but often at the detriment to communal cohesiveness, as individuals are encouraged to pursue individual perspectives on care and support for PLWHAs, often contrary to the communal perspectives.

For example, MANDLA: ...this thing (men caring and supporting PLWHAs) is just new because we’ve been colonised before so now it is just coming in as like a new introduction to what we can do as well.

BANDILE: A man is someone, you know, who can do whatever he wants to do, cos in our days people are free to do whatever they want to do.

MANDLA: Ya, there is a problem whereby the culture does not change for my own sake, but as for these new teachings coming in within the cultures and stuff, it makes a hell of... uh... disturbance of not knowing which is which that you are to hold onto so... it creates a difficulty in that... in adjusting.

VUYANI: I disagree it is not only culture that makes us do things like this. Most of the things we do in today’s society is coming from the west or is westernised however we as, is our own cultures like we just wanna hold onto the things that are not even helping us at all. But just because we see these things coming from the west and you say ‘oh no these things you know, we cannot engage with them’. At the end of the day the ones that we are holding on, and we say it is ours it does not help us at all.

(Focus Group)

In the quotes above, the young men in the focus group described acute awareness of the various expectations on them from what they called a ‘new culture’ coming from the ‘west’. These new expectations are often spoken of as in opposition to the ‘older ways’ of being a man, including gender playing less of a role in determining who cares and supports PLWHAs. Negotiating which of these various expectations to ascribe to also appears confusing and frustrating for these young men.

6.3.2. Caring Tensions

The young men appeared to switch between two positions on care and support for PLWHAs, seemingly attempting to appease or meet the expectations of multiple expectations on them at once. Firstly, when confronted by questions challenging the young man to care and support, the young men displayed and communicated a willingness to participate in any caring role requested of them. For example, in this semi-structured interview, when asked:

Interviewer: What would happen if you ... wished to do those things? Do you think it would be something you would be able to do or not?

VUYANI: I would do it, I don't have a problem with that. It's just that most of the time, when I arrive; everything is just alright because his mother does not work. When I arrive, his mother is there.

(Interview)

This young man (similar to most of the men in their semi-structured interviews and focus group discussions), expressed willingness to perform multiple caring and supportive roles for PLWHAs at this stage of the conversation. This willingness persisted even when more details are discussed regarding the care and support role, albeit with an underlying excuse such as “if I had time”.

Interviewer: If there was a person that had HIV or AIDS, very sick or... what role do you think you would play there?

VUYANI: As a friend or a sibling or a family member?

Interviewer: Let's say for family first

VUYANI: I would do it. If I had the time, I would do it

Translator: What would you do?

VUYANI: I would clean up after them if I had the time, I would help out.

(Interview)

Later in the interviews however, once the discussion about masculinity and what it means to be a man living in that community arose, the same young men expressed seemingly opposing viewpoints about a gendered responsibility of care and support for PLWHAs and strict perceived roles for men emerged from this context of the discussion.

VUYANI: No, for me, I can only come for, like, emotional support. Not like to clean or cook or do anything for them. But I can like visit them if they are bedridden; they have to stay in bed and all of that. But I can come and we can watch DVDs and talk about past times and all of that.

(Interview)

The above excerpts illustrate a change in the young men's answers depending on the context of the conversation and the expectations felt. These young men show how they skillfully negotiate the tensions and expectations on them, on one hand to participate in care and support, and on the other hand to conform to gendered norms associated with the roles of care

and support for PLWHAs. These gendered norms will be discussed in more detail in the sections below around masculinity.

Showing further tensions, when asked about their experiences in care and support for PLWHAs all three of the interviewees initially stated that they don't have a personal experience of caring for PLWHAs, yet later reveal that they in fact have had personal experience with caring and supporting PLWHAs.

VUYANI: I haven't had first-hand experience with a person who has HIV or AIDS because most of the time most of the time when a person is HIV positive *it is women* who usually take care of them.

SIPHO: I, personally, do not have as much experience on that. But if a person has that disease, I tell them, "hey man, there is no way of playing hide and seek. What you need to do is to see a doctor, go to the clinic to test if you're still alright so that you can be helped.

MANDLA: What can I say? No one. Well, with the people I live with, there is no one with a problem with this thing. Because even those who have it, they would just say, 'well I'm just sick.' And then we don't pay too much attention to it. We tell them, 'you must eat treatment the right way.' Because some may see themselves recovered and then think they are fine.

(Interviews 1, 2 & 3)

The young men appear to resist admitting to caring and supporting until it is framed differently to include alternative, more 'acceptable' forms of care, such as 'chilling', providing advice, and visiting as a group of friends.

VUYANI: ...you see, this friend of mine I'm talking about, he calls and asks, 'what are you doing there?' Then I know he wants me to come and visit him. Whatever I'm doing, I stop it and tell him 'I'm coming right now, I'm just taking a bath. What sort of DVDs should I bring?' So I get there and we just chill and I can tell he's bored. Especially, someone who can't leave the house anymore, they rarely ever leave the house. So he can't visit me, I'm the one who should go out to visit him.

You see, four years back, there was one of my... we grew up together, not that we are very, very close. He used to live with a woman. When he fell ill, she left. Then, once in two or four days, we would go visit him and wash him and all of that because he didn't bathe, so we used to wash him. Maybe a person would bring fruit, but still he wouldn't eat. Whenever he ate, it would come out from behind. But now he's alright. He is taking his medication.

(Interview)

MANDLA: So there's this neighbour, who is employed and he couldn't go to the clinic to fetch his medication. So he would give us his card, his clinic card and we would fetch his medication for him.

The last time he get suffered, I take him to the hospital and they check him. They told him that he must start using the medication so he was afraid to use the medication. So I was encouraging him that 'no, eat this thing' but now he's fine. He's coping very well.

MANDLA: ...We try to lighten the mood when he is sick because when you come to see a sick person and you start feeling all sorry for them or yourself, then

they lose the hope. So we just joke around, we are with them, we are laughing along. And that seems to work. Even when he dishes out food and says, ‘come let’s eat’, I eat from the same plate with him and there is nothing wrong with that.

(Interview)

As each interview progressed, the interviewees displayed increasingly relaxed body language and became more open to discuss real experiences of care and support for PLWHAs. This further illustrates the skillful negotiation displayed by these young men, between feeling expected to care and support PLWHAs as opposed to appeasing the gendered norms around care and support for PLWHAs (i.e. it is women’s role to care and support). This may also highlight the importance of a safe space and context for young men to feel comfortable sharing personal experiences about care and support for PLWHAs. Furthermore this could indicate the importance of a safe social and relational environment for young men to feel comfortable actually performing such caring and supportive roles. The apparent stigma and reluctance to speak about such roles could be a symptom of a deeper stigma and shame felt associated with performing caring and supportive roles for PLWHAs, especially in the form or definition they immediately perceive these roles to have (dos Santos, Kruger, Mellors, Wolvaardt, & van der Ryst, 2014).

6.3.3. Meaning of care and support

By observing the responses of the young men in the focus group and interviews one can begin to understand in what way the young men conceptualise care and support for PLWHAs and how they understand what it is. Interestingly, all respondents when first speaking about care and support for PLWHAs spoke of physical needs first, such as cleaning, washing, and cooking. Later their responses broadened to include other types of care and support such as

‘chilling’, visiting, and providing advice, but seemed to frame these as less important types of care.

VUYANI: ...for me, I can only come for, like, emotional support. Not like to clean or cook or do anything for them. But I can like visit them if they are bedridden; they have to stay in bed and all of that. But I can come and we can watch DVDs and talk about past times and all of that.

(Interview)

All respondents expressed a desire to care and support for PLWHAs especially those close to them such as friends, family and girlfriends. All respondents spoke about resistances they experienced when trying to care and support, and showed acute awareness of how to negotiate this landscape or ‘women’s territory’ of care and support. These roles have therefore come to represent something that the young men are expected by many to perform, yet must negotiate carefully, and with constant awareness of others perceptions of them.

MANDLA: ... maybe he’s got some wife. You can’t jump through the wife. You must put his wife first so that you can be behind her. Sometimes you cannot take your brother to the hospital, while the wife is taking him. So *those are some of the things. You find out you cannot help him the way you wish to help him, because he has a home and a wife. But because he has a wife, it is assumed that the wife is the one who will help him. And you find out that she is not even properly educated.*

(Interview)

When asked why they care and support for PLWHAs, all the young men in the interviews referred to personal experiences of death due to HIV and AIDS. One young man witnessed a family member die alone, concluding that this was not necessary and endeavoured to not let it happen to those close to him. Another sees the unnecessary death of people due to misinformation a motivator to educate others about symptoms and treatment and to encourage healthy lifestyles and sustained treatment.

VUYANI: Because I've seen someone being ill and die in front of me, just because there was no one close to them who could help them. And I have lost someone from my home who was sick, dying from something like that. So a person needs that support, they also need the love. If there is not someone close to them, it becomes difficult. They need encouragement so they can.... If they don't get it, they lose hope. Some end up drinking too much or they are taking treatment but not properly and concentrate on the drinking.

(Interview)

SIPHO: The issue is that I care for the community that I live in. As much as I care for the community that I live in, I care for the future generation that they stay healthy. So that there is no one who goes (dies) because no one paid attention whereas there was a time for them to be paid attention to. That is why you find that I am able to play such roles. I would be doing it for the future generation to stay alive.

