Exploring challenges to safe sex for men in long-term relationships living in KwaZulu-Natal who have sex with both men and women

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Dedication

To the beautiful ones, whose lives are shrouded by fear, doubt, and self-hatred: may you one day

find the freedom and the peace that you deserve.

Acknowledgements

I would like to first thank my parents, Thamsanqa and Nombeko Msweli, for all the hard work that they did raising a child like me. *Ngiyabonga bazali bami ngothando lwenu kanye nezifundiso ezinzulu, nikwenzile okusemandlen' enu. Anginawo amazwi amaningi, nizishaye izifuba ngami nalapho ningasenalo ulwazi olwanele ngendlela yami, nangethemba, nangifukamela, nangifisela okuhle. Ngiyabonga.*

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Abstract

Numerous research studies continue to show that HIV/AIDS is still a burden in South Africa. Although in recent years there have been breakthroughs in biomedical research, leading to the development and improvement of HIV treatment, a vaccine and a cure have yet to be found. Research has further suggested that people in long-term relationships are at a heightened risk of HIV infection owing to decreased condom use within these relationships. In addition, the majority of studies that investigated sexual safety in South Africa have focused on heterosexual relationships. This creates a problem, as international literature and some South African-based surveys have suggested that men who have sex with men (MSM) are at an increased risk of HIV infection when compared to men who have sex with women only (MSWO). This means that there is a gap in our current understanding of barriers to safe sex for MSM, particularly within the South African context. This gap is further problematised by the presence of homophobia and the persistent concealment of same-sex sexual activities within the South African context.

This study focused on a subset of MSM, called men who have sex with men and women (MSMW), because even though in South Africa the burden of the HIV pandemic is still largely carried by women, there is reason to believe that MSMW could be at an intersection of HIV infection risk, which is yet to be understood fully. This study used a social constructionist approach as a theoretical lens that undergirded the study's conceptual framework throughout the research process. Qualitative research methodology was selected as the method of inquiry, and 12 African MSMW were sampled for one-on-one interviews and seven MSMW for an online focus group discussion. The sampling of participants was conducted using convenience and non-random purposive sampling techniques, and the data were transcribed verbatim. Data analysis

was conducted using a combination of inductive thematic analysis underpinned by social constructionism, and the sex script theory as contemporary analytical tools.

The findings of this study showed that long-term romantic relationships were important in the lives of MSMW for varying reasons. The findings further showed that MSMW's understanding of safe sex was related to condom use. This study adds to the already existing body of research, which highlights that condom use within long-term relationships is problematic. The findings indicated that the construction of these relationships relied heavily on the dynamic concept of trust, and, as such, MSMW within these relationships drew on the trusted partner is a safe partner script, which mediated condom use within the relationships.

The main findings in this study suggested that challenges to safe sex for MSMW in long-term relationships are rooted in the nature of how gender norms are socially constructed. The current heteronormative gender norms affected the way the participants understood their same-sex sexualities and how they navigated these within a social context that still bore negative attitudes towards same-sex behaviours. The findings indicated that the participants' understanding of their gender and sexuality led to the enactment of the desire script, the redefined traditional sex script, and the understanding male partner script. These scripts allowed for sexual agreements to exist between male partners that permitted a form of polyamorous sexual relationships. The risk of HIV infection thus seems to rest on the intersectional enactment of different scripts while the expectation to enact the trusted partner is a safe partner script remains. This trusted partner is a safe partner script was not abandoned even in the presence of HIV infection risk. This study highlighted the need for research to focus on diverse populations such as MSMW in the response to the HIV epidemic.

Keywords: Men who have sex with men and women; social constructionism; sex script theory; HIV; sexual agreements.

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ABC   Abstain, Be faithful or Condomise

ART   Antiretroviral treatment

LGBTI   Lesbian, Gay, Bisexual, Transgendered and Intersexed

MSM   Men who have sex with men

MSMO   Men who have sex with men only

MSMW   Men who have sex with men and women

MSWO   Men who have sex with women only

STI   Sexually transmitted infection

UAI   Unprotected anal intercourse

UNAIDS   Joint United Nations Programme on HIV/AIDS

Chapter 1

Introduction

1.1   Introduction to chapter structure

This chapter is an introduction to this study, which explored barriers to safe sex for men

in long-term relationships living in KwaZulu-Natal who have sex with both men and women.

Chapter 1 presents the context, which frames these sexual behaviours by discussing literature to

provide a brief overview of the history of same-sex sexualities within Africa. This is to show that

even though same-sex sexualities are now contested in our communities, this has not always

been the case. I present this historical overview of same-sex sexualities to suggest that they were

previously constructed differently and served different sociocultural functions to what they do

presently. As a natural progression, I then move to discuss the presence of intolerance against

Lesbian, Gay, Bisexual, Transgendered and Intersexed (LGBTI) individuals at a global level, and

then within the African and South African context. This is provided as the existence of this

intolerance towards LGBTI individuals affects how they navigate their sexual identities within

spaces they do not perceive as being safe. This may affect how these individuals interact with

their sexuality, and thus affect the types of sexual relationships in which they become involved,

which potentially affects their sexual safety.

1.2   Setting the scene: The history of same-sex relationships in Africa

Work published in anthropology paints a long and diverse history of same-sex behaviours

across different African cultures (Brody & Potterat, 2003; Weatherburn, Hickson, Reid, Davies,

& Crosier, 1998). Brody and Potterat (2003) state that the authors of these anthropological

reports have argued that ideas of African sexuality as being exclusively heterosexual were

unfounded based on empirical evidence. According to Brody and Potterat (2003), in the mid-19th century, anecdotal reports of anal intercourse in Africa blamed foreign (especially European and Arabic) influences, or domestic imports, especially from neighbouring tribes. Brody and Potterat (2003) also found that some authors who investigated African sexual practices in the early days would often deliberately avoid reporting same-sex behaviours for fear of undermining European preconceptions of African sexuality as being primitive, and therefore "natural", as same-sex behaviours were viewed as unnatural in Europe at the time. Brody and Potterat (2003) report that anthropologists intentionally did not report same-sex practices that were taking place across the continent of Africa, even though numerous reports showed their existence. The authors then concluded that it was not homosexuality that was imported to Africa by Europeans but rather the intolerance thereof (Brody & Potterat, 2003).

This intolerance failed to discourage same-sex practices in Africa; however, it encouraged secrecy around these behaviours and denial of their existence by Africans. Brody and Potterat (2003) note the link to the value placed on family and family structures, stating that for many African cultures, what was universally required was marriage and reproduction, and not heterosexuality *per se*. A number of authors report instances of same-sex behaviours in different contexts across Africa such as bisexuality in married men, in Dakar (Murray & Roscoe, 2001), same-sex interactions between truck drivers and young men in Zimbabwe (Gevisser & Cameron, 1995; Murray & Roscoe, 2001), and same-sex ceremonies in Lesotho (Epprecht, 2002), to mention a few. Halperin (1999) notes the informal "male wife" practice in South African mining camps, where most of the men have left their wives at home to work as migrant labours in the mines. These labourers would then sometimes sleep with each other. This body of work shows that same-sex practices exist within the African continent across different populations. It is,

however, not difficult to imagine how the reported homosexual erasure, and the need to push same-sex sexual practices to secretive spaces, allowed for the creation of the illusion that same-sex sexualities were in fact foreign and separate from the African identity.

It would be unfair to claim that it is only African countries that harbour negative attitudes towards same-sex sexualities (Bennett & Reddy, 2015). There is a large body of literature centred around studies that have explored attitudes towards the treatment of and experiences of individuals with same-sex sexualities (Gold, Marx, & Lexington, 2007; Mantell, Tocco, Osmand, Sandfort, & Lane, 2016; Msibi, 2009; Morris, McCormack, & Anderson, 2014). Firstly, this literature contends that people with same-sex sexualities constitute sexual minorities within their communities. This suggests that many people with same-sex sexualities are required to make sense of and experience their sexual identities within spaces that are predominantly heterosexual and prejudiced (Mantell et al., 2016; Ratele, 2014). Understanding the impact of how such negative attitudes affect the sexual practices of men who have sex with men and women (MSMW) has the potential to shed some light on their sexual safety within their relationships.

Homophobia and its potential effect on individuals with same-sex sexualities also need to be reviewed.

1.3   Homophobia and its impact on the lived experiences of sexual minorities

The current body of literature, based on studies that have investigated the lived experiences of individuals with same-sex sexualities, indicates that they experience varied levels of prejudice because of their sexualities. Some studies have argued that LGBTI individuals grow up within communities and sometimes families where negative views are uttered without restraint, since homophobia is tolerated and oftentimes accepted (Gold, Marx, & Lexington,

2007; Newcomb & Mustanski, 2010; Szymanski & Carr, 2008). This can have negative

consequences for emotional and psychological states of being (Richter, Lindahl, & Malik, 2017).

Other studies have even argued that some LGBTI individuals learn to internalise such negative

attitudes and that these individuals may then construct a negative self-image because of this

internalised homophobia (Frost & Meyer, 2009; Herrick et al., 2013; Rosser, Bockting, Ross,

Miner & Coleman, 2008; Vu, Tun, Sheehy, & Nel, 2011). In certain instances, these negative

attitudes towards the LGBTI community result in violence, incarceration, and sometimes the

murder of LGBTI individuals (Msibi, 2009).

Studies that explored the impacts of homophobia on how LGBTI individuals navigate

their sexual identities indicate that even though homophobia is a global phenomenon, it is

mitigated by socioeconomic factors (Richter, Lindahl, & Malik, 2017; Sandfort, Melendez, &

Dias, 2007). In the United States of America (USA), studies have often suggested that Africans

and Latin Americans are more adversely affected by the presence of homophobia within their

communities in comparison to their white counterparts (Choi, Han, Paul, & Ayala, 2011; Moradi

et al., 2010; Morris, McCormack & Anderson, 2014). This body of literature suggests that

socioeconomic class has the potential to insulate gay men from the social pressures linked to

homophobia by allowing more autonomy when navigating their sexual identities across different

spaces (Choi, Han, Paul, & Ayala, 2011; Moradi et al., 2010; Morris et al., 2014). The often

poorer African and Latin American gay men have less insulation and autonomy, which is

suggested by their limited access to healthcare and the high prevalence of HIV infections in

comparison to their white counterparts (Morris et al., 2014).

Scholars have stated that people who have same-sex sexualities in Western countries such

as the USA are in a far better position than those who live in third-world countries (Winskell,

Sabben, Stephenson, Pruitt, Allen, & Findlay, 2018). This is because poverty prevails in most African countries, and the footprint left by the presence of colonialism and its same-sex intolerant religious ideologies still have a stronghold (Winskell et al., 2018). South Africa as a country still bears the scars left by colonialism and apartheid, and the majority of African people still live in poverty and lack resources. It is important to highlight these factors as the literature presented suggests that people with same-sex sexualities, who live within a poorer context, are more prone to experiencing homophobic backlash than those in countries that are better resourced. These are important considerations as they may affect how MSMW living in KwaZulu-Natal navigate their same-sex identities within the context of long-term relationships.

1.4 The presence and nature of homophobia in South Africa despite progressive legislation

The current research shows that there is a great deal of intolerance in many African countries when it comes to same-sex sexualities (Bennett & Reddy, 2015). This work highlights that homosexuality is criminalised in most African countries and that LGBTI individuals who are non-gender conforming face homophobic prejudice, which sometimes results in violence within their communities (Kaoma, 2018; Sigamoney & Epprecht, 2013; Winskell et al., 2018). Some studies highlight that homosexual identities are considered as un-African at least, and non-human at worst (Kaoma, 2018; Ratele, 2013; Sigamoney & Epprecht, 2013; Winskell et al., 2018). Since the introduction of Christianity and Islam in Africa, whose doctrines both abolished and prohibited homosexuality, followers of these religions feel morally justified to discriminate against the LGBTI community (Dlamini, 2005).

According to Sandfort and Reddy (2013, cited in Winskell et al., 2018, p. 859), the "aggressive anti-gay rhetoric from politicians and religious figures has accompanied the

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increased visibility of sexual diversity in sub-Saharan Africa since the 1980s and 1990s,

reinforcing a climate of intimidation and oppression in many contexts". I argue that this is

problematic as it further reinforces homosexual erasure as more and more individuals with same-

sex sexualities conceal their sexual identities in attempts to avoid marginalisation, violence,

imprisonment, or death. This further contributes to the illusion that individuals with same-sex

sexualities are un-African, and that the few homosexual people present within communities are

appropriating Western cultures.

South Africa, however, is said to be unique compared to most other countries in the

region (Lease & Gevisser, 2017), with progressive laws that seek to protect all individuals

regardless of their sexual orientation (Bennett & Reddy, 2015). This protection is supported by

Francis and Msibi (2011, p. 160), who quote the South African Constitution as follows:

> The equity clause [9(3)] in the South African Constitution (Government Gazette
> of South Africa, 1996) prohibits discrimination on the basis of sexual orientation:
> No person shall be unfairly discriminated against on the grounds of race, gender,
> sex, ethnic or social origin, colour, sexual orientation, age, disability, religion,
> conscience, belief, culture, language, birth, or marital status.

Even though the South African legal system protects the rights of the LGBTI community,

and encourages inclusivity and tolerance (Butler, Alpaslan, Strümpher, & Astbury, 2003), it is,

however, unfortunate that not all LGBTI individuals are able to enjoy these rights in their

contexts (Bennett & Reddy, 2015; Wells & Polders, 2006; Yarbrough, 2018). Studies show that

being identified as anything other than heterosexual still bears an untold amount of prejudice,

stigma, and internalised self-hatred for most people who are not purely heterosexual (Hassan

et al., 2018). This literature suggests that the protection of legal rights for the LGBTI community

has not meant that individuals within communities have become accepting and tolerant

(Yarbrough, 2018). Similar to other countries in Africa, same-sex sexualities are constructed as

sinful (Portgieter & Reygan, 2011; Siegel & Meunier, 2018). Others view same-sex sexualities, particularly among lesbian women, as a mental illness that can be cured by corrective rape (Msibi, 2009). Msibi (2009, p. 50) further mentions that members of the LGBTI community continue to "experience some of the most horrific forms of violence, including rape, gay-bashing and even murder. This violence, whether verbal, physical, implied or potential, is largely caught up in notions of masculinity and is highly-gendered". The South African Progressive prudes survey, which was a national survey that investigated South African's attitudes towards homosexuality and gender non-conformity. The survey showed that 51% of South Africans believed that LGBT people should have similar rights to all other citizens (Sutherland, Roberts, Gabriel, Struwig & Gordon, 2016). However, in the same survey 72% of the participants felt that same-sex sexual activities were morally wrong (Sutherland et al., 2016). This incongruence between the appreciation of LGBT people's legal rights and conflict with society's moral values could explain why people with same-sex sexualities still face different forms of homophobia within communities.

Other scholars within the South African context have argued that the marginalisation of LGBTI youths is also evident within the curriculum that children are taught at school (Francis & Msibi, 2011; McArthur, 2015). This body of literature argues that this under-representation of same-sex individuals within the education sector leaves young same-sex youths feeling overlooked and illegitimised (Msibi, 2009). Lastly, a number of queer performance artists have voiced their dismay against the banning of the queer film *Inxeba*. This film portrays two men, who are responsible for guarding new circumcision initiates in the mountains, as being in love with each other. Although the film received critical acclaim, it was not well received by some Xhosa people in South Africa, who argued that it was a misrepresentation of their culture. This

led to one of the lead actors, Nakhane Mahlakahlaka, leaving South Africa after receiving several death threats. Some queer activists argued that this served as an indicator that intolerance is still rife, since the film was only released in 2017. In 2019, a popular socialite, Zodwa Wabantu, stated that about gay men "their problem is that gays are convinced that they have vaginas, while they have penises" (Canham, 2019). She further stated that gay men were being "accommodated" by women as they allowed them to wear makeup and to talk about men. These comments caused an uproar from LGBTI activists and organisations who argued that such statements were homophobic and transphobic. The socialite later offered an apology for her ignorance; however, during the peak of the discussion, many people were in support of the socialite on social media platforms, and to the LGBTI community this was an indication of the intolerance that still exists in South Africa today (Canham, 2019).

This understanding of homosexuality has the potential to affect how MSMW understand their sexual identities, and the ways in which they engage in same-sex sexual activities. These men may then construct sexual identities that are in line with the gender norms of their communities so as to shield themselves from the perceived stigma and prejudice that exists within their social settings, which leads to further erasure of their representation in communities and research.

Although the HIV pandemic in South Africa is still considered to be heterosexually driven, there is evidence that MSMW are more at risk of infection than their heterosexual counterparts (Hassan et al., 2018; Knox et al., 2017). MSMW are therefore an important group to study as limited research has been conducted on this diverse group of people, who are affected by the HIV epidemic in both heterosexual and homosexual communities. Working with this

diverse group of men does not come without conceptual challenges, which are usually embedded in the definition of key terms such as bisexuality.

1.5   Conceptual considerations: ambiguity in defining bisexuality

In health research, it is reported that an appreciation of the different aspects of bisexuality is critical to the understanding of both male sexuality and inherent HIV risk (Carrillo & Hoffman, 2016; 2018). Health behaviour models argue that for preventive activities to have an impact, the individuals involved need to identify themselves as a member of that given group. However, current research argues that relying on self-identification alone leads to an exclusion of a variety of men who may otherwise be bisexually active, but who do not consider themselves to be bisexual (Carrillo & Hoffman, 2016, 2018; Gauvin & Pukall, 2018; Lever, Kanouse, Rogers, Carson, & Hertz, 1992).

The Psychological Society of South Africa's (PsySSA) Gender and Sexualities Division (2017, p. 59) defines a bisexual person as:

> [a] person who is capable of having sexual, romantic and intimate feelings for or a love relationship with someone of the same gender and with someone of other genders. Such an attraction to different genders is not necessarily simultaneous or equal in intensity.

This definition is helpful in defining bisexuality, however, its application in research is limited. This is because it rests on one's capability to have sexual and romantic feelings for people of other genders. This means that men who denounce their feelings for other men would not be eligible for sampling in studies that examine bisexual activity among men. This is problematic because research shows that some men may maintain their heterosexual identity although they may be engaging in sexual acts with other men (Carrillo & Hoffman, 2016; Silva, 2018). Research indicates that these men are able to reconstruct or redefine heterosexuality such

that it becomes not a rigid classification but one that accommodates their sexual experiences with other men (Carrillo & Hoffman, 2016, 2018; Silva, 2018). These constructions of heterosexuality usually involve a rejection of femininity, romantic feelings, and have sexual encounters with other men that are void of emotional connections (Dangerfield, Laramie, Jeffery, Jennifer, & Bluthenthal, 2017; Silva, 2018). They also involve the selection of male partners who are masculine and "in the closet", that is to say secretly engaging in sexual acts with other men, while still presenting themselves in a heteronormative manner (Ravenhill & De Visser, 2017). These issues are discussed in more detail in Chapter 3 however, they are mentioned here because it is important to identify the sexuality categories that constitute the study's population.

The sexual ambiguity seems to extend to research as well (Stokes, McKirnan, & Burzette, 1993). The two basic approaches to dealing with this issue are to focus on subjective self-identification by the individual man as bisexual, or to focus on their sexual behaviour, without regarding their self-identification (Carrillo & Hoffman, 2016). As a result, people can identify as heterosexual, bisexual, or homosexual, but they are still included in studies that investigate bisexuality if they report having sex with both men and women. In this study, I attempt to use both these approaches, with the participants' sexual behavioural patterns strictly applied in the sampling process, which is discussed in the methodology chapter.

1.6 Locating men who have sex with men and women (MSMW) within men who have sex with men (MSM)

The phrase "men who have sex with men" (MSM) has been used as an umbrella term to group a variety of men based on a single sexual act, which is to have sex with other men (Rebe, De Swardt, Struthers, & McIntyre, 2013; Gauvin & Pukall, 2018). Recent research challenges the legitimacy of conventional sexual orientation categories for these MSM (Operario, Smith, &

Kegeles, 2008). Some MSM self-identify as being homosexual, while others view themselves as bisexual, and others categorise themselves as being heterosexual. Young and Meyer (2005) argue that not specifying these categories obscures social dimensions of sexuality and does not sufficiently describe variations in sexual behaviour. These different subgroups of MSM face unique challenges, which could be related to sexual safety, maintaining romantic relationships, having access to health services, and the stigmatisation of homosexual activity (McIntyre, Jobson, Struthers, Swardt & Rebe, 2013). The problem is that most research and surveys conducted with this population of men tend to treat all these different categories of MSM the same. Although this information is helpful at the level of producing statistics related to HIV prevalence, it fails to inform us about why certain risky behaviours – such as concurrent partnerships and non-condom use, which could place these men and their partners at risk of contracting HIV or other sexually transmitted infections (STIs) – are happening and persisting over time.

This study focused on a subgroup of MSM who are called "men who have sex with men and women" (MSMW), which is an understudied population globally. The activities of this sub-group present challenges to safe sex that are unique, yet related, to those of MSM who only engage in sexual relations with men. The focus of this project was on the challenges to safe sex in long-term relationships for MSMW. Recent research in the USA has shown that a large number of African-American MSM still engage in sexual relationships with women for a number of reasons, such as upholding their heterosexual identity within their communities (Rhodes et al., 2011), or fulfilling their sexual desires in cases of homosexual self-identified and bisexual self-identified MSM (Dodge, Jeffries, & Sandfort, 2008; Reback & Larkins, 2010).