(Interview)

MANDLA: Errm, sometimes it's just right to communicate with people in your community. To lose someone in the community to me, ya, is not good because each and everyone has a role that they play, you see? Let's take Joseph for example; there's a role that he plays when I'm with him and everyone has a role that they play. So maybe, you may find out that they are not helping me but they do help someone else. Maybe there are people who get help from him, even if he doesn't help me. So it doesn't mean that because they are not helping me, they are not helping anyone. Even if they are not helping me, they are helping another person. It is good for them to live because the person whom they help, may help another person. And then we move forward. Just because you are helping someone doesn't mean they should return that help. No, if you have been helped, pass on that help to someone else. Help another.

(Interview)

All accounts of what motivated these young men to engage in care and support for PLWHAs were personal experiences of encountering the deadly effects of HIV/AIDS.

6.3.4. Caring Roles

Across all focus group and interview transcripts the gendered nature of caring and supporting roles for PLWHAs is prevalent in both the young men's understanding and the societal expectations experienced regarding these roles. The young men appear to regard caring and supportive roles and responsibilities for PLWHAs primarily that of women, whether it be a mother, aunt, sister, female cousin, or girlfriend. Although they express a willingness to engage in caring and supporting roles if required, it is more of a last resort if no female is

available to perform the role, especially regarding tasks such as cleaning, washing, and cooking.

VUYANI: I haven't had first-hand experience with a person who has HIV or AIDS because most of the time when a person is HIV positive *it is women* who usually take care of them... Even if he's HIV positive, *maybe his mother or someone who is in their family would* [take care of them].

(Interview)

Interestingly, in the quote above, the respondent transitions to Zulu when he says 'it is women' possibly referring to the Zulu culture and tradition as the explanation for this.

MANDLA: You can't jump through the wife. You must put his wife first so that you can be behind her. Sometimes you cannot take your brother to the hospital, while the wife is taking him... *because he has a wife, it is assumed that the wife is the one who will help him.*

(Interview)

The young men do however speak about alternative forms of care and support for PLWHAs which excludes the immediate physical needs and show a preference to these activities. These include joking, 'chilling at home', exercising together, advice, and various social outings.

VUYANI: For me, I can only come for, like, emotional support. Not like to clean or cook or do anything for them. But I can like visit them if they are bedridden; they have to stay in bed and all of that. But I can come and we can watch DVDs and talk about past times and all of that... Even this year, there is a guy and I often

go to his house... and we stay and watch DVDs, mostly on weekends. And sometime if I'm not doing anything, I will go to his house and we just chill.

VUYANI: So your being there..... you see, this friend of mine I'm talking about, he calls and asks, 'what are you doing there?' Then I know he wants me to come and visit him. Whatever I'm doing, I stop it and tell him 'I'm coming right now, I'm just taking a bath. What sort of DVDs should I bring?' So I get there and we just chill and I can tell he's bored.

(Interview)

SIPHO: I rather prefer to speak with them when we are sitting together like this. In that piece of time, telling him or her that when you are sick you have to do this and that so that you'll get help, you see?

I would throw in some jokes in a cajoling way. So that they can see that this thing is not a fatal thing...

Just to exercise - so we go to the grounds to exercise. Maybe when we get back from the grounds, maybe you suggest an outing – maybe it's a friend – just to make sure they stay happy and they don't have this thing inside of them that they are HIV positive.

(Interview)

MANDLA: There is a person – who is my neighbour. So, he was working and couldn't fetch pills, so he would give us the card to go and fetch the medication at the clinic.

(Interview)

6.3.5. *What goes around comes around...*

A sexually virulent male who contracts HIV is seen to be deserving of his infection because of their lifestyle by some of the young men in the semi-structured interviews. This has an influence on these young men's conceptualisation of care and support for a PLWHA.

VUYANI: ...fathers they stay away from a person who is sick and all of that. They don't normally hang around with them. They feel like he brought that to himself and all of that.

Interviewer: Okay. What do you mean by that? He brought that to himself.

VUYANI: Mostly if a guy sleeps around. That's when they say they got....what goes around comes around.

(Interview)

MANDLA: (chuckle, and smiling whilst explaining this) *errrr, it is like I said, sometimes people don't tell themselves that they could have this thing.* Especially, us men, (chuckle) we don't want to use a condom. That is where the problem starts. We are drinking more alcohol most of the time and when we end up drunk, you get the girls and you don't want to use a condom. If we don't have in the pocket, then it's fine: I will die when I die, because you're drunk. If you've done what you did, 'eish, I've done the bad thing man.'

(Interview)

The young men in the above excerpts acknowledge the predominantly sexual reason for HIV being contracted and understand some drivers of infection including multiple sexual partners, alcohol abuse, and inconsistent condom use. One young man explains this as a reason for men to not engage in care and support for such an individual, saying that the infection was deserved because of his actions. The language, tone, as well as body language used by the

first interviewee in his example communicated an attempt to distance oneself from both the sexually irresponsible actions of the one infected with HIV, and the ‘fathers’ or other men who don’t care and support PLWHAs. The young man attempts to avoid being associated with being sexually responsible as well as being uncaring, and further demonstrates this by speaking about others, such as “they say”, rather than committing his own perspective.

This is similar to the second interviewee as well where sexual irresponsibility is regarded as a negative association with hegemonic masculinity and something which must be avoided. Both young men previously spoke of aspirations towards a hegemonic masculinity, yet here also display avoidance from the undesirable and negative associations with it, including reluctance to care and support PLWHAs and sexual irresponsibility.

6.4. Barriers and Facilitators of care and support for PLWHAs

Various barriers and enablers of care and support for PLWHAs were spoken about by the young men in the semi-structured interviews and focus group. Some barriers and enablers have been discussed in the sections above. Furthermore, some of the barriers and enablers cut across concepts of masculinity and care and support, however, for clarity for the reader these barriers and enablers are discussed below.

6.4.1. Gendered nature of care

The gendered nature of care and support for PLWHAs as a discourse is something which these young men experience, which affects their perceptions and actions, as well as acting as a barrier in many instances, making it a cross cutting issue in much of the data discussed in this research. Tasks related to household chores like cooking and cleaning are regarded as exclusively women’s work, while manual labour particularly heavy lifting and/or outside work is set aside for men.

VUYANI: Ya, that is how we were taught from an early age, that the heavy lifting is for us, and the caring and all of that is for women, that is how we are taught from an early age.

(Focus Group)

The gendered nature of care and support for PLWHAs is discussed above from the perspective of the young men embodying this gendered discourse, impacting on the types of roles they select when or if caring and supporting PLWHAs. Additional data however reveals that this discourse appears to be embodied by women as well.

These young men spoke of women involved in care and support for PLWHAs both asking for and expecting help from the young men, whilst simultaneously and later also chastising and chasing them away from the role. The women, according to the young men's responses, seemed to defend their role as carer and supporter in the household and the young men experienced a sense of 'trespassing' when attempting caring and supportive roles for PLWHAs. For example:

VUYANI: ...most of the time when a person is HIV positive *it is women* who usually take care of them... because it would be like trespassing if you come there and try to do things.

... Even though they won't say it out loud, you can see their face like you are not welcome.

VUYANI: Most of the times, girls don't like the friends of the person. She might think, 'now these people are here and these are the people that he's been hanging out with, sleeping around with. Now they are here to check up on him and I don't know what they are checking up on him for. Because these are their ways.

(Interview)

This is regarded as a major barrier which the respondents experienced when attempting to perform caring roles. It also highlights the complexity of the social landscape which these young men are required to negotiate, with both men and women experiencing confusion in relation to gender roles. The discourse of the gendered nature of care and support for PLWHAs appears to be supported by various interpretations of masculinity embodied and expected by men and women, whilst opposing expectations and discourses emerge from others as well as these young men in an attempt to find alternative identities and caring and supportive roles for PLWHAs.

6.4.2. *Stigma*

As mentioned in ‘Caring Tensions’ above, the young men displayed a reluctance at first to admit to being involved in care and support for PLWHAs. When asked about their experiences in care and support for PLWHAs all three of the interviewees initially stated that they don’t have a personal experience of caring for PLWHAs, yet later reveal that they in fact have had personal experience with caring and supporting PLWHAs.

VUYANI: I haven’t had first-hand experience with a person who has HIV or AIDS because most of the time when a person is HIV positive *it is women* who usually take care of them... because it would be like trespassing if you come there and try to do things.

Interviewer: And why do you think that is?

VUYANI: (Pause) ...It is more about the stigma. It is like you’re coming there to gossip and all of that.

(Interview)

The young men speak about a sense of secrecy required once someone has HIV/AIDS for fear of being identified as HIV positive. Being the subject of gossip and rumours regarding HIV is avoided, and in order to do this, young people (presumed to be involved in more gossip than older people) are avoided.

SIPHO: It's because a lot of people...most of the people, they do not like to have the visitors when they're sick. Especially the young visitors. They prefer the old mamas and the old fathers to come and visit, because why? They are shy that we can go outside and speak about the thing that is in a bad condition because of this and that. So that is why they don't prefer the young people to visit them; most of the young people when they are sick... Most of the black people, they don't like to get visit from the young people, you see?

VUYANI: It's easier if a person comes to you and they tell you. Maybe I'm the first person they call to tell that they are HIV positive, and you can maybe see that some people have started to walk away from him and his family is not even taking care of him.

(Interviews)

Some young men also explained more detailed experiences of stigma received from family members, friends and girlfriends of the person they tried to care and support.

VUYANI: Even the eye, how they look at you, you can see that [they think] you are here to look for a story.

VUYANI: Most of the times, girls don't like the friends of the person. She might think, 'now these people are here and these are the people that he's been hanging

out with, sleeping around with. Now they are here to check up on him and I don't know what they are checking up on him for. Because these are their ways.

(Interview)

MANDLA: And maybe he's with his family and maybe you are talking and they are judging how you speak, whereas maybe that's your way of making him feel right.

...Yah that is where we meet the problem, you find that I can see that I can help you but at the end of the day I cannot just come to your family and say, 'I'm gonna take this one and this is what I'm gonna do with that person.' They will say, 'who are you to come to this home and tell us what you are telling us? Where are you coming from?' even though you can see that your friend is getting more suffered."

(Interview)

The young men appear to resist admitting to caring and supporting until it is framed differently to include alternative, more 'acceptable' forms of care, such as 'chilling', providing advice, and visiting as a group of friends:

VUYANI: For me, I can only come for, like, emotional support. Not like to clean or cook or do anything for them. But I can like visit them if they are bedridden; they have to stay in bed and all of that. But I can come and we can watch DVDs and talk about past times and all of that...

(Interview)

Furthermore, one young man displays an attempt to distance himself from HIV, illustrated in phrases such as:

MANDLA: What can I say? No one. Well, with the people I live with, there is no one with a problem with this thing (...) And then we don't pay too much attention to it.

(Interview)

The barrier of stigma discussed above therefore refers to the stigma associated with HIV, as well as the stigma or ridicule associated with the gendered nature of care and support for PLWHAs. Young men who do engage in care and support for PLWHA risk being stigmatised due to the sickness of the person being cared for as well as compromising their masculine identity prescribed by hegemonic norms and gendered stereotypes.

6.4.3. Knowledge, Skill, and Competency

When discussing some of the challenges encountered when engaging in care and support for PLWHAs, the young men mentioned the need for them and others to be provided opportunities for acquiring knowledge, skills and competencies associated with the various forms of care and support for PLWHAs. For example:

MANDLA: The youth should get educated, even old people – the grannies – they must get educated so that they gonna see which way to challenge this thing because it's a big challenge to us.

MANDLA: A lot of people are dying because... people are illiterate, they don't understand or they don't know what that symptom means. So people end up dying... *I think what is lacking the most from us black people is that we sometimes take things the wrong way. And you find out that we fill ourselves with*

misinformation – that you are being bewitched or the like – instead of going to get the right help early.

MANDLA: Because there is the other guy, they got that he had HIV and AIDS then he hung himself. So I would just say that where it is lacking is in that there are some people who are not yet educated about what it is and how it works.

Translator: So do you see that as a role that you can play?

MANDLA: *Yes I could but not by myself.* You must get funding and support to do that thing. Or organisations, they must teach...like Sethani, they must put some posters so that they must teach the people outside in the community how do you appreciate when you get in that situation.

(Interview)

Furthermore, negotiation skills appear to be required for these young men in the situations described below, as families and friends seem to resist many suggestions that these young men bring forward regarding the care and support needed for their HIV positive friend, such as in the examples below:

MANDLA: But when you sit with his family, you could see that if you suggested that it was this thing (HIV), they would not feel good. Because another person might even say, ‘you are saying this; I’m going to sue you.’ So you must also hold your words where you can see clearly. And then when you next arrive you are not a right person, ‘you are bad...what beats us is that we are not educated about this thing.

MANDLA: ...as black people it is about respect. I cannot arrive at my friend's house and say, 'this is what we are going to do.' You try to bring it up in such a way maybe they can see that it's a good point.

MANDLA: ...so it's sensitive to just say what must happen to your friend because, you may have a person in whose family you cannot just say anything. Because they will say, do you think they are not caring for their person, 'do you see it as if we are failing to take care of him?'

(Interview)

This has particular significance in light of the masculine identity constructions mentioned by these men previously in the focus group referring to the expectation of competency:

BANDILE: I do believe the fact that a man is someone, you know, who can do whatever he wants to do... a man is somebody who can do anything.

(Focus Group)

MANDLA: You might wish to help but you don't have anything that you can do for the person. Sometimes you see that you would like for the person to get this kind of help but I don't know where to go for them to get helped, or who to put you in contact with so that you get help... you have tried but you see that it's not enough. You still wish to do more.

(Focus Group)

As young men embodying the identity of a capable, competent, 'do anything' male, the sense of unknown and incompetence elicited by the required roles and skills when caring and

supporting PLWHAs provides much uncertainty and disincentive for young men to engage in such roles.

6.4.4. Money

When discussing some of the challenges encountered when caring and supporting PLWHAs, the young men referred to some forms of care requiring finances.

SIPHO: Errrr.... It's just that a lot of things need money most of the time if you play those roles. Sometimes things become difficult because you don't have money.

(Interview)

In light of the masculine identity description below, this has particular significance.

SIBUSISO: A man is actually a person that you look up to, especially for money like to support the household and especially when there is a sick person in the house and the person that is like kind of responsible.

(Focus Group)

Relative poverty and financial limitations are clear barriers to care and support for PLWHAs which these young men have identified. Finances provide the carer and cared for with options, including better medical treatment, and more interesting activities to engage in with friends and family. Furthermore, some masculine identity constructions expect men to be able to provide assistance to others through financial means. This has two significant implications. Firstly, a young man without money, yet expected to care and support through financial means, will feel disempowered and unable to provide the care expected. Frustrated he may resign to the fact that he is less masculine and inadequate as a provider in his community.

Alternatively, if a young man does have finances to provide care and support for PLWHAs, he may see this as his only means of caring and supporting PLWHAs as his masculine identity prescribes this limited selection of ways to provide care and support still compatible with his masculine identity. In both instances, poverty has its effects on a deeper level than what it may appear to have on the surface, and the narrow definition of man as a provider has a potentially limiting effect on men attempting alternative forms of care and support for PLWHAs.

6.4.5. Different PLWHA Being Cared For

The young men spoke about the differences and similarities when caring for PLWHAs differing by gender, age, sickness (i.e. HIV positive versus fully developed AIDS), and family or friend.

Gender

Caring for a female was said to be more difficult by most young men, referring mostly to the female having to be naked with the young man if he had to assist her with bathing and washing.

VUYANI: I don't think I would do it for a female... It is not going to be easy because I cannot bathe her (...) Like I would take her to the clinic if there was no available family member... But bathing her, no I don't believe [I would] (laughs nervously)

(Interview)

SIPHO: I don't think there would be a difference, unless she was so sick that she needed to be bathed. That is where the difference would be. But when it comes to consolation, there is no difference.

(Interview)

MANDLA: Ya, (...) (laughs), it is easy to the male than the female. So, let's say if you want to wash her and you're not used to wash a female. Because the male is easy to do anything to him (...) so the woman sometimes is gonna say, 'No, I don't like that (...) You are the man, you can't do that to me'.

(Interview)

'Consolation' and other less palliative forms of care were deemed to be the same as with men, except one young man mentioning that one needs to be more cautious due to women being more sensitive.

MANDLA: ... Sometimes women are sensitive, rather than males.

(Interview)

Age

These young men had varying opinions about caring for older as opposed to younger PLWHAs with some referring to their Zulu culture emphasising respect for older people, which must be adhered to when engaging in caring and supportive roles.

SIPHO: Ahhh... it's hard. Sometimes it's hard to treat an old person like the way you treat a young person because sometimes you have to have your respect. And sometimes that manner of approach that the old man, the experience that you don't have. So now I have the experience to approach the young people, you see? (...) the old people I don't have the experience to approach, you see? So the old people have to get the same level as them.

(Interview)

One young man referred to the fear of being accused of creating gossip and stigma by older people.

VUYANI: I think if a person is my age, that is when it's easier for me to visit him. And if I'm close to them, like we are friends. I would not come to someone I was not familiar with because it would be like I was looking for stories. But if it was someone older, I see it as better if someone their age went to them and not me.

(Interview)

One other young man however was confident that age didn't matter in the advisory role.

MANDLA: No, it doesn't matter if it's old or young. If they gonna listen to your opinion, it's gonna work.

(Interview)

Family or Friend

Caring and supporting PLWHAs who are family members as opposed to friends was deemed easier due to practicalities such as being in closer proximity as well as easier relational dynamics. Caring and supporting a friend has the added dynamic of negotiating that PLWHAs family members, of which some of these young men had challenging experiences with.

MANDLA: ...It's better if it's family because if you are staying with him, it is easy to assist him rather than a friend or a neighbour. Because, there are people in

charge in that person's home. To the family, it is easy to put the opinion, to say, 'let's do it that way.'

(Interview)

Severity of Symptoms

The severity of symptoms displayed by the PLWHA has an influence on these young men's approach, and perceptions of their ability and preference to care for and support the person. In the excerpt below the interviewee explains a different approach he uses depending on the severity of the PLWHA symptoms particularly when giving advice and/or encouragement.

MANDLA: It's different. Someone who gets more suffered, maybe it's not easy even to eat. You must take the food and put it to him or her. But the person who gets suffered but not very much can say, let's go to the clinic.