1.7   Further diversities among mSMW

MSMW are a diverse group (McIntyre et al., 2013), and in South Africa they form part of varied demographics based on race, geographic locality, and socioeconomic status; however, the only thing they seem to have in common is having sex with other men (Rebe, De Swardt, Struthers & McIntyre, 2013). Moreover, MSM/MSMW's sexual behaviours and risks inherent in those behaviours are framed within complicated intersections of issues involving sociocultural and historical dynamics (McIntyre et al., 2013). What this suggests is that the complexities of different categories of MSMW should not be underestimated. Homosexual MSMW are different from bisexual MSMW and heterosexual MSMW and their needs and healthcare challenges should be addressed separately or, at the very least, communicated separately.

A perfect example that demonstrates the complexities within MSMW is that of the "down-lows" (Malebranche, Arriola, Jenkins, Dauria & Patel, 2010). In the USA, there has been some public health and media attention focusing on the potential role that African and Latin bisexual MSMW may be playing in bridging the HIV divide between the homosexual and the heterosexual populations (Carrillo & Hoffman, 2016). According to various researchers (Murray, Gaul, Sutton, & Nanin, 2018; Mustanski, Newcomb, & Clerkin, 2011; Schrimshaw, Downing, & Cohn, 2018), the bisexual bridge theory suggests that bisexual men who covertly have sex with other men place their unsuspecting female partners at risk of contracting HIV.

Such men are colloquially described as being "down-lows" (Carrillo & Hoffman, 2016). Phillips (2005, p. 4) defines "down-lows" as:

> black men who secretly have sex with other men while maintaining heterosexual relationships with women and presenting themselves as masculine rather than effeminate. Thus, the key components of the DL [down-low] as it currently functions are: a) blackness, b) sex with men, c) secrecy, d) the appearance of heterosexuality and e) masculinity.

The South African equivalent of the "down-lows" is the term "After 9", made popular by the television drama of the same name that depicts a love triangle between a bisexual man and his male and female partners. These men are therefore viewed as being secretly homosexual. However, these men may construct their sexual identities in varying ways; for instance, one "After 9" MSMW might identify as being bisexual and another might see himself as being heterosexual (Phillips, 2005). These different constructions of sexual identity are important to understand as they are linked with how MSMW construct and understand risk with both their male and female partners.

1.8   Thesis outline

Chapter 1: Introduction

Chapter 1 has framed the context in which this study took place. I did this by highlighting challenges that face sexual minorities. As a result of the prevailing homophobic attitudes against people with same-sex sexualities, I then outlined the conceptual challenges linked to the labelling of my participants. The uniqueness of this study population was then highlighted to orient the reader to the complexities involved in understanding the participants' sexuality.

Chapter 2: Theoretical framework

This chapter presents the theoretical background for this exploratory research project and provides a review of theoretical literature on the topic. The first part of the chapter presents the theoretical background to the study, namely social constructionism. In addition, the chapter focuses on social scripts, which argue that gender is a social construct. Special attention is paid to sex scripts as the lens that guided this thesis.

Chapter 3: Literature review

This chapter frames the literature around HIV as an epidemic in South Africa. It focuses on the burden of HIV among MSM. Chapter 3 then discusses issues related to long-term relationships and their role in mitigating the risk of HIV for MSMW in long-term relationships. Finally, the chapter investigates how issues related to masculinity could place MSMW at risk of HIV infection within the context of long-term relationships.

Chapter 4: Research methodology

This chapter discusses the research design employed in this study by framing it within a social constructionist framework. The chapter then presents the research procedure that was followed during the different research stages, including gaining access to the study population, sampling, data collection, data analysis, and data presentation. Lastly, this chapter discusses ethical considerations that were present prior to and during the study implementation.

Chapter 5: The constructed nature of long-term relationships

This chapter is one of three chapters that present the findings from the one-on-one interviews and the online focus group discussion conducted with the MSMW research participants. The chapter focuses on the understanding of long-term relationships by considering the convoluted nature of these relationships, with a specific focus on emotional investment and the benefits of being involved in these relationships. The chapter then discusses how some of these relationships differ from non-romantic or less-committed sexual relationships. This chapter also mentions the difference between man-to-man and man-to-woman relationship dynamics – these differences are discussed further in Chapters 6 and 7.

Chapter 6: Issues related to trust and its impact on condom use and safe-sex construction

This chapter presents MSMW's understanding of safe sex. The chapter focuses on how trust seems to impact on condom use in long-term relationships between MSMW and their partners. This is done by focusing on factors that seem to contribute to trust in these long-term relationships. The chapter then presents and discusses the trusted partner is a safe partner sex script, and assesses its implications for the sexual safety of MSMW and their partners in long-term relationships.

Chapter 7: Issues related to gender norms and their impact on safe sex within long-term relationships

This chapter presents results related to gender constructions and their impact on sexual safety for MSMW in long-term relationships. The chapter also presents the findings on how the men in this study understood their manhood. It discusses issues related to the complex definitions of sexual orientation. The chapter also focuses on issues of disclosure and their potential impact on safe sex within long-term relationships. Finally, three sex scripts are identified and discussed in this chapter.

Chapter 8: Final discussions and conclusion

This chapter acts as a brief synopsis of the study to provide an overview of the research. In this chapter, I show how issues presented and discussed in Chapters 5, 6, and 7 coexist and how their relationship could potentially put MSMW and their partners at risk of HIV infection. I then discuss the issue of trustworthiness in my research and provide an overall reflection on my research journey. The chapter lastly presents the study's contributions, limitations, and recommendations.

Chapter 2:

Theoretical framework

2.1   Introduction

I used social constructionism in this research to understand the challenges to safe sex for MSMW in long-term relationships. This chapter presents the social constructionist framework as a theoretical lens that informed this research. The chapter commences with a discussion of the shift in thinking within the social sciences from modernism to postmodernism. I then make a case for selecting social constructionism to frame sexual safety for MSMW and their partners by presenting a number of key theoretical assumptions put forward by social constructionism. From this perspective, I discuss my conceptualisation of gender as a social construct by drawing on Judith Butler's and Eric Goffman's definitions of gender. I then discuss the connections between the construction of sexuality and gender as argued by social constructionists and how they apply in this research. Finally, I present a discussion of Simon and Gagnon's sex script theory, by highlighting the assumptions that are made by the theory, how it has been applied in other research, and how I used it in this current study.

2.2   A shift in thinking from modernism towards postmodernism

Social research has seen a shift in the study of human behaviour from modernism to postmodernism (Hibberd, 2006). Modernism as a paradigm held the premise where it was argued that there is a universal truth to that which could be studied, and that the study of this truth should be done objectively. Gergen (1992) argues that modernism created a situation where some individuals became experts in defining and explaining human behaviour. This undermined the multiplicity of alternative definitions and explanations. Modernism left little space for

deviant definitions and at its core held an assumption that there is always an underlying universal truth that can be generalised, if proper samples of the population are studied through quantitative measurements (Kotze, 1994).

As a critique to modernism, the postmodernism paradigm welcomed the idea that a single behaviour can have multiple definitions, as well as reasons as to why it is exhibited. In this way, a single concept can be understood and defined in different ways by individuals in both different contexts and within the same context (Kotze, 1994). Therefore, studying the microcosm of the individual without a careful understanding of the societal macrocosm does not provide the universal truth, and any such truth-directed inquiry runs the risk of oversimplification (Anderson & O'Hara, 1991; Burr, 2006). For postmodern scholars, there are no universally constructed values or norms that exist outside of their context (McHale, 1992). Gergen (1992) argues that on any given day, people's lived experiences are shaped and affected by multiple forces, which are impacted on by the sociopolitical atmospheres at the time. In this study, understanding different constructs of romantic relationships and other types of sexual relationships was important to make sense of the tensions that MSMW in these relationships might have to deal with in relation to safe sex within such relationships. Not understanding such multiple forces at play would undermine the complex challenges to safe sex that these men must deal with within these relationships.

Postmodernism views knowledge as something that is socially constructed through the use of language, signs, and symbols (Burr, 2006; Kotze, 1994). This view of knowable reality then suggests that there are no linear causal indicators that can determine behaviour, but rather what should be studied are stories about events and patterns from which certain behaviours manifest. This perspective welcomes the idea that the knowable reality has interrelated parts that

come together in complicated ways (Kotze, 1994). In addition, these interrelated parts sometimes

contradict one another. For example, people tell a version of their story about their reality, and

experiences, which sometimes expose multiple meanings (Gubrium & Holstein, 2008). This

implies that there are multiple ways in which a problem or a situation could be understood, and

that no single interpretation may fully grasp the nuances of the problem or the multifacetedness

of its meaning. As a result, research that takes a postmodernism approach avoids presenting

findings about people's experiences as absolute truths, but rather as one of the many possible

explanations that could exist (Blumer, 1969; Burr, 1995). In this way, it also acknowledges that

meanings attached to the experiences may also change over time and context. To understand

barriers to safe sex for MSMW, it is important to explore their reasoning and stories about their

sexual behaviours in and around their long-term relationships. This is to allow for a better

understanding of the complicated ways in which all the barriers coexist and their impact on these

men's sexual lives. In this study, I attempt to show how all these barriers are socially constructed

and that the ways in which they are understood by the different men affect the way they relate to

them. Section 2.3 provides a commentary on social constructionism.

2.3   Social constructionism

In an attempt to understand the concepts that framed this study, I drew on the

assumptions made by social constructionism that social construction, in itself, is diverse rather

than unified (Brickell, 2006). I start this section by highlighting the diversity within social

constructionism. Following from this, I then indicate social constructionist assumptions to which

I align myself within this study.

The title of Gubrium and Holstein's (2008) collaborative chapter in the *Handbook of*

Social Constructionism was "The constructionist mosaic", which highlights the diversity of

interpretations and applications of social constructionism across different disciplines, through different methodological approaches. Harris (2008) indicates that social constructionist writers need to specify the brands of social constructionism so as to avoid misunderstandings for themselves and their readers when working with this theoretical framework. The author argues that there are two major brands of social constructionism, namely objective constructionism and interpretive constructionism. According to Harris (2008), objective social constructionism (OSC) argues that what is created in the process of social constructions are the real states of affairs. Harris (2008, p. 234) further states that

> for OSC analyses, what are made, built, or assembled are not interpretations but (for lack of a better phrase) real states of affairs. As a result, OSC arguments can be made without necessarily attending so much to what things mean to actors and the intricate processes through which those diverse meanings are created; OSC arguments can be made without suspending belief in the existence of the world as the analyst sees it.

This is to say that for objective social constructionists, constructions are real social archetypes that researchers should investigate, versus the meanings attached by individuals to such constructions.