(Interview)

SIPHO: Uhhh... I think that someone who is sick but not very sick – who is just HIV positive – you can still, sometimes, tell that person jokingly if you liked. (...) Because when someone is seriously ill, you cannot tell them jokingly, you have to be really serious. Because the person is seriously ill. A person who is seriously ill has no time for jokes – it would sound like you are being rude to them. If you speak carelessly, they take offense. (...) So the person who was seriously ill, I would tell them really nicely in a careful manner. Then the person who is a little ill, I would throw in some jokes in a cajoling way. So that they can see that this thing is not a fatal thing.

(Interview)

More severe symptoms clearly indicate a seriousness with which these young men approach their communication with the PLWHA. Jokes and cajoling are reserved for those who are not yet severely sick, whilst still requiring support and advice. This young man above also discloses his own HIV status while explaining this, suggesting to the interviewer that he doesn't see HIV infection as something limiting his sense of humour and desire for fun in life.

CHAPTER SEVEN: ANALYSIS AND DISCUSSION

7.1. Introduction

The accounts of these young men in the focus group could be considered as situated performances whereby their responses to questions and discussion are often said in an effort to display a sufficiently masculine identity in front of the other male counterparts (Govender, 2011). This ‘performance’ often consists of statements implying they don’t involve themselves in tasks or roles traditionally perceived as women’s (such as cooking or cleaning), by joking to entertain the group, and/or by displaying a tough persona including a distancing from emotion, empathy and care.

The role of context, particularly time and place, for this data collection cannot be denied, however it is this ‘performance’ elicited from the focus group and semi-structured interviews which many young men are exposed to and embody when constructing and sustaining their masculine identity (Gibbs et al., 2014; Govender, 2011). It is therefore beneficial to reflect on this in order to better understand the unique nuances of the hegemonic masculinity norms which each young man embodies, particularly in relation to care and support for PLWHAs (Opie, 1992).

7.2. How young men understand care and support for PLWHAs

Young men’s understanding of care and support for PLWHAs is shaped by a confluence of multiple discourses and expectations and aspirations embodied by multiple role players. These discourses and expectations are often contradictory and therefore held in tension with one another by the young men, while they negotiate the social landscape set before them when considering care and support for PLWHAs. These socially constituted discourses discipline and/or prescribe thought and behaviour, sanctioning certain thoughts and behaviours over others (Foucault, 1997). The practice or embodiment of these discourses by

the young men is often merged with additional discourses and unique, individual nuances creating complex, contradictory manifestations of the manner in which they care and support PLWHAs. Interestingly, some of the young men's responses refer to an expectation that culture should remain static, despite its apparent fluidity, and voice their frustrations in negotiating the multiple expectations of them.

Similar to the findings of other research with young men in South Africa, (Burnard, 2008; Campbell, 2012; Chadwick, 2007; Gibbs et al., 2014) the influence of the current hegemonic masculinity in these young men's community, allows only the least feminine forms of care and support for PLWHAs as 'acceptable', sanctioning anything which nears a mothering role, especially tasks involving washing and cleaning. Furthermore, the current hegemonic masculinity revealed by these young men does not only avoid feminine roles and characteristics, but also aspires to characteristics such as financial independence and asserting social control on women, as outlined by other studies as well (Chadwick, 2007; Gibbs et al., 2014).

Women, also sustaining the hegemonic masculinity and gendered nature of care, ridicule men attempting traditionally feminine roles. While defending their identity and social space as caregiver and mother figure, women hold tightly to the tasks and roles associated with those identities, sanctioning young men attempting those roles and task with relative vehemence and forcefulness, making men feel they are trespassing into the territory of not only a space that they are not familiar with, but a space that women appear to desire to own exclusively. This provides additional insights into what other research found to be a distant and disinterested appearance of men in care and support for PLWHAs (Akintola, 2006; D'Almaine, 2009; Taylor et al., 1996).

Similar to Morrell and colleagues' (2012) findings, the hegemonic masculinity discussed above, which these young men aspire to, appears to have roots in a traditional and culturally congruent form of masculine discourse prescribing norms for gendered roles and tasks, in this case, the Zulu home. Young Zulu men are strictly to display provider roles, perform mostly manual tasks requiring strength, and tough, confident and capable personas, with little to no emotion to be shown. Women's roles are considered to be primarily that of home maker, involved in cooking, cleaning and general house work, including caring for children. Within this discourse care and support for PLWHAs therefore falls into the responsibility of women, with men's responsibility remaining mostly provision of finances for the collective household.

Whilst there are multiple discourses encouraging young men to avoid care and support for PLWHAs, such as the ones described above and in other research by Burnard (2008) and Chadwick (2007), there are also many discourses encouraging men to engage in care and support for PLWHAs. Health interventions and community projects have highlighted the effects of HIV in the community these young men live in, and have encouraged young men to engage in care and support for PLWHAs to meet that need. These young men are acutely aware of education programmes' additional expectations on them to assist with care and support for PLWHAs and on some level agree that this should be more acceptable within their community.

With increased albeit limited power and voice provided to women, their concerns and perspectives have also been raised, calling for equal opportunity and role sharing between men and women. This includes men becoming more involved in care and support for PLWHAs. The same women who urge young men to engage in care and support for PLWHAs, are perceived to simultaneously defend those roles and identities of mother figure,

and caregiver, as exclusively their own. These contradictions leave young men feeling expected to care and support PLWHAs, yet tentative in their selection of which roles and task to select based on a fear of ridicule by other men and women.

Additional alternative masculine identities and ideologies simultaneously attract some of the young men with additional characteristics to aspire to. These alternative masculinities are perceived to have emerged from predominantly western influences and globalisation, with a more 'progressive' and 'this is the way the world is going' outlook by these young men, similar to Meyer's (2009) findings also in peri-urban areas. Broadened and overlapping roles between men and women to appear more gender equitable are encouraged by these alternate masculinities, similar to Chadwick (2007), Cooper (2009), Meyer (2009), and Toerien and Durrheim (2001) finding men who have masculinities with flexible gender roles, who are socially aware, with caring concerns for others. These more flexible gender roles, by extension is perceived to 'permit' more involvement of men in household chores including caring and supporting PLWHAs, as well as women's increased involvement in providing for the household consistent with this sample and others findings above.

All of these alternative discourses amalgamate with young men's traditional masculine identity to form a complex and contradictory hegemonic masculinity, with further nuances and unique agencies displayed by these young men, as they negotiate multiple expectations and aspirations. This hegemonic masculinity to which these young men aspire to influences the behaviours and roles young men perform in their household and community, particularly their level of involvement and selected tasks and roles associated with care and support for PLWHAs. When selecting roles associated with care and support for PLWHAs some of these young men displayed a compromise in their roles in order to appease the expectations to care and support PLWHAs whilst also construct and sustain masculine respect. This resonates

with Messerschmidt (2005) who also found that “without respect there can be no masculine self-esteem” (as cited in Burnard, 2008, p. 17).

In response to these multiple discourses, many of these young men have identified ‘acceptable’ care and support roles and tasks for PLWHAs, within the framework of the existing hegemonic norms they aspire to. These roles are selected so as to receive reduced resistance from women defending their role as carer, as well as to avoid perceived negative associations related to the hegemony they aspire to. Appearing sexually irresponsible and defiant towards PLWHAs’ caring and supportive needs is avoided by these young men. This is similar to the findings of Toerien and Durrheim (2001) who found men distancing themselves from the negative characteristics related to hegemonic masculinity such as arrogance, a macho demeanour, and patriarchy.

The theory of planned behaviour’s injunctive and descriptive norms provide insights for understanding some of the discourses influencing young men’s care and support for PLWHAs (Norman et al., 2005). The perceived approval and disapproval of particular behaviours over others, embodied by hegemonic masculinity, represents a collection of injunctive norms prescribing how young men should care and support PLWHAs. These injunctive norms are sustained by both men and women who ascribe to hegemonic masculinity in varying degrees, for example, women’s sanctioning of young men attempting to engage in particular care and support roles for PLWHAs. Furthermore, perceived behaviours and attitudes displayed by the socially influential and powerful individuals (those on the top of the hegemonic hierarchy), produce descriptive norms creating social pressure for young men to hold particular attitudes and display particular behaviours regarding care and support for PLWHAs. Gendered norms for example are perpetuated this way through the

socially influential and powerful individuals ‘writing’ the social scripts which are prescribed for others to follow.

Many of these young men desire to provide for their family (existing or future) and community through monetary means, and view this as a contribution to caring and supporting those around them. In response to the expectations to become more involved in care and support for PLWHAs, some young men tentatively explore roles and tasks which receive the least sanctioning from men and women, but can be justified as forms of care and support for PLWHAs. Many of these young men were not able to perform the provider role to friends or family living with HIV as they were unemployed, but instead used alternative roles such as the joker, and loyal friend to sustain their masculine identity and respect. This exploration of alternate roles is executed with acute awareness of the perceptions of both males and females in the community. Others remain distant from engaging in care and support of PLWHAs yet sustain an appearance of willingness to care and support PLWHAs when confronted about their expected involvement in it.

Similar negotiated, alternate roles were identified in young men in other researchers’ findings, which were still congruent with hegemonic norms, yet avoided negative associations such as macho arrogance (Meyer, 2009; Toerien & Durrheim, 2001). Additional roles identified in other young men included the joker (Govender, 2011), provider and protector (Gibbs et al., 2014), and supportive, caring and loyal friend (Campbell, 2012), however many of these roles were identified as alternatives to avoid the negative associations related to hegemony. While this appears to be true for the young men in this research, in the context of selecting roles related to care and support for PLWHAs, these young men appear to have an added social script to adhere to embodied by women defending their space, role, and identity of care-giver as exclusive to mother figures and women.

This resonates with the findings of Barker (2010), and Malacrida (2009), internationally, as well as Naidu and Sliiep (2012) in KwaZulu-Natal, who identified the concept and ideology of care and support being distorted and enacted in exclusively mothering ways. Barker (2009) found this to be contributing factor in fathers becoming distant from caring and supportive roles in the home, and Malacrida (2009), and Naidu and Sliiep (2012) found that for women in modernity and in Zulu culture respectively, being a caregiver means acquiring a 'master status' for adult women. Importantly, young men in this research sample indicate that women will defend that master status and care giver role with vehemence and relational and verbal hostility if young men 'dare' to trespass into the sphere earmarked for women only. This highlights and an additional barrier young men need to be aware of and overcome is they are to engage in care and support for PLWHAs.

An additional barrier young men experience is that they do not feel equipped or capable of performing many of the roles and tasks expected of them when caring and supporting PLWHAs. When attempting tasks including cleaning, and even providing emotional support through jokes or encouraging words, women are described to ridicule young men's inability to perform these tasks to exaggerate their superiority in performing the same tasks. In the context of these young men attempting to sustain respect in his masculine identity, this humiliation and the real lack of skills regarding care and support for PLWHAs, leaves them feeling disempowered and inadequate as the 'capable, competent young men' they feel expected to be. The theory of planned behaviour (National Cancer Institute, 2005) would suggest that young men's perceived behavioural control, or their level of self efficacy regarding their ability to care and support PLWHAs, would reduce the likelihood of them engaging in such roles and tasks.

Stigma associated with HIV has further influence on young men's preferences regarding roles and tasks selected when caring and supporting PLWHAs, as D'Almaine (2009) found for women in KwaZulu-Natal. Caring and supporting older PLWHAs is avoided in fear of instigating gossip and stigma, yet caring for similarly aged PLWHAs is not perceived to be instigating gossip or stigma as regularly.

In the midst of all these above mentioned discourses, expectations, aspirations, and challenges, impinging on the perceptions and behaviours of these young men regarding care and support for PLWHAs, unique roles and tasks are forged, carefully straddling and negotiating the expectations and aspirations of various role players as hybrid masculine identities are sustained.

7.3. Young men's alternative forms of care and support for PLWHAs

There are forms of care and support which may not have been considered or acknowledged sufficiently in the conceptualisation of care and support for PLWHAs. The formal health care sector addresses primarily the physical needs of PLWHAs, and whilst some psychosocial support is present for PLWHAs, there are roles which young men are, and can increasingly play, in addressing additional psychosocial needs of other young men, perhaps better than others could.

An academic and social reframing of the definition of care and support for PLWHAs is required not only to remove the bias on physical and bodily needs, but also to detach it from the overtly and exclusively feminine domain. This is supported by Montgomery and colleagues (2006) who identified field assistants working in their respective areas did not acknowledge and recognise these roles displayed by men despite their explicit mandate to identify these roles and activities. Women conducting very similar or identical activities were considered caring and mothering, but men carrying out these same activities were either not

acknowledged or were considered disengaging from their expected provider role (Akintola, 2006; Montgomery et al., 2006; Naidu & Sliep, 2012).

Furthermore Campbell, (2012) found males and females differed significantly in their preference of who cared for them in the formal health care sector, with most men preferring male caregivers over female ones. This suggests that while women are still predominantly the providers of care and support for PLWHAs (Akintola, 2006), there may be a space for young men to provide care and support for PLWHAs which may be more effective and preferred by some PLWHAs.

There are alternative forms of care which these young men communicated a degree of comfort performing, whilst remaining congruent with their masculine identity, similar to the hybrid, healthier, and alternate masculine expressions of care and support found in Toerien and Durrheim (2001), Malacrida (2009), and Meyer (2009). Some of the experiences of the young men in this research, when caring and supporting PLWHAs (especially other young men), showed that the young men living with HIV prefer contacting their friends first regarding care and support needed. The perceived reasons for this were based on the similar age and same gender of the carer and cared for. Thus, acknowledging the role young men are and can play in providing care and support for PLWHAs presently, provides an opportunity for more immediate care and support benefits to be realised for young men living with HIV/AIDS.

A reframing of care and support for PLWHAs on an academic level will enable research to explore the alternative roles the young men in this research display in more depth. Reframing this on a social level will also enable flexible gender roles and enable the discourses and social scripts regarding care and masculinity prescribed to young men, to include care and support for PLWHAs, without ridicule from men or women. While this may not address the

broader societal concerns around increasing care and support in general including patriarchy, destructive hegemonic masculinity, and increasing individualism, it represents some immediate opportunities to progress towards more shared gender roles and responsibilities in care and support for PLWHAs.

7.4. Social Capital Implications

Hegemonic masculinities (Connell & Messerschmidt, 2005), as well as Western and European influences of greed, competition and individual care (de Villiers, 2005; Meyer, 2009) have been shown to erode the principles and practices of Ubuntu and bonding associated with social capital. This hinders collective identity and problem solving, as well as the collective ownership of roles and responsibilities associated with care and support for PLWHAs within communities (Ferlander, 2007; Slied & Meyer-Weitz, 2003; Wilkinson-Maposa & Fowler, 2009). The effects of this could be seen in the above mentioned destructive hegemonic masculine identities, increased individualisation, and gendered norms around care and support for PLWHAs reducing the shared roles and responsibilities for care and support for PLWHAs in young men.

7.4.1. Social Capital and Motivation

Despite the obstacles discussed above, some young men displayed evidence of bonding with PLWHAs leading them to be more willing to engage in caring and supportive roles. The young men in this study described the friendship, trust, and loyalty appreciated by both carer and PLWHA. One young man, after disclosing his HIV status, discussed a commonality between himself and other PLWHAs, and this led to an increased willingness to provide support and advice to other PLWHAs, based on them both being HIV positive. When discussing their motivation to care and support PLWHAs most of these young men referred to having experienced the effects of HIV on their friends and family and all referred to the

need for the community to respond to the need to care and support for PLWHAs. This suggests that these young men's perspective regarding care and support for PLWHAs is one which emphasises communal solidarity, and collective responsibility and identity. Similar to Campbell et al. (2007), Dada (2011), Malacrida (2009), Meyer (2009), and Sliep and Meyer-Weitz's (2003) findings, young men's involvement in care, support, empathy, and compassion in communities is strongly linked to the levels of social capital and bonding between the carer and the PLWHA.

This also resonates with Malacrida's (2009) and Meyer's (2009) findings of examples of care, empathy and compassion congruent with masculine identities. Pronyk (2002) and Dada (2011) also found higher levels of bonding social capital between PLWHAs and their carers to be beneficial to PLWHAs due to increased care and support provided. In summary, these young men's responses highlight that an HIV positive status and/or having been exposed to the struggles and effects of HIV/AIDS within ones friends and family, appears to provide a commonality and similarity in social identity, allowing for bonding to occur as described by Ferlander (2007), and Sliep and Meyer-Weitz (2003).

Social capital bonding has the potential to have negative effects on communal inclusivity. Pronyk (2002) identified that strong social cohesion amongst PLWHAs and their carers may exclude them from other social groups or the community at large. The stigma discussed by the young men associated with HIV as a disease, the practices causing HIV infection, and by extension being involved in caring and supporting PLWHAs, are examples of the factors leading to PLWHAs and their carers being labelled as different and therefore not accepted into the larger community (dos Santos, et al., 2014).

Women's defence of their role and identity as carers, as mentioned above, could be exacerbated by strong bonding between women caregivers and PLWHAs. While this may

benefit the PLWHA due to increased care and support from those bonded with, it also contributes to young men being excluded from the group and by extension the role of carer and supporter of PLWHAs.

7.4.2. Social Capital and Stigma

HIV related stigma has devastating effects on social capital, leading to a lack of trust, negative collective and individual identity, and little to no reciprocity (dos Santos, et al., 2014). Defense of individuals' social space becomes the priority of community members, and cooperation is seen as too risky and detrimental to self-identity, because of the stigma associated with those one would be cooperating with (PLWHAs).

The young men in this research spoke about a sense of secrecy required once someone has HIV/AIDS for fear of being identified as HIV positive. Being associated with a PLWHA through care and support in some form therefore associates the carer (in these cases the young men) with the same stigma associated with HIV. In some cases this leads to young men being reluctant to bond with PLWHAs and form exclusive groups ostracizing PLWHAs and those who care for them. The young men, who care and support PLWHAs regardless of the associated stigma, appear to bond strongly with other young men involved in care and support for PLWHAs, and attempt to distance themselves from 'those other young men' who perpetuate HIV related stigma. In this way social capital and bonding both facilitate and hinder care and support for PLWHAs. Bonding between the carer and PLWHA facilitates care and support, yet where exclusive groups are formed (as a result of bonding), many young men are isolated from caring and supportive roles resonating with Pronyk's (2002) findings.