Harris (2008) indicates another brand of social constructionism, which he named interpretative social constructionism (ISC). According to the author, ISC is a more radical approach to social constructionism; it is underpinned by various traditions, including "symbolic interactionism, phenomenology, and ethnomethodology. Other orientations and developments, such as narrative analysis, semiotic sociology, and postmodernism also sometimes derive from and contribute to what might be called the interpretive constructionist movement" (Harris, 2008, p. 232). This means that ISC has an array of philosophical underpinnings that become helpful in the conceptualisation of and working with the research problem that researchers are investigating.

According to Harris (2008, p. 232), at the core of ISC is the understanding that "the meaning of things is not inherent". This is to say that all meaning given to things derive that meaning from within their social context, based on the agreed-upon understandings of the people in that contextual and historical moment. In the study, I align my understanding of the concepts that I investigate with ISC; however, given the vast orientations that underpin ISC, it does in itself differ across disciplines and in practice through research.

Ibarra (2008) makes a distinction within ISC, which he coins as strict versus contextual constructionism. Where the strict constructionist enquiries concern themselves more with how people construct their meaning through language, for example as in the case of discursive constructionism through the use of discursive analysis (Ibarra, 2008), contextual constructionism is more inclined towards seeking an understanding of how the taken-for-granted contextual meanings that exist in a sociopolitical setting affect the people within that particular place, as is the case with symbolic interactionism (Ibarra, 2008).

In this research, I draw on the symbolic interactionism approach to social constructionism, which other authors call "interactional constructionism (IC)" (Marvasti 2008, p. 3.15), which is based on the philosophical assumption that "the world has meaning only insofar as it becomes meaningful to its inhabitants, and the contention that the social world develops as its participants interact with each other" (Brickell, 2006, p. 93). What then becomes key to the understanding of human behaviour is the meaning that is created through their interactions with one another and their sociohistorical context. Blumer (1969, cited in Harris, 2008, p. 232) argues that the fundamental premise of symbolic interactionism is

> that meanings are created, learned, used, and revised in social interaction. All objects –'objects' being cows, chairs, actions, selves, social problems, decades, or anything else that can be referred to – derive their meaning from the purposes and perspectives that people bring to them.

This means that any social artefact only has social relevance that is bestowed upon it by the social actors within that particular social setting, within that specific time period. This has the quality of viewing social artefacts such as condoms in a way that allows for the investigation and discovery of how otherwise taken-for-granted meanings around condom use, for example, could affect how they are used, or not used, within the specific context of long-term relationships.

This view of social constructionism states that when individuals interact, meaning is produced and, in turn, this meaning shapes human interaction (Burr, 1995; Gergen & Gergen, 2003). According to this social constructionism perspective, the self and the knowledge or meaning about the world have their origin in relationships (Gergen & Thatchenkery, 2004). As a result, it is through conversations between people that knowledge about the world is created (Brickell, 2006). This is to say, what people know is shared through conversations about their experiences, as these allow for certain meanings to be created, which allow people to construct an understanding of their world and environments (Gergen, 1999; Gergen & Gergen, 2003). Meanings are therefore embedded in their local cultural context (Turner, 2008).

Writing about a symbolic interactionist perspective to social constructionism, Turner (2008) indicates that this perspective was based on three principal claims as per Blumer's (1969) earlier work. The first is a principle that I have already discussed, namely that the meaning of social reality is not a given but that it is the product of human interaction (Blumer, 1969; Harris, 2008). Turner (2008, p. 503) describes the second claim as follows:

> Second, when social actors from different settings or cultures interact, the meaning and importance of basic concepts are not necessarily shared and thus have to be negotiated. Unless common norms emerge from these negotiations, interaction will be confused and involve conflict. Third, agreement in interaction is achieved by negotiation between individuals or parties with different resources in terms of power and skill. Because misunderstanding and disagreement constantly threaten the micro-order of social action, social interaction involves teamwork.

What this philosophical view entails is that constructions about the world that most people tend to accept as being the truth are actually dominant articulations about shared norms of a particular context at a given time. These constructions are therefore not universal, so they can be changed and challenged by those who participate within them if their meanings are contested (Gergen, 1999; Turner, 2008). For example, Zungu (2013) found that her participants constructed HIV as *isigulo sabantu*, which means the "people's illness". Other studies, such as by Van der Riet and Nicholson (2014), showed that among their white participants, HIV was constructed as a "black person's disease" and that their participants were more concerned with pregnancy than HIV infection when talking about sexual safety. These context-based constructions of HIV can be seen as being different from how HIV/AIDS was constructed as a "dirty disease" for homosexual men, or as a punishment for homosexuality, when the epidemic first attracted the public's interest in Western countries (Ramakrishnan et al., 2015).

Given the existence of multiple ways in which meanings can be created around similar experiences across varying contexts, social constructionism is thus concerned with the view that people in a particular place and time have about their reality, and how these views fit in with their sociocultural context (Gubrium & Holstein, 2008). Gergen (1985, p. 267) argues that for social constructionists, "the terms in which the world is understood are social artefacts, products of historically [and culturally] situated interchanges among people". Social constructions are therefore indicative of people's attempts to make sense of their experiences against a backdrop of systematically agreed-upon norms or understandings of their status quo (Gergen, 1999).

These socially agreed-upon norms or systems of knowledge predate the individuals who are born into them and, as a result, people need to make sense of these social messages in relation to their own experiences (Brickell, 2006). Some people may accept these messages and

others may reject them; thereby constructing new ways of being or understanding of themselves in relation to and/or in collaboration with others. This perspective was interesting for this study given the fact that MSMW are born into societies that are predominately heteronormative. Understanding how they construct or reconstruct dominant norms around sexuality and sexual activity was therefore key to uncovering the unique challenges that they might be facing in their sexual relationships.

Social constructionists have made tremendous contributions to the understanding of gender and sexuality. People learn about themselves in relation to the dominant norms of the time (Villanueva, 1997). An interaction of these norms with intrapersonal beliefs about the self can serve as a validation or disapproval of a person's construction. As a result, certain forms of being, are rejected because of the context in which people find themselves, and these individuals need to navigate against these socially agreed-upon presentations of the self. Marvasti (2008, p. 3.15) argues that for the symbolic interactional approach to social constructionism, or IC as the author calls it, "social conditions are not mere structures that dictate human conduct. IC rejects a deterministic view of social conditions in favour of a more malleable model in which social structures are interpreted, invoked, and/or enacted in everyday practice". This means that people are still able to interact with their context to create their own interpretations of their social requirements.

For MSMW, their understanding of their socially constructed gender roles (which often involves a rejection of a homosexual identity in the public arena) may affect the places where and the ways in which they access and express their same-sex behaviours. As a result, same-sex activities may be constructed as something that must be done in secret so as to avoid possible stigmatisation. Similarly, other multiple relationships may be constructed as negative if a person

is in a long-term relationship, therefore forcing these men to believe that all sexual activity outside of their long-term relationship must be done in secret.

This study is concerned with the sexual safety of MSMW in long-term relationships. For me to come to any conclusions about issues that might have an impact on the sexual safety of these men, it became imperative to come to some sort of understanding of their gender and sexuality. In Section 2.4, careful consideration is made of how some social constructionists have theorised the issues of gender and sexuality. I also indicate from which of their ideas I borrowed in my attempts to work with these concepts in this research.

2.4   Social construction of gender and sexuality

Gender has been conceptualised differently by different theorists, which is particularly true of theorists writing under the broad umbrella of social constructionism (Lorber, 2008; Turner, 2008). Although their ideas diverge at key moments, they seem to be founded on the premise that no gender exists outside the social context (Butler, 1988; Hollway, 2001; Goffman, 1979). According to Brickell (2006, p. 94), "the assumption that sex is 'natural' is not a self-evident expression of any actual underlying ontology but is instead a socially constructed 'natural attitude'. This 'natural attitude' demands that one accomplishes either a socially acceptable maleness or femaleness". I base my understanding of gender on this argument, namely that gender is socially constructed and that it is not innate.

Section 2.5 focuses on Judith Butler's (1988) argument that gender is performative. I also indicate some of the key influences that I borrowed from her ideas, and the point at which I diverge towards Gofman's (1959) gender presentation/performance.

2.5   Gender performativity and gender presentations

For Judith Butler, gender is a social construct that continually comes into existence by being repeated by people within socially prescribed norms (Butler, 1988). Butler (1988, p. 242) defines the meaning of gender as a social construction as follows:

> [B]ecause gender is not a fact, the various acts of gender create the idea of gender, and without those acts, there would be no gender at all. Gender is, thus, a construction that regularly conceals its genesis. The tacit collective agreement to perform, produce, and sustain discrete and polar genders as cultural fictions is obscured by the credibility of its own production.

According to her understanding of gender, Butler (1988) argues that gender is an illusion. In this way, gender can be thought of as a social idea that guides the social interactions that males and females embody. People then come to believe that these guidelines are natural and necessary (Salih, 2002). Butler (1988) explains that individuals who are unable to *perform* their gender in ways that are socially acceptable are often punished. For me, this means that in as much as gender performativity creates the illusion of gender itself, the rules of such *performances* outdate the performers. Secondly, in as much as it may be conceptualised as an illusion, it, however, has real-life consequences for those people who do not abide by socially expected ways of being gendered. Therefore, for my understanding of gender, I agree with Butler (1988) in so far as to state that gender is a social idea that people attempt to embody through repetition of certain acts and in prescriptive ways of being, which are contextualised as social norms.

This research views gender as an illusion or socially constructed idea about male and female physicality that prescribes certain roles within society and, more specifically, within the context of sexual relationships. In addition, I argue that people are aware of these gender norms of "doing gender", which are embedded in their social contexts. With this is mind, I view people

as performing their gender in relation to these norms or guidelines. It is at this point where I align my understanding of gender with how Goffman (1959) conceptualised gender presentations or gender performances, which diverges slightly from Butler's (1988) work in that I view the 'doing' of gender as an active and sometimes purposive enactment of the socially agreed upon gender norms. Brickell (2005, p. 28) defines the word "performance" as an "enactment or doing, [while] performativity refers to the constitution of regulatory notions and their effects. The repetition that creates the illusion of gendered authenticity is not a subjective action so much as a linguistic interpellation".

Melendez-Torres and Bonell (2017, p. 260) also differentiate between performativity and performance:

> Butler characterises performativity as an expression in the hope of fulfilling a certain goal: as regards gender, the idea that 'anticipation will conjure its object' (Butler 1999, p. xv). As Butler (2009) later summarised performativity, whereas performance might be considered the enactment, the nature of performativity as a process connects that 'enactment' with its anticipated conclusion.

From this understanding of gender, I assume that for people to *do* gender, they need to understand the existing social norms from their context of how gender is *done*. Based on both Butler's (2009) and Goffman's (1959) work, people come to be known as women or men through their constant doing of gender. An understanding of gender in this way is crucial in this study as it helps in investigating how MSMW *do* or perform their gender within a social context that is both homophobic and heteronormative, and how these performances affect their sexual safety within the space of long-term relationships. This is because, as West and Zimmerman (1991) note, everyone is responsible for doing gender, and if people fail to do their gender, they can be reprimanded, and such acts of being reprimanded could even amount to physical harm, such as in the cases of corrective rape.

Goffman's (1959) conceptualisation of gender performance is embedded in symbolic interactionism approaches to social constructionism. For Goffman (1959), the reciprocal influences that individuals have on one another are key to understanding how and why people choose to perform their genders in certain ways across different contexts. On its own, this point is important to consider in this study as it suggests that MSMW may present their gender differently in different contexts and to different people as part of their sexual identity navigation to avoid homophobic backlash. Goffman (1979, p. 8) maintains that "there is no gender identity. There is only a schedule for the portrayal of gender", and that "one is continuously characterized as a member of a sexed category by others if one displays a competence and willingness to sustain an appropriate schedule of displays" (Brickell, 2005, p. 31).

According to Brickell (2005), gender performances involve impression management, in hopes that it will result in favourable impressions from others. Brickell (2005, p. 30) describes these performances metaphorically:

> Goffman's approach to the presentation or performance of self is a dramaturgical one, employing the metaphor of the theater. Any performance involves 'front' and 'back' regions, analogous to the relationship between front-stage and back-stage in a theater. The front is where one performs in the presence and judgment of others, while out back, the actor practices impression management and the techniques required to accomplish a successful presentation.

This understanding of gender performances continues to assert the idea that individuals are active in the creation of their gender presentations, and are influenced by the social context or situation where they find themselves. Goffman (1974) calls these social norms or situation frames, which he argues may affect the construction of the meaning attached to certain types of performances. Brickell (2005, p. 30) expresses the importance of frames more clearly when he writes that they "organize subjective experience by providing meanings within which social events can be interpreted. Individual subjects are not free to frame experience as they please, for

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frames preexist interactional situations and govern and constrain the meanings that can pertain". Given the existence of homophobic attitudes, it is not illogical to assume that MSMW may present their gender identities or sexualities differently across different social contexts. I argue that the performances that MSMW enact may differ across the different sexual relationships that they are involved in and that this may, in turn, affect their assessment of sexual risk within and across those sexual relationships.

2.6   Summation of key points regarding the social construction of gender

In Section 2.5, I discussed the conceptualisation of gender in this research by drawing on social constructionism ideas. Based on Butler's (1988) and Goffman's (1959) complementary theories, my view is that gender is a social construct and not a natural phenomenon. I also argued that people who participate in the various performances of gender are aware of the rules that govern gender presentations within their context. This is to say that people are aware of the gendered nature of manhood and womanhood, and that breaking these social norms may often lead to punishment, as is the case with homophobia and corrective rape. For this study, it is important to understand how MSMW navigate their gender identities as this might have an impact on the understanding of their sexuality and sexual relationships. It is, however, important to understand the social construction of sexuality.

2.7   Connections between gender performance and the construction of sexuality

Similar to gender, sexuality has been understood differently by different theorists from a variety of schools of thought. Social constructionists have treated sexuality as they have understood gender, and, as such, sexuality is viewed as a social construct. In this way, social constructionism rejects the idea that sexuality is natural and argues that it is rather the

articulation of socially agreed-upon ideas of manhood and womanhood (Kessler & McKenna, 1978; 2000). The existence and dominance of male and female (with the exception of intersexed individuals) have created the illusion that sexuality is dichotomous, and only natural in interactions between males and females. This is evident in how most communities have accepted heterosexuality, not only as the dominant sexuality that is prescribed to both men and women, but as the only legitimate sexuality (Butler, 1993, 1995; Pennington, 2009).

Goffman (1977) argues that the assignment of sexuality into one of the binary sexes happens through social processes of designation and dialogue. This is to say, through talk people label sexual behaviours to frame them within their understanding. Hollway (2001) touched on this idea when she theorised about the sexualities of men and women, arguing that they drew on different yet complementary discourse, namely the male sex-drive discourse and the female have-hold discourse. Similar to my understanding of gender, I take this to mean that the context in which people are situated affects their thinking and making meaning of their sexuality. This is not to say, however, that their actions or experiences of their own sexuality are prescribed by these social norms, but that agreed-upon expressions of both gender and sexuality serve as reference points for these individuals.

For people with sexualities that are viewed as deviant, this means that they often do not have the support and guidance in attempting to understand their sexuality, and given the existence of homophobia in their context, they may often feel ashamed of their sexuality and thus choose to conceal it. In Chapter 3, issues around the disclosure of sexuality are reviewed by examining why it is important and why it is difficult for most MSMW to disclose their sexuality. This is linked to the potential risk it may present to these men and their partners within long-term relationships.

Clarkson (2006) argues that some homosexual men may draw from the constructions of manhood and present themselves as being hyper-masculine as this denounces femininity, which is usually linked to the social constructions of womanhood.

2.8   Reflection on sexuality as a social Construct

In this section, I present a social constructionist argument that sexuality is a social construct whose existence is embedded in social processes used by people within certain contexts to make meaning of sexual interactions. In this way, I view sexuality not as a fixed given, but rather as being based on how individuals make sense of it through their lived experiences. Taking this stance has the potential to help me in my exploration of how MSMW make meaning of their sexualities and how these, in turn, affect their sexual safety within and across their sexual relationships. In Section 2.9, I present the sex script theory and outline how I used this theory in my exploration of sexual safety for MSMW in long-term relationships and their partners.

2.9   Sex Script theory

From an understanding that gender and sexuality are social constructs, Simon and Gagnon (1984) first introduced the idea of sexual scripts in 1973, which focus on studying human sexuality, and conceptualise sexual behaviours as being scripted. This understanding of sexual interactions was deeply rooted in the symbolic interactionism approaches to social constructionism (Brickell, 2006; Kimmel, 2007). The theory argues that people's sexual activities are social in nature and that they need to be understood from the context in which they occur. Scripts are used as a metaphor for conceptualising the production of sexual behaviour (Simon & Gagnon, 1984; 1986). These scripts are said to be normative sexual interactions

between certain individuals or actors in a given setting (Hynie, Lydon, Cote, & Wiener, 1998).

According to Simon and Gagnon (1986), the meaning attached to sexual actions is created

between actors, similar to how the storyline in a play is created by an interaction between

performers on a stage. An important point to note here is that based on this understanding of

sexual activity, similar sexual acts may carry different meanings for performers involved in their

enactment.

Simon and Gagnon (1999, p. 30) state that "desire is not reducible to an appetite, a drive,

an instinct; it does not create the self, rather it is part of the process of the creation of the self".

Desire or people who are deemed desirable are prescribed by a social understanding of scripts

that exist for certain actors. The scripts may be considered as "both social agents, prescribing

what is considered normative within a culture and as intra-psychic maps, providing directions for

how to feel, think, and behave in particular situations" (Wiederman, 2005, p. 496). Sex scripts

can be viewed as

> blueprints for sexual conduct; they allow individuals to conceptualize their role in
> sexual encounters and serve to decrease anxiety in social interaction by enabling
> actors to predict and interpret each other's behavior. Scripts shed light on the
> normative and sequenced behavior in sexual encounters that are usually thought
> of as romantic and spontaneous (Hauck, 2015, p. 13).

With this idea that sex scripts provide people with a set of social cues around their

interaction, I consider them as being indicative of a person's gender performance at a given time

in a certain context. As a result, the sex script that a MSMW will choose to enact within a

particular sexual relationship will be affected by the nature of that relationship, namely, long-

term versus short-term relationships, and possibly the gender of their sexual partner at the time.

This is because, based on the review of the literature, these features are said to affect sexual risk

assessment for MSMW (see Chapter 3, Section 3.3.2). The sex script theory becomes an

important lens to use for this study, particularly with MSMW whose sexual scripting could be drawing from different sets of socially normative behaviours, some of which could be rejecting same-sex sexualities.

Simon and Gagnon (1999) argue that sexual scripting takes place at three distinct levels, which they termed as cultural scenarios, interpersonal scripts, and intrapsychic scripts. According to Hynie, Lydon, Cote, and Wiener (1998), cultural scenarios are embedded in social norms around the sexual behaviour of certain individuals versus others, at a given time, and in a given context. They do not predict sexual behaviours; however, they act as justifications as to why certain sexual activities are permissible when compared to those that are shunned (Brickell, 2006). Identifying these cultural sex scripts is helpful in identifying sexual behaviours that are considered normative for MSMW in KwaZulu-Natal. This information is important because it speaks to how MSMW make meaning of their sexual activities within their wider social context, and aids in understanding why some risky sexual behaviours take place within these relationships.

Interpersonal scripts are defined as individuals' interpretations of cultural scenarios, in relation to their own personal desires within the context of sexual interactions with their partners. These interpersonal scripts are embedded in the person's past experiences (Simon & Gagnon, 1986; Brickell, 2006). People in the same context may have unique sexual experiences and they therefore interpret and understand cultural scenarios differently. Hence, an understanding of their unique experiences helps shed some light on possible existing scripts that are a result of context and the different actors within that space and time.

Simon and Gagnon (1986) define intrapsychic scripts as an individual's attempts to internalise social scenarios and interpersonal scripts. For individuals to understand their sexual

cues from other sexual actors, they require competence in their understanding of social and interpersonal scripts. This requires a rehearsal of these scripts at both an internal and behavioural level. According to Hynie et al. (1998, p. 371), the "rehearsal of the interpersonal scripts derived from cultural scenarios actually shapes individual attitudes, values and beliefs and, in this manner, interpersonal scripts act as the link between individual attitudes and societal norm". This link between societal norms and individual attitudes was crucial for this study as it had the potential to uncover how MSMW understood and internalised societal norms around sexual encounters that often excluded their internalised sexual desires.

2.10   Implications of sex scripts in research

The sex script theory has been used in a variety of studies that focus on understanding how sexuality is scripted, ranging from research with heterosexual adolescents (Maticka-Tyndale, 1991; Maticka-Tyndale et al., 2005), on women's sexuality (Hynie et al., 1998; Markle, 2008), and on how these affect sexual safety (Ortiz-Torres, Williams, & Ehrhardt, 2010). Some research has investigated how sexual coercion could be explained by considering sex scripts enacted by men, under certain sexual conditions (Byers, 1996).

Other studies have paid special attention to how the sex script theory could be used in an attempt to understand and explain men's sexuality. This literature examines a variety of sexual issues ranging from intimacy around commercial sex (Sanders, 2008), to men's negotiation of sexual activity with different partners and in different types of relationships (Epstein, Calzo, Smiler, & Ward, 2009; Rose & Frieze, 1993; Seal & Ehrhardt, 2003). Studies have also been conducted among homosexual men that attempted to shed light on how these men understand their sexual relationships, and the scripts that explain their behaviour (Klinkenberg & Rose, 1994; Mutchler, 2000).