During the semi-structured interviews, the young men appear to actively exclude previous involvements in care and support for PLWHAs until later in the conversation, mostly due to

the stigma associated with HIV. This indicates further concerns and awareness of potential stigma in the context of the semi-structured interview. Later however, once trust had been earned, and the semi-structured interview verified as a safe space, the interviewees admitted to being involved in care and support for PLWHAs. Trust, confidentiality, and a non-judgmental approach within the semi-structured interview contributed to facilitating a safe space for these young men to discuss care and support with PLWHAs more openly and honestly (dos Santos, et al., 2014).

Furthermore, stigma associated with the gendered nature of care discussed above has similar effects on social capital, with the collective identities of men and women diverging into strictly different roles. Some young men explained detailed experiences of stigma received from family members, friends and girlfriends of the person they tried to care and support. Bonding between women has resulted in strong collective and individual identities of mothering, caring, and gentle women. This has developed strong motivators for women to participate in care and support for PLWHAs, with abundant communal reciprocity due to social capital being developed in these groups (Sliep & Meyer-Weitz, 2003). Simultaneously however, the young men in this study have been excluded from bonding and the identities associated with care and support for PLWHAs, as women have claimed it as exclusively feminine. These individualistic and exclusive identities have alienated these young men from caring and supportive roles for PLWHAs (Pronyk, 2002). Women defending this social space as ‘mothering caregiver’, contributes to their group bonding and communal identity, to the detriment of young men’s involvement in care and support for PLWHAs.

The excerpts below are some examples of this mistrust and stigma associated with the gendered nature of care.

VUYANI: (...) most of the time when a person is HIV positive it is women who usually take care of them... because it would be like trespassing if you come there and try to do things.

(...) Even the eye, how they look at you, you can see that [they think] you are here to look for a story (...) you are not welcome.

Most of the times, girls don't like the friends of the person. She might think, 'now these people are here and these are the people that he's been hanging out with, sleeping around with.'

(Interview)

In order to limit the negative effects of social capital and bonding, linkages between these groups discussed above need to be fostered to encourage a wider collective identity and communal reciprocity, which isn't dependent on the identity of a few (Ferlander, 2007; Pronyk, 2002; Sliep & Meyer-Weitz, 2003). Facilitating deeper levels of trust between PLWHAs, existing carers, and potential carers, provides a means to develop increased levels of social capital in communities and the resultant communal reciprocity and communal identity (Ferlander, 2007; Sliep & Meyer-Weitz, 2003). As mentioned above, young men are able to provide care and support to PLWHAs in forms which no one else can. Increasing linkages between PLWHAs and HIV negative people, as well as between women and men, is a valuable means to prevent exclusive groups and identities forming. This also facilitates the social space, and communal acceptance for young men to engage in care and support for PLWHAs free from stigma. Without this occurring, many PLWHAs will lose the valuable roles which young men are able to play when engaging in the forms of care and support that only they can perform such as the loyal friend and joker discussed above.

7.4.3. Social Capital and Reciprocity

Reciprocal care and support for one another is an important construct contributing to social capital in a community. In the excerpt below the girlfriend of the PLWHA left as soon as he became ill, indicating low levels of reciprocity amongst some community members. This young man (and those who were with him in this story) however, showed a willingness to engage in care and support for this PLWHA, who is also a young man.

VUYANI: He used to live with a woman. When he fell ill, she left. Then, once in two or four days, we would go visit him and wash him and all of that because he didn't bathe, so we used to wash him. Maybe a person would bring fruit, but still he wouldn't eat. Whenever he ate, it would come out from behind. But now he's alright. He is taking his medication.

(Interview)

Demographics appear to play a role in these young men's reciprocity in terms of care and support for PLWHAs as they appear to be more willing to care and support when the PLWHA is another young man. The trust and cooperative relationships evident amongst these young men contribute to bonding and social capital, leading to greater involvement in care and support for PLWHAs (Dada, 2011; Ferlander, 2007; Sliep & Meyer-Weitz, 2003).

Ethical motivations to care and support, as well as the belief that reciprocity contributes to a healthier society in the excerpt below, indicate high levels of social capital exist in some groups of young men. The collective identity and communal empathy and caring expected by this young man, indicates a belief that bonding, social capital, and collective cooperation exists and can be depended on within some groups.

3: Errm, sometimes it's just right to communicate with people in your community. To lose someone in the community to me, ya, is not good because each and everyone has a role that they play, you see? (...) So maybe, you may find out that they are not helping me but they do help someone else. Maybe there are people who get help from him, even if he doesn't help me. So it doesn't mean that because they are not helping me, they are not helping anyone. Even if they are not helping me, they are helping another person. It is good for them to live because the person whom they help, may help another person. And then we move forward. Just because you are helping someone doesn't mean they should return that help. No, if you have been helped, pass on that help to someone else. Help another.

(Interview)

This finding resonates with Akintola and Hangulu (2014), and Akintola et al., (2013) where other carers shared the belief that good will come to you if you care and support others. The Ubuntu philosophy and the associated belief that reciprocal care and cooperation is the best approach to communal living also resonate with the belief that this young man has.

Furthermore, the young man below in the way he spoke of "we" and "us" in reference to young men's negative behaviours, displayed shared responsibility for these behaviours.

MANDLA: (chuckle, and smiling whilst explaining this) *Errrrr, (...) sometimes people don't tell themselves that they could have this thing. Especially, us men, (chuckle) we don't want to use a condom. (...) We are drinking more alcohol most of the time and when we end up drunk, you get the girls and you don't want*

to use a condom. If we don't have in the pocket, then it's fine: I will die when I die, because you're drunk.

(Interview)

This provides further indications of collective identity and responsibility as a result of bonding and social capital. A noticeable difference is evident in this young man's perspective of care and support for PLWHAs, with a view of his actions being direct contributors to communal trust and cooperation, resulting in an empathy for others and willingness to care and support PLWHAs.

7.4.4. Social Capital versus Economic Capital and Masculinity

As discussed above, relative poverty and financial limitations are a clear barrier to care and support for PLWHA's which these young men have identified. Furthermore, providing assistance to others through financial means is significant in many of these young men's masculine identity constructions as illustrated in the excerpt below.

SIBUSISO: A man is actually a person that you look up to, especially for money like to support the household and especially when there is a sick person in the house and the person that is like kind of responsible (...).

(Focus Group)

Economic capital provides additional options and tools with which to put reciprocity, Ubuntu, and cooperation into action, including better medical treatment, and more interesting activities to engage in with friends and family (Sikweyiya, et al., 2014). This tool could be used to either contribute to social capital, or not, depending on the levels of trust, collective identity, communal cooperation and bonding present. Importantly this suggests that the use of

economic capital in contributing to a community through care and support for PLWHAs is linked to the levels of social capital and bonding present (Sliep & Meyer-Weitz, 2003). Resonating with Sikweyiya and colleagues (2014) findings, something (like a lack of economic capital) which undermines young men's ability to perform the roles expected of them leads to feelings of powerlessness and negative personal identity. These feelings and perceptions have a knock on effect on young men's confidence to trust, engage in communal activities, contribute to positive collective identity, and engage in care and support for PLWHAs (Sikweyiya, et al., 2014; Sliep & Meyer-Weitz, 2003). Whilst this finding remains an important result, further exploration into the dynamics underpinning the interaction between social capital and economic capital for young men is required. Additional studies are therefore needed, focusing on these multiple expectations on young men's behaviour.

CHAPTER EIGHT: LIMITATIONS OF THIS STUDY

8.1. Introduction

The accounts of these young men in the focus group could be considered as situated performances whereby their responses to questions and discussion are often said in an effort to display a sufficiently masculine identity in front of the other male counterparts (Govender, 2011). While this could be regarded as a limitation of the focus group data collection, it is these same ‘performances’ which young men are exposed to and embody in everyday life which construct and sustain masculine discourses. It is therefore useful to reflect on, and analyse these ‘performances’ with a focus on eliciting the language, attitudes and relational mechanisms used to construct and sustain masculine identities and discourses.

8.2. Setting

The setting and context provided by the narrative theatre before the focus group was held most likely communicated to the young men an expectation to care and support PLWHAs. Whilst this has a biasing effect, it is also useful to reflect on as the narrative theatre largely encapsulated the women’s voice, particularly regarding the requests for young men to become more involved in care and support for PLWHAs. It is these same voices and requests which these young men encounter in daily life, and their responses show their ability to negotiate the multiple expectations on them, discussed in detail above.

Furthermore, the presence of the researcher, and the accompanying narrative, may cause an expectation for interviewees to respond with willingness to care and support PLWHAs. My presence as a researcher potentially facilitates and evokes this discourse of expectation to care, asking the young men to respond to it. The researcher is a young male, “South African by birth but not of indigenous African ancestry, not personally affected by poverty,” not a rural dweller and a non-isiZulu speaker (Naidu & Sliep, 2011, p. 432). I therefore take the

“perspective of ‘outsider–insider’ in relation to” the young men in this study (Naidu & Sliep, 2011, p. 432).