Epstein, Calzo, Smiler and Ward (2009) conceptualised young men's sexual experiences that took place outside their committed relationships as non-relational scripts. These non-relational scripts involved "hooking up" and/or "friends-with-benefits" sexual experiences. Paul, McManus, and Hayes (2000, p. 76) define a hook-up as "a sexual encounter which may or may not include sexual intercourse, usually occurring on only one occasion between two people who are strangers or brief acquaintances". The friends-with-benefits sexual experience is defined as "relationships between cross-sex friends in which the friends engage in sexual activity but do not define their relationship as romantic" (Hughes, Morrison & Asada, 2005, p. 49). Epstein et al. (2009) argue that once initial behaviour is enacted, the script outlines an expected sequence of behaviours. Epstein et al. (2009) give an example of initial steps such as attending a party, drinking alcohol, and dancing during the party that may be seen as invoking a hooking-up possibility; the accessibility of this script is limited to how it is understood by those in that context (other party goers). What they found is that not all men enacted this script, which was in line with portrayals of men as being afraid of commitment and seeking sexual interactions that were void of emotional closeness. For some of their participants, going out presented opportunities to spend quality time with friends or lovers, where hooking up was not a primary goal (Epstein et al., 2009).

Additionally, Epstein et al. (2009) found that these young men's definitions of the script varied, and often involved ambiguities that seemed to benefit the actors involved. The rejection of the script by some actors is indicative of changing attitudes towards constructed norms that seek to prescribe appropriate sexual behaviours for individuals within a certain setting. Uncovering these reconstructions of the dominant norms sheds some light on how certain groups or individuals make sense of their sexual lives and it helps to identify unique challenges faced or

being navigated by those groups against a backdrop of social norms that no longer serve their

interests. It is in line with this that I view sex scripts as being indicative of how certain people

choose to perform their gender and sexuality.

Mutchler (2000) conceptualised these non-relational scripts as adventure scripts, which

involve sex with casual or anonymous partners for the purpose of seeking pleasure. Mutchler

(2000) found that gay men in their sample also drew on this script; however, there were instances

where other actors chose to draw on interpersonal scripts that involved intimacy and romantic

love for their same-sex partners.

Research focusing on the nature of relationships between women and men has identified

what is called the traditional sexual script, with some authors referring to this script as the

traditional heterosexual script (Byers, 1996; Mutchler, 2000; Sanders, 2008; Seal & Ehrhardt,

2003). Byers (1996, p. 11) summarises the traditional sexual script as

> the oversexed, aggressive, emotionally insensitive male initiator who is enhanced
> by each sexual conquest and taught not to accept 'no' for an answer against the
> unassertive, passive woman who is trying to protect her worth by restricting
> access to her sexuality while still appearing interested, sexy, and concerned about
> the man's needs.

This research argues that the traditional sexual script is embedded in gender norms,

which are taught to people through their socialisation as either male or female. Given that the

literature suggests that MSMW continue to engage in their normatively assigned gender roles

(Silva, 2017; Carrillo & Hoffman, 2018), it is therefore important to investigate to what end they

may or may not be taking up these scripts within their own sexual relationships with women and

how this might be impacting on their sexual safety.

Other work investigated sex scripts in the context of long-term or committed

relationships and was able to identify a number of sexual scripts that relate to sexual safety

within these relationships. Maticka-Tyndale (1991) argue that young people in the presence of HIV/AIDS are scripting condoms as a contraceptive. Later work found that sex, particularly condomless sex, showed love and commitment (Leclerc-Madlala, 2009), and that a trusted partner was a safe partner (Msweli & Van der Riet, 2016). Although this work focused on heterosexual individuals (i.e. male-female relationships), Mutchler (2000) identified a parallel script that he conceptualised as the romantic love script within a sample of homosexual men. Individuals who took up the romantic love script justified their unsafe sexual behaviours with assertions that they trusted that their boyfriends would not infect them and desired intimacy above concerns about HIV.

The scripts are based on the premise that cultural scripts provide a shared account of what are considered to be sexually appropriate practices for different people. Scripts are evident in the way people talk about sex or sexual activity, and this highlights what is normative for a certain group of people. Maticka-Tyndale et al. (2005) argue that scripts are set up within discourses, which construct sexual behaviours as being appropriate or inappropriate within a given setting and time. This research aimed to investigate challenges to safe sex for MSMW who were in long-term relationships, by exploring the existing social constructions around these relationships.

2.11 Summation

In this chapter, I argued that sexual activities and the factors that affect them are socially constructed. These social constructions are evident in social norms that exist in a given context and at a given time. These socially constructed norms underpin the sex scripts that people enact within their sexual relationships, which are useful to understand sexual behaviours that occur within specific types of sexual relationships. These scripts are not prescriptive in nature, since actors may or may not choose to enact them based on the risks and benefits linked to such

enactments. People's choices about when to enact a certain script related to sexual safety in their long-term relationship are, however, telling about the types of barriers that exist within relationships. The selection of these scripts also suggests the gender and sexuality performances that could underlie these actors' decision making in response to sexual risk.

In Chapter 3, I review the vast literature that has been published that focuses on HIV/AIDS and sexual relationships.

Chapter 3:

Literature review

3.1   Introduction

This chapter outlines the major issues that impact on the sexual safety of MSMW and their sexual partners and is divided into three main sections. Section 1 frames HIV/AIDS as a global epidemic and discusses the impact that HIV/AIDS has on South Africa. In this section, I also examine the impact of HIV on the MSMW community. Lastly, Section 1 reviews issues around HIV prevention and the nature of condom use in South Africa.

Section 2 of this chapter explores issues related to romantic relationships. This is done by exploring why romantic relationships are important. I also outline Sternberg's (1997) triangular theory of love. Section 2 also problematises issues surrounding bisexuality and intimate relationships. Section 2 furthermore discusses the types of sexual relationships and sexual agreements that MSMW enter into with their partners. Lastly, Section 2 reviews how an accumulation of all the factors presented in this section could potentially place MSMW and their partners at risk of HIV infection or how these factors could be maintaining such risks.

Section 3 of this literature review explores issues related to dominant masculinities and alternative masculinities as they relate to MSMW. The section outlines how the social construction of these masculinities could have an impact on the sexual safety of MSMW. Additionally, I explore issues related to challenges faced by MSMW regarding the disclosure of their sexuality.

The chapter is concluded by presenting the rationale for the study, together with the study's objectives and research questions.

3.2   Section 1: The HIV epidemic in South Africa

HIV has had devastating effects on South Africa, across different populations, but more so on black communities. Recent research seems to suggest that unprotected sexual intercourse is among the leading causes of HIV transmission. Hounton, Carabin, and Henderson (2005) argue that HIV/AIDS has been recorded as the worst epidemic in history. Even though HIV/AIDS has affected the world globally, Southern African countries have carried the highest burden of the epidemic (Halperin & Epstein, 2007; Hounton, Carabin & Henderson, 2005; Joint United Nations Programme on HIV/AIDS [UNAIDS], 2018). UNAIDS (2018) reported a decrease in the number of new infections but highlighted an increase in a total number of people living with HIV in the country, since most people living with HIV are receiving life-saving antiretroviral treatment (ART). Simbayi et al. (2019) media report, based on the findings of the Fifth South African National HIV Prevalence, Incidence, Behaviour and Communication Survey (SABSSM V), reported that HIV prevalence in South Africa increased from 12.2% in 2012 to 14.0% in 2017, meaning that an estimated 7.9 million people were living with HIV in 2017.

The media report also indicated that there is an overall decrease in HIV incidence of approximately 44% in the country, which translates to 231 000 new infections in 2017 (Simbayi et al., 2019). The report also indicated troubling risk factors for men and their partners. According to Simbayi et al. (2019), condom use patterns have not changed since 2012; this could mean that although the survey reported that South Africans had exposure to HIV communication campaigns, some key behavioural risk factors have not changed. The report also indicated low viral suppression levels among men (Simbayi et al., 2019). This means that HIV-positive men have a greater chance of transmitting the virus to their partners (Simbayi et al., 2019). This is important to note, especially when considered against other findings from the survey that showed

that male youths were less likely to be aware of their HIV status, and that the level of reported

multiple partners was still high among males (Simbayi et al., 2019). This study relied on these

national-level statistics as an indicator of possible risk for MSMW, as their sexual activities with

partners of both sexes may expose them to HIV risk factors from both heterosexual and

homosexual populations.

3.2.1   The HIV/AIDS context in South Africa

Studies that have investigated various dynamics of HIV/AIDS in South Africa have

indicated that the epidemic is heterosexually driven (Hunter, 2005). This is different to other

countries, for example in Europe or the USA, where high levels of incidence and prevalence are

reported among MSM (Hunter, 2005; Ramakrishnan et al., 2015). A host of factors that

contribute to the vulnerability of South Africans have been investigated across different settings

in South Africa. Many of the studies suggest that HIV vulnerability is linked to a person's

socioeconomic and sociohistoric context (Akullian et al., 2017; Chikovore et al., 2016; Steinert,

2017). This is because it became apparent over the years that the epidemic was predominately

affecting black people, from mostly disadvantaged communities and backgrounds (Maheu-

Giroux et al., 2017; Shisana et al., 2014).

Some of the possible contributors that have been investigated involved poverty, where

decisions about sexual safety are mitigated by economic factors (Chikovore et al., 2016; Steinert,

2017; Tariq et al., 2018). Poverty has led to commercial sex work that exposes mostly sex

workers to the risk of contracting HIV. In other instances, young women enter into transactional

sex as a way of gaining monetary value from their sexual partners (Setswe et al., 2015). Some

have argued that due to the lack of resources in rural areas or townships, most black South

Africans have had to migrate to bigger cities to look for employment opportunities (Dobra,

Bärnighausen, Vandormael, & Tanser, 2017). Some of the current studies suggest that migration can increase a person's vulnerability to HIV as it creates opportunities for multiple sexual partnerships or interactions (Dobra et al., 2017).

The literature suggests that myths and misconceptions about HIV have also led to barriers to prevention and treatment, which could have an impact on the epidemic, particularly in KwaZulu-Natal. These include, but are not limited to, the beliefs that if people slept with a virgin, they would be cured, and the misconception that only people who are underweight were infected (Van Heerden et al., 2017). Current literature also suggests that some people still believe that they can tell if a person is infected by looking at his/her weight (Chikovore et al., 2016). This suggests that people could still be engaging in unsafe sexual practices if their sexual partners are asymptomatic, as reported by Tariq et al. (2018).

Other issues that have been identified in the literature as possible barriers to treatment involve multiple treatment options, where some people prefer traditional medicines to treat HIV and its related illnesses versus the use of ART (Zuma et al., 2018). A study by Zuma et al. (2018) suggests that the viral load of people who are defaulting on their ART is not suppressed, and thus they remain highly infectious to their sexual partners. For some time, this has remained a challenge within black South African communities as many people first understood HIV as bewitchment, and thus sought traditional forms of treatment (Zungu, 2013).

The South African government has been praised for its response to the HIV epidemic. Section 3.2.2 outlines some of the HIV-prevention and -treatment strategies that have been implemented in South Africa over the years.