8.3. Influence of the Researcher

The young men in both the focus group and semi-structured interviews were very aware of my ‘whiteness’ and the perceived ignorance regarding their Zulu culture which accompanies this. The young men regularly used phrases like ‘you see, in my culture...’ or ‘us black people, we...’ to explain their voiced perceptions to me. These were clear instances where I was regarded as an ‘outsider’ being explained the nuances of these young men’s world, almost as a tourist. When discussing other aspects of masculinity, particularly regarding their engagement with women (in sex, and in general relationship), the young men used phrases like, ‘you know, women are...’ or directed jokes to me about women, indicating that they perceived I had more understanding of the challenges they faced when engaging with women. These were instances where I was regarded as an ‘insider’, and assumed to be familiar with the challenges that the young men were discussing.

8.4. Influence of the Translators

The influence of a male translator present in the focus group and a female translator in the semi-structured interviews carries additional differences in narratives and embodied discourses. The young, male translator in the focus group also lives in the community with the research participants, and therefore knew them relatively well. This translator was used to facilitate the ‘performances’ and dynamics associated with young men in a group when discussing care and support for PLWHAs. Having a young male, translator, very similar to the research participants, encouraged the young men to voice their opinions and perceptions regarding care and support for PLWHAs, free from female influence.

In the semi-structured interview however, a female translator was used, partly due to her availability to translate when required as the previous translator was not available. This however, presented a valuable opportunity to reflect on the responses the young men give with a female present. The young men's responses in the semi-structured interviews initially appeared reluctant to admit to caring and supportive roles for PLWHAs but later revealed that they have and/or are involved in such roles. They also initially responded with a willingness to engage in all tasks associated with care and support for PLWHAs, seemingly to appease the perceived expectation which the female translator brought with her. This is different to the focus groups where most young men said they were willing to care and support PLWHAs, but not with tasks such as cooking and cleaning, stating that those tasks are strictly for women. The presence of the female translator therefore, appears to have influenced the young men to respond with a willingness to engage in tasks such as cooking and cleaning. Whether the presence of female expectation to perform these tasks, translates into actual engagements in these tasks by these young men (as opposed to only verbal willingness) is an area requiring further exploration.

CHAPTER NINE: CONCLUSIONS AND RECOMMENDATIONS

9.1. Introduction

The meanings the young men in this study associate with care and support for PLWHAs are complex, contradictory and influenced by a multiple discourses, social scripts, expectations, and aspirations. Care and support for PLWHAs represents a role and set of tasks which they simultaneously feel expected to perform, as well as ridiculed for performing them by both men and women. It requires careful negotiation and cautious exploration into roles which are acceptable by hegemonic masculine norms, and don't intrude on women's social space as caregivers. It is a role and set of tasks these young men do not feel competent performing in the ways it has been defined by women in their communities as well as broader discourses around care and support. Some alternate roles within care and support for PLWHAs are fulfilling for young men, such as economic provider, joker, loyal friend, and protector, particularly because it provides a means to construct and sustain masculine respect and identity.

Importantly, not all young men associate the same meanings to care and support for PLWHAs, nor construct and sustain their masculine identities the same way. For example, some young men place significance on embodying hegemonic norms, as opposed to others avoiding negative associations with hegemonic norms, such as macho arrogance. Each young man's unique nuances and personal embodiment of their masculine identity and their involvement in care and support for PLWHAs should therefore be acknowledged when seeking to understand these meanings.

9.2. Masculinity

Healthier constructions of masculine identity were displayed by some of the young men in this study, and this needs to be facilitated and encouraged for other young men to perceive

these healthier constructions as ‘socially safe’ and acceptable. A ‘social space’ needs to be fostered at the communal and relational level to enable young men to develop these healthier masculinities whilst sustaining masculine respect amongst their community members. Interventions and initiatives like narrative theatre provide tools to facilitate such dialogue social space where healthier masculinities can be developed and sustained, although alternatives may exist as well. This alternative form of masculinity which enables men to perform caring and supportive roles for PLWHAs, within a masculine identity, isn’t necessarily egalitarian, as this requires a far deeper transformation of men and women’s perceptions and embodiment of feminine and masculine roles, however, it is a more progressive step towards enabling healthier attitudes and behaviours around care and support for PLWHAs.

This could be done by engaging with men and women in their contradictory identities and gendered discourses, to enable more gender flexible roles. Interventions seeking to encourage young men to engage in care and support for PLWHAs need to understand masculinity, femininity and the implications of the roles prescribed in their interventions. If messages prescribe sets of roles and tasks for young men to become involved in which are too close or too far from hegemonic masculinity, the messages are at risk of being disregarded. Individual interpretations and embodiment by each young man should also be facilitated if the messages are to be accepted and change behaviour effectively.

Facilitating an academic and social reframing of care and support for PLWHAs to include masculine alternatives will also enable further research into these alternative roles in care and support for PLWHAs, as well as broaden the discourse of care and support for PLWHAs to allow young men to participate while maintaining masculine respect.

9.3. Care Roles

For the most part, and in most situations, the young men in this study communicate and embody a gendered perception of caring and supportive roles for PLWHAs. This is especially so, when care and support for PLWHAs is framed or conceptualised as cooking and cleaning, which is what many of these young men initially associate care and support for PLWHAs with. There are however some ‘acceptable’ forms of care and support for PLWHAs which are viewed as congruent with their masculine identity, and subsequently display willingness to care and support for PLWHAs when alternatives to tasks such as cooking and cleaning are available. This alternative, academic, and relational framing and definition of care and support for PLWHAs should therefore be encouraged and fostered in programmes for young adults. While this is not the end goal as truly equal gender roles regarding care and support for PLWHAs would require a more systematic transformation in gendered roles and perceptions, this expansion of the definition of care and support for PLWHAs is a step towards gender equity.

The young men who conveyed a willingness to perform some alternative caring and supportive roles for PLWHAs appeared to view these roles as not necessarily directly benefitting HIV positive people, but rather benefitting a *person* who happens to be HIV positive. In other words, the motivation to care and support, even through tasks which most men were reluctant to perform, did not find its root in the fact that the person was HIV positive but rather that they are human and need help just like other people do. One young man for example referred to the concept of helping a PLWHAs, not necessarily because he will get help in return, but that the person who was helped, is then able and more likely to help someone else, making a for supportive and cohesive community. This resonates with the concepts of Ubuntu, social capital, and bonding discussed above, and highlights some potential learning’s, in that informal and formal care and support may not necessarily need to

be specifically framed in the context of the ‘HIV/AIDS epidemic’ for it to have meaning and motivation amongst community members. Instead care and support could be framed in terms of the basic building blocks provided in social capital theory such as bonding. As suggested by Sliep and Meyer-Weitz (2003), if bonding could be fostered within a community, levels of care and support should increase, benefitting more than just PLWHAs. This challenges many awareness campaigns and behaviour change strategies using communication messages tied to the ‘HIV/AIDS epidemic’ to motivate care and support for PLWHAs amongst community members. Whilst this may still be necessary for many such campaigns, reflection on whether this is necessary or not should be considered in the design of the campaign or communication message.

Young men’s involvement in care, support, empathy, and compassion in communities is strongly linked to the levels of social capital and bonding between the carer and the PLWHA. Facilitating and encouraging bonding in communities would therefore present valuable opportunities for interventions encouraging care and support for PLWHAs.

9.4. Barriers and Enablers

Various barriers and enablers for young men engaging in care and support for PLWHAs have been encountered by the young men in this study. These have been discussed above, however some key learning opportunities can be reflected on for policy makers, researchers, and health programme designers working with young men engaging in care and support for PLWHAs.

9.4.1. Trespassing

Dialogue between men and women is needed to explore to potentially begin to resolve the contradictory positions held by many women, particularly the ‘trespassing’ experienced by young men attempting to engage in care and support for PLWHAs. As explained by these

young men, women often complain or demand assistance from young men in caring and supportive roles for PLWHAs yet simultaneously shun and ridicule them when they attempt to perform such roles. These women appear to vehemently defend their social space, identity, and communal role as carer as they associate this with the gendered notion of mother and care-giver.

The lack of power available to women in a patriarchal society has been found to potentially fuel women's perceived need to defend one of the few spaces they are confident and capable in (Naidu & Sliiep, 2012). By ridiculing young men attempting caring and supportive roles for PLWHAs, women establish and maintain their power and position in this area of society. Resolving this may require deeper transformation of the power dynamics in society to become more gender equitable, however a step towards this, could involve these contradictions in both women and men being exposed and explored through communal dialogue. Alternative identities, social spaces and communal roles which are socially acceptable for both men and women should be the aim of these interventions.

9.4.2. Knowledge, skills and competencies

If young men are to engage in more caring and supportive roles for PLWHAs the gaps in knowledge, skills, and competencies need to be addressed. Health education programmes, influenced by the gendered roles prescribed in society, may have neglected the role that young men could play in this area by excluding them from such education. This area of deficiency is particularly debilitating for young men who indicate that feeling confident and capable is of particular importance to a masculine identity. The academic and relational reframing of care and support for PLWHAs mentioned should accompany this transition to include young men in knowledge, skills, and competency programmes.

9.4.3. Money

Broader socio-economic restructuring is required to combat poverty, limited resources, and the resultant competition and conflict associated with it. The caring and supportive environment accompanied by social capital and Ubuntu, particularly for PLWHAs, is eroded by this competition and conflict. Financial constraints are a clear barrier to some forms of care and support for PLWHAs, however, creative ways of caring and supporting PLWHAs which do not require money, need to be explored and encouraged.