3.2.2 Safe sex and safe-sex promotion

Through safe-sex education, individuals have been made aware of the threats of HIV infection. In South Africa, there have been more than 11 national HIV-prevention and -treatment programmes throughout the years. In 2019, Simbayi et al. (2019) reported that many South Africans had been exposed to at least one of the HIV-prevention campaigns by one of its partners, such as LoveLife, Soul City, Centre for Communication Impact, and Community Media Trust. The report mentioned that people who reported more exposure to preventative messages reported greater knowledge of HIV and prevention strategies such as condom use, HIV testing, and circumcision (Simbayi et al., 2019). This implies that many people have been exposed to messages about HIV education, counteractive action, and treatment.

Safe sex is conceptualised by the HIV communication programmes as sex that prevents unwanted pregnancies and protects against STIs and HIV/AIDS (LoveLife, 2008). The most prominent messages in these HIV communication programmes, particularly in the early LoveLife prevention campaigns, is ABC, which is Abstain, Be faithful, or Condomise. The message communicated by this communication programme is that people are supposed to abstain from sex; however, if this is not an option for them, as with the case of those involved in relationships, they should remain faithful to their partners. Lastly, if one is unable to uphold the previous preventative measures, then one is expected to use condoms.

The issue with these messages is that condom use is viewed as a less morally desirable preventative strategy, whereas research has shown that messages about abstinence and monogamy are less realistic for most people owing to a number of different reasons (Shisana et al., 2014). These reasons may include, but are not limited to, early sexual debut by both young men and women, heterosexual gender norms that promote sexual exploration by men, and

involvement in romantic or sexual relationships. All these social and interpersonal dynamics render messages of abstinence less realistic than condom use for most people (Shisana et al., 2014).

When abstinence is not an option, individuals are expected to be faithful to one partner. This requirement of monogamy is also problematic in South Africa in general, particularly among men, as part of their constructed masculinity may involve having multiple sexual relations (Hunter, 2005; Van der Riet, Sofika, Akhurst, & Daniels, 2019; Varga, 1997). Secondly, this required monogamy does not cater to the sexual needs or desires of some MSMW who may view themselves as being bisexual or who may feel pressured to be with women so as to evade any undesirable social consequences of being viewed as homosexual (Fields et al., 2015; MacKenzie, 2018). The expected health behaviour linked to this message is that partners will be tested regularly so as to ensure sexual safety within their relationships.

Another problem with safe-sex messaging around faithfulness is that there are high levels of concurrent partnerships in Southern Africa and these place couples at risk of infection. Not every person is faithful, and one partner can be faithful in the relationship, while the other is not. This is even more of an issue for MSMW (Goldenberg et al., 2015). Furthermore, this is highly problematic, especially in South Africa, where some cultures either promote or tolerate male infidelity. This could mean that MSMW could even have more than two sexual partners of the same sex or opposite sex. These multiple relationships could be constructed differently and therefore could expose MSMW to varying degrees of risk.

Another problem with faithfulness is that it is open to different interpretations by different individuals. Some MSMW may be in relationships with multiple partners but feel that they are faithful to the relationship if they are open to their partners about their extra-relationship

sexual explorations (Duncan, Prestage, & Grierson, 2015a; LaSala, 2004; Rubel & Bogaert, 2015; Whitton, Weitbrecht, & Kuryluk, 2015). This means that in some cases, faithfulness to a partner does not equate to practiced monogamy (Duncan et al., 2015a; Rubel & Bogaert, 2015). Given the fact that consistent and correct condom use remains the most accessible and safest option of practising safe sex for sexually active individuals, understanding condom use within different types of sexual relationships remains important (Golub, Starks, Parsons, & Payton, 2012).

Section 3.2.3 outlines how condom use has become a social construction that carries multiple meanings.

3.2.3   Socially constructed meanings of condom use

Condoms have been stigmatised as being related to promiscuity, and as being suggestive of sexual activity (Msweli & Van der Riet, 2016). When women are seen carrying condoms, they are viewed as being loose and available (Msweli & Van der Riet, 2016). The literature suggests that this might even be the case for feminine MSM who are receptive during sexual contact and who are usually in sexual relationships with masculine men (Wilkerson, Smolenski, Morgan, & Rosser, 2012). Preston-Whyte (1999, p.142) states that "negative associations of condoms with casual and multi-partner sex are not easily dislodged from people's perceptions and that advocating (and even carrying) condoms may be taken as evidence, not only of having a number of sexual partners, but also of being HIV positive". This means that people may avoid condom use as an attempt to deter any association with infidelity and HIV infection.

Historically, condoms have carried negative stereotypes in South Africa that have mitigated against their use. Some of these are expressed in statements such as "It's like eating sweets with their paper on / bathing in a raincoat" (Varga, 1997, p. 56). Other studies that

investigated condom use by MSM found that some people said they did not use condoms owing to physiological desensitivity, where condoms are reported as decreasing the sexual pleasure during sex as sensitivity is decreased (Golub, Starks, Payton, & Parsons, 2012). Other MSM reported high chances of losing their erections during sex because of condom use (Golub et al., 2012). These issues have been shown to mitigate against condom use, particularly within the context of long-term relationships, where condomless sex is not only seen as being more pleasurable, but it is also viewed as a way of displaying love and commitment (Newcomb & Mustanski, 2016).

Using a condom in a relationship can symbolise a lack of trust in one's partner, or a lack of commitment to the relationship, as found in studies with heterosexual populations (Chimbiri, 2007) and same-sex populations (Newcomb & Mustanski, 2016). Condom use implies the suspicion of or the presence of risk within a relationship (Kordoutis, Loumakou, & Sarafidou, 2000). In long-term relationships, this risk is assumed not to exist, because of trust, fidelity, and faithfulness, which therefore delegitimitizes concerns about condom use. Tavory and Swidler (2009, p. 171) describe the cultural effects of condom use as follows: "Cultural constraints on condom use are real. They do not derive from stubborn cultural beliefs that refuse to acknowledge the dangers of AIDS, rather, they derive from semiotic codes".

It has been suggested that carrying condoms affects how people view an individual. Condoms as a social tool are burdened with meanings (Johnson-Hanks, 2002; Smith, 2000), which are linked to, but not limited to, lack of trust, infidelity, and possibility that the person carrying the condom, or suggesting its use, is infected with HIV.

Understanding how an object such as a condom is constructed by certain people is key to understanding how those people within that context will respond to it. Hence, an understanding

of condom use by MSMW within their relationships is key to uncovering and explaining some of the barriers to safe sex that exist in these relationships.

Up to this point, I have discussed issues related to how HIV/AIDS has affected South Africa. I have not outlined in detail the burden of HIV for sexual minorities, particularly MSM. Although there have been a number of prevention programmes in South Africa over the years, there have been a limited number of safety messages geared towards MSM. This is partly related to the fact that many same-sex interactions remain hidden from the public.

Section 3.2.4 discusses the impact of HIV/AIDS on MSM globally and then special attention is paid to MSM and MSMW within the South African context.

3.2.4   Exposure to the risk of HIV infection for MSM/MSMW

Globally, inadequate attention has been paid to the sexual needs and public health needs of MSM (Smith, Tapsoba, Peshu, Sanders & Jaffe, 2009) and, in particular, MSMW. This has been more evident in countries located in Southern Africa, where MSM appear to carry a higher burden of the HIV epidemic than their heterosexual counterparts (Cloete et al., 2014). For example, the first prevalence study of MSM in Africa using respondent-driven sampling was conducted in Senegal in 2005 (Wade et al., 2005). The study found an HIV prevalence of 21.5% among 463 MSM, compared to an HIV prevalence of 1.0% among adult males overall (Kajubi et al., 2008 cited in Cloete et al., 2014 p.9). In that study, one in five MSM reported unprotected anal intercourse (UAI) in the month prior to data collection, and the prevalence of STIs was high (Kajubi et al., 2008). These results show how important it is to understand sexual behaviour within its context and to direct appropriate safety messages to appropriate populations.

As was apparent in the first prevalence study conducted among MSM in Africa, individual-level risks for HIV infection among MSM are similar in developed countries and

high- and low-income countries (Beyrer, 2007, cited in Cloete et al., 2014, p.9). These individual-level risks for HIV include UAI, which carries a risk of infection 16 to 18 times higher than its vaginal counterpart (Beyrer et al., 2012; McIntyre et al., 2013), and is exacerbated by a high number of lifetime partners, which may include women, and risks related to drug and alcohol use (Rawstone et al., 2007; Van Griensven et al., 2005; Wade et al., 2005). For MSMW, this list would also include unprotected anal and vaginal sexual contact with women (Dodge et al., 2008). According to Dodge et al. (2008), research has shown that MSMW have lower rates of condom use and a higher number of sexual partners in comparison to MSM. An exploration of possible risk factors for MSMW living in KwaZulu-Natal is important, especially since the province still carries the highest burden of HIV in the country (Haber et al., 2017; Hunt et al., 2017; Van Heerden, 2017).

Globally, MSM are up to 13 times more likely to be infected with HIV than the general population (UNAIDS, 2018). Different studies in South Africa, largely based on respondent-driven sampling, report prevalence rates between 10% and 43% (Desmond Tutu HIV Foundation, 2011), compared to adult prevalence, which rose from 15.3% in 2001 to 17.9% in 2012 (UNAIDS, 2018). Even though there are no statistics that are based purely on samples of MSMW, these statistics serve as an important indicator of the state of the epidemic for MSM who also have sexual relations with women.

In first-world countries such as the USA and countries in Europe, the burden of the HIV/AIDS epidemic has been carried by men with same-sex sexualities, otherwise referred to as MSM, in recent health research (Ramakrishnan et al., 2015). In the USA, the research shows that even though black and Latin men are the minority, they account for the majority of the HIV infection statistics (Harawa et al., 2014; Mays, Cochran, & Zamudio, 2004). According to

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Friedman et al. (2014), MSM account for 61% of new HIV infections in the USA. Even though research shows that the HIV pandemic has affected South Africa differently than countries in the West, these statistics are worrying given that HIV/AIDS among MSM in South Africa continues to be under-researched (Imrie, Hoddinott, Fuller, Oliver, & Newell, 2013).