9.4.4. Stigma

Much has been documented about the stigma associated with HIV/AIDS and its effects on social cohesion (Petersen, Bhagwanjee, Bhana & Mzimela, 2004). This has effects on both the willingness of a potential carer to assist an HIV positive person, as well as the social shame and disgrace directed by a community onto to the person who may perform caring and supportive roles for PLWHAs. Whilst reducing stigma associated with HIV/AIDS is important, it is something which will only reap benefits in the long term. In the shorter and medium term, an exploration into both informal and formal care institutions removing the label of 'HIV/AIDS' from their institutions and programme could be useful. Similar to how the young men in this study saw the stigma of HIV as a barrier to care, the label of 'HIV' could also increase stigma and the negative attitudes associated with HIV specific programmes, and institutions.

The 'industry' of HIV has possibly overemphasized and prioritised HIV/AIDS specific programmes and projects in the health sector, perhaps assuming the priority of HIV over other health epidemics. This has significance for funding and technical reasons; however, as discussed above, for these young men, caring for an HIV positive person as opposed to anyone else doesn't seem to change the *motivation* to care, and therefore doesn't require the HIV/AIDS label for it to have meaning or motivation. Furthermore, in practice, when the

young men attempt caring and supporting PLWHAs, the HIV stigma sometimes acts as a barrier, due to negative associations such as sexual promiscuity. It may therefore be beneficial for formal and informal care institutions for PLWHAs to reflect on whether it is necessary or value adding for an HIV/AIDS label to be associated with it.

9.4.5 Social Capital

The levels of social capital in the community these young men are in have implications for their motivation to care (through bonding), yet simultaneously have the potential to exacerbate HIV and gender related stigma with exclusive groups. Furthermore, similar demographics increase the likelihood of reciprocal and cooperative behaviour by young men, but are not strictly dependent on this. Where exceptions occur, linkages between previously exclusive groups are formed, and the Ubuntu philosophy's belief that good will come to those who care and support others is evident. Fostering these linkages is therefore important if the spectrum of PLWHAs which young men provide care and support for is to be broadened. Finally, the levels of social capital and bonding present in a community, appear to determine to what extent economic capital is used to contribute to care and support for PLWHAs. Economic capital therefore provides additional options and tools with which to put reciprocity, Ubuntu, and cooperation into action. Further research is needed to explore the dynamics underpinning this.

9.5 Final Conclusion

In final conclusion, young men's understanding of care and support for PLWHAs is shaped by a confluence of multiple discourses and expectations and aspirations embodied by multiple role players. These discourses and expectations are often contradictory and therefore held in tension with one another by the young men, while they negotiate the social landscape set before them when considering care and support for PLWHAs. Understanding the

construction and maintenance of masculine and feminine identities has revealed some of the complexities involved in these young men's negotiations regarding care and support for PLWHAs. Engaging in care and support for PLWHAs has shown to be simultaneously dangerous, rewarding, satisfying, encouraged, masculine, feminine, and socially risky for these young men. Care and support for PLWHAs has shown to be inadequately conceptualised both academically and socially, resulting in numerous alternative forms of care and support performed by young men not being acknowledged. Furthermore, some forms of care and support for PLWHAs appear to be better suited to young men performing them, with young men preferred by some PLWHAs as their carer. The levels of social capital in this community have also been shown to have implications for these young men's motivation, increased and/or decreased HIV and gender related stigma, levels of reciprocity, and their use of economic capital to care and support PLWHAs. Importantly, each young man interprets, embodies, and enacts these multiple expectations and discourses when constructing and maintaining their masculine identities, whilst performing care and support for PLWHAs.

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APPENDIX 1- FOCUS GROUP SCHEDULE

Objective:

To explore the meaning young men associate with the concept of care and support.

Questions and probes:

What does the concept of care and support for PLWHAs mean to you as young men?

Who do you perceive the responsibility of care for PLWHAs to be on?

Do you want to engage in caring for PLWHAs, and how so?

- In what ways could young men care for PLWHAs?
- What would get in the way of you becoming more active in care and support?
- What would help you to become more active?
- What influences the way you see care and support for PLWHAs?
- Do you think that caring for somebody who has HIV/AIDS might be different to caring for somebody who is, for example old, or has another illness such as flu? How so?
- Do you perceive caring and supporting roles to be unmasculine?

Are caring roles thought of as feminine and mainly for women in the community?

Do women generally encourage you and other young men to care for PLWHAs?

If caring roles are perceived as unmasculine, how do you negotiate having to care in some circumstances?

If caring roles are not perceived as unmasculine, how do you conceptualise care and support in masculine ways?

APPENDIX 2 - INTERVIEW SCHEDULE

Objective:

To explore the interaction between the informal young male carer, and people living with HIV/AIDS being cared for.

Question:

Describe your experience of caring for people living with HIV or AIDS?

Probes:

What caring and supportive roles and activities do you participate in for others?

Why do you play the role and activities you mentioned?

What makes those roles and activities easier or difficult?

Do you, or would you play a different caring role for an HIV positive person who is: -

Older or younger?

Male or female?

HIV Positive or with AIDS: less sick or very sick?

A family member or not?

If Yes, How would those caring roles be different for each of the different people?

If no, why not?

APPENDIX 3 - CONSENT FORMS



Consent Form:

Exploring young men's perceptions of themselves in relation to care and support for people living with HIV or AIDS.

This research project is part of fulfilling the Masters in Health Promotion qualification. It seeks to explore how young men perceive themselves in relation to care and support for people living with HIV or AIDS. The interviews and focus group will be recorded, transcribed and analysed and results and a discussion will be written into a research report. Some of these findings may be used for publications in public journals. The data from this project will be kept for 5 years, and after that all documents will be shredded and computer files will be deleted.

Participation in this focus group is voluntary, with the understanding that:

Strict confidentiality of each individual will be maintained. Anonymity will be respected and no real names or identifying characteristics will be used in the finished project. Any person who wishes to withdraw from the research may do so without fear of judgment or repercussions. A professional conduct will be adopted with respect to the feelings and information shared between researchers and the participants.

It is the requirement of the University that a consent form is signed by all respondents so as to maintain a professional code of ethics on the part of the researcher.

If any further information is required from participants, they may contact the project supervisor Professor Yvonne Sliep on 031 260 7982 (work).

The acting Chairperson of the Human Social Sciences Ethics Committee is Shenuka Singh and can be reached at 031 260 3587 for any additional questions or concerns about this research projects' ethics.

I, _____ acknowledge that I have read the reasons and conditions presented for the Masters project being undertaken by Kyle Ballard and that I voluntarily participate in the said research.

Name _____

Signature _____

Date _____



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Ifomu lemvume

Ukuhlola izindlela abesilisa abasebancane abazibuka ngazo mayelana nokunakekela kanye nokweseka labo abaphila neSandulela Ngculazi kanye neNgculazi.

Lolu hlelo locwaningo luyingxenywe yokuthola iziqu zeMasters emkhakheni wokugqugqezelwa kwezempilo. Lolu cwaningo lufuna ukubhekisa izindlela abesilisa abasebancane abazibuka ngazo mayelana nokunakekela kanye nokweseka labo abaphila neSandulela Ngculazi kanye neNgculazi. Izingxoxo zizoqoshwa, zibhalwe bese zicutshungulwa, kanti imiphumela kanye nezingxoxo ziyobe sezibhalwa embikweni wocwaningo. Eminye imiphumela kungenzeka isetshenziselwe ukushicilelwa emibhalweni yomphakathi. Lonke ulwazi oluzotholakala kulolu cwaningo luyogcinwa iminyaka eyisihlanu, emva kwalokho wonke amaphepha ayodatshulwa kanti nalokho okuqoshwe emakhompyutheni kuyocishwa.

Ukuzibandakanya kulezi zingxoxo akuphoqelekile, kanti kumele kuqondakale ukuthi:

isifuba sawo wonke umuntu ozibandakanyayo siyogcinwa ngaso sonke isikhathi. Kuzoqinisekiswa ukuthi amagama angempela noma izinto ezingenza ukuthi kubonakale ukuthi ungubani angeke zisetshenziswe embhalweni ophelile wocwaningo. Umuntu ofisa ukuhoxa ocwaningweni angahoxa ngaphandle kokwesaba ukwahlulelwa noma ukuphatheka kabi. Ulwazi olunikeziwe kanye nemizwa kuyophathwa ngendlela enenhlonipho.

Kungumgomo weNyuvesi ukuthi lesi sivumelwano sisayinwe yibo bonke abambandanyekayo kulolu cwaningo ukuze kubonakale ukuthi lona obuza imibuzo uyilandelile imigomo ebekiwe.

Uma kunolwazi oludingekayo, ungathintana nomphathi wabafundi (supervisor)

uProfesa Yvonne Sliet ku 031-260 7982 (ofisi).

uShenuka Singh nguye ongusihlalo wekomidi elibhekelele ukuziphatha ngendlela eyiyo emnyangweni wakwa Human Social Science, kanti futhi ungaxhumana naye mayelana neminye imibuzo noma ukukhathazeka ngalolu hlelo locwaningo, kulenombolo 031 260 3587.

Mina, _____ngiyavuma ukuthi ngizifundile izizathu kanye nemigomo okubekelwe lolu hlelo lweMasters olwenziwa ngu Kyle Ballard, futhi angiphoqelelwe ukuzibandakanya kulolu cwaningo.

Igama _____

Signature _____

Usuku _____