Even though no national prevalence study has been conducted with the sole aim of identifying HIV prevalence among MSMW in South Africa, there have been a number of separate studies that have investigated HIV prevalence among MSM in Cape Town, Durban, and Soweto, as well as HIV prevalence among MSM (Baral et al., 2011; Eaton et al., 2013; Lane et al., 2014). These studies have found a prevalence of 13.2% in Soweto (Lane et al., 2011), 25.5% in Cape Town (Baral et al., 2011), 27.5% in Durban (Rispel, Metcalf, Cloete, Reddy, & Lombard, 2011), and 49.5% in the greater Johannesburg area (Lane et al., 2014). It should be noted that these studies are important even though it is suspected that the prevalence between MSMW and men who have sex with men only (MSMO) might differ, since the literature suggests that MSMW are reported as engaging in more risky sexual behaviours than MSMO (Ramakrishnan et al., 2015; Friedman et al., 2014; Wheeler et al., 2008). Friedman et al. (2014) argue that for HIV-related statistics to be meaningful, they need to be more specific to their referral population. This is particularly true when it comes to MSMW versus MSMO because they have different behavioural indicators that might lead to different outcomes in terms of their risk index (Eaton et al., 2013; Wheeler et al., 2008). In South Africa, the lack of HIV prevalence statistics for MSMW is problematic, particularly for those in long-term relationships, as they may perceive their long-term partners as safer partners (Harawa et al., 2014; Siegel, Schrimshaw, Lekas, & Parsons, 2008). This is particularly the case when it comes to their female partners, as the literature suggests that bisexually active men are less likely to use condoms with their female

partners than their male partners (Mustanski et al., 2011). Given that women in South Africa still carry the burden of the disease, this suggests that they may be exposed to an increased risk of infection within these relationships (Akullian et al., 2017; Maughan-Brown et al., 2018; Simbayi et al., 2019).

In South Africa, MSMW who have unprotected sex with partners of both sexes could be bridging the HIV epidemic gap between the homosexual and heterosexual populations (Eaton et al., 2013). In the literature this is referred to as the bridge theory (Eaton et al., 2013; Malebranche et al., 2010), where bisexually active men do not to disclose their same-sex sexual behaviours to the women they sleep with, and engage in unprotected sex with these women (Schrimshaw, Siegel, & Downing, 2010), who are then at an increased risk of HIV infection (Eaton et al., 2013; McKay & Mutchler, 2011; Harawa et al., 2014). Understanding the existence of this dynamic between MSMW and their long-term partners is important in the assessment of the risk to which they are exposed.

3.2.5   Vulnerabilities of MSMW

Although HIV risk for MSMW located in African countries is similar to the risk for those in developed countries, it is worsened by the presence of stigmatisation and the criminalisation of same-sex sexualities. This inevitably makes HIV prevention efforts for MSMW challenging. In addition, in many African countries, including South Africa, men who engage in same-sex relationships tend to do so secretly, while still fulfilling their expected gender roles and responsibilities (Cloete et al., 2010). Most MSMW continue to have long-term relationships with female partners to whom they do not disclose their bisexual sexual activity (Goldenberg, Finneran, Andes, & Stephenson, 2017; Schrimshaw et al., 2018). Despite the fact that disclosure

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has been argued to promote the wellbeing of bisexually active men and their partners, it has been shown to be demanding and complicated.

Expressions of non-heterosexual behaviours and identities are usually prohibited by the sociocultural environments in which most black men live (Schrimshaw et al., 2018). These expressions of non-heterosexual behaviours are especially prohibited in spaces where heteronormativity and masculine gender norms within cultural, social, religious, and family networks prevent expressions of same-sex love and desire, and where same-sex activity is likely to be despised (Dangerfield et al., 2017; Ravenhill & De Visser, 2017; Rhodes et al., 2011; Stokes et al., 1996, 1997; Silva, 2018). Numerous black MSMW therefore evade gay same-sex identities (Lever et al., 1992; Malebranche et al., 2003; McKirnan et al., 1995; Stokes et al., 1996, 1997). Also, the perceived threat of severe bodily or emotional harm, such as being battered, socially rejected, or publicly maligned, following the disclosure of same-sex behaviours owing to homophobia within their communities is a significant risk among MSMW (Kennamer, Honnold, Bradford, & Hendricks, 2000; Mays et al., 2004). More often than not, MSMW do not have groups of people to help them once the revelation about their sexuality has been made (Martinez & Hosek, 2005). Additionally, non-disclosure of MSMW's same-sex behaviours to their female partners may be due in part to its association with femininity, which then challenges their masculinity and jeopardises the power they might have over their female partners (Ravenhill & De Visser, 2017). It is not irrational, because of this, to expect that some black MSMW make a huge effort to conceal their same-sex behaviours from their female partners.

This hampers HIV-prevention efforts, since the sexual relationships with other men that these men engage in remain "hidden" from MSMW-specific prevention campaigns. Hence, MSMW constitute a "hard-to-reach" population and are consequently considered

epidemiologically invisible (McKenna, 1996). For instance, in South Africa, the South African national household HIV prevalence and behavioural surveys conducted every few years repeatedly illustrate that a very small proportion of the population reported same-sex behaviour (Shisana & Simbayi, 2002; Shisana et al., 2005, 2009, 2014), and, consequently, the national data on HIV prevalence and behaviour are of limited use for interventionists who attempt to develop prevention programmes for this population.

The poor response rates among MSM/MSMW in national surveys are most likely the result of persistent stigmatisation of same-sex sexual interactions in South African rural settlements, townships, and suburbs. These poor response rates drive the misconception that same-sex sexual intercourse is not that prevalent among men (Cloete et al., 2014). As a result of these factors, HIV prevention, treatment, and counselling services have mainly been geared towards the heterosexual population and this informs and directs the national HIV prevention, treatment, and research agenda. It is therefore imperative to attempt to understand the subjective meanings of sexuality and identity related to MSMW within their contexts in South African settings. Such information could be used to advocate for HIV-prevention programmes to be specifically tailored to the needs of MSMW, which are informed by sophisticated understandings of men's sexual behaviours, need for secrecy and confidentiality, relationship dynamics with female and male partners, and social and interpersonal determinants of HIV risk.

Section 2 of this chapter reviews the literature related to sexual and romantic relationships for MSMW.

3.3   Section 2: An understanding of relationships

In this section of the literature review, I outline the issues involved in the study of relationships, be they sexual or romantic in nature. This is because an understanding of how

these relationships are constructed and understood by MSMW will have an effect on how they make meaning of them, and how this translates to decision making related to safe sex. The growing body of existing literature seems to suggest that the relationship type affects people's perception of risk inherent in these relationships (Goldenberg et al., 2015; Williams et al., 2016). This section commences by focusing on some of the reasons why romantic relationships are important for people, particularly sexual minorities. I then present Sternberg's (1988) triangular theory of love as a useful tool in understanding the emotional components that are involved in the construction of the *ideal* relationship. This is followed by a consideration of how intimate relationships are constructed and the impact of bisexual activity on monogamy and other long-term relationships. Finally, I review the literature on the presence of risk in the sexual agreements that MSMW enter into with their partners.

3.3.1   Why are relationships important?

Research has shown that the pursuit of intimate romantic relationships is a normative developmental stage (Bauermeister, Ventuneac, Pingel, & Parsons, 2012; Golub et al., 2012). These are said to play a central role in shaping interpersonal skills and a sense of self or identity (Greene, Andrews, Kuper, & Mustanski, 2014; Greene, Fisher, Kuper, Andrews, & Mustanski, 2015). As people enter into these romantic relationships, they benefit socially, for example, in the case of heterosexual romantic relationships, as they could later marry or have children, thereby entering into different life stages (Bauermeister et al., 2012). There are also psychological and emotional benefits like a sense of closeness and belonging that are afforded by romantic relationships to the people involved (Greene et al., 2015).

Bauermeister, et al., (2012, p.1550) argues that "romantic relationships play a pivotal role in sexual identity development; serving not only as a way to learn about intimacy and sexual

desires, but also as a source of support that insulates against possible rejection from family and friends, as well as the social stress associated with the development of a non-heterosexual identity". For MSMW, their relationships with both men and women could play important and somewhat different roles. Their relationships with women may be more aligned with their expected gender roles and as an avenue where they are able to express their masculinity, while their relationships with other men could be more geared towards a satisfaction of otherwise suppressed and more privatised sexual desires (Fields et al., 2015; Dangerfield et al., 2017; MacKenzie, 2018; Ravenhill & De Visser, 2017; Rhodes et al., 2011; Silva, 2018). What this means is that for these men, protecting and maintaining these two kinds of relationships might be more important than previously thought.

Since multiple sexual partnerships heighten the risk of HIV transmission, it is critical to study how these men navigate their long-term relationships and the implications that these navigations have on their understanding and practice of safe sex. For this study, a long-term relationship is any relationship that participants have had for a period of three months and longer. This is because safe-sex practices within long-term relationships are more of an issue since the literature shows that perceptions of sexual risk are affected by emotions:

> [P]erceptions of sexual risk are frequently skewed by emotions, resulting in a perception of risk that is unaligned from the potential biological risk; the type of emotion is important when considering risk perceptions and sexual risk taking; and the context of the relationship in which these emotions occur impact the way in which emotions influence sexual risk perceptions and risk-taking (Goldenberg et al., 2015, p. 12).

This suggests that MSMW who enter into romantic long-term relationships may not view themselves as being at risk of infection within these relationships. This has the potential to impact on their safe-sex behaviours within these relationships. Paired with the understanding that

sexual activity does not only occur within these relationships, the lack of condom use within these relationships, for instance, is problematic.

As argued by Goldenberg et al. (2015, p. 607), however, "gay and bisexual men do not make sexual decisions in an emotional vacuum", whilst, Loseke and Kusenbach (2008) argue that emotions are social constructs. This suggests a need for an understanding of such emotions that could play a role in risk assessment. One such emotion that people in long-term or romantic relationship speak of is love (Moeller et al., 2013). Love is a complicated concept as its definition can vary between individuals and the ways in which it is expressed are also varied and complex (Berscheid, 1988). In order to work with this concept in this research, I drew on Sternberg's (1988) triangular theory of love.

3.3.2 Deconstructing the concept of love through Sternberg's triangular theory of love

It may sound counterintuitive for me to deconstruct the concept of love in a study that is constructionist in nature; however, in this section, I attempt to show how separating this concept into its core components as theorised by Sternberg (1988) allowed me to better understand how each component affects how MSMW construct the meaning of their sexual relationships.

This allowed me to explore some of the ways in which these accumulate into their perceived risks inherent in these relationships and how they navigate such risks.

Sternberg (1988) deconstructed love into what he terms the three components of love, namely intimacy, passion, and commitment. He uses the word "triangle" as a metaphor rather than a real geometric model (Williams et al., 2016). According to the triangular theory of love, "intimacy refers to feelings of closeness and connectedness and represents the emotional aspect" (Lemieux & Hale, 1999, p. 497). This includes:

(a) desire to promote the welfare of the loved one; (b) experienced happiness with the loved one; (c) high regard for the loved one; (d) being able to count on the loved one in times of need; (e) mutual understanding with the loved one; (f) sharing of one's self and one's possessions with the loved one; (g) receipt of emotional support from the loved one; (h) giving of emotional support to the loved one; (i) intimate communication with the loved one; and (j) valuing of the loved one in one's life (Sternberg, 1997, p. 315).

The second component of love, as suggested by Sternberg's (1988) theory, is passion, which, according to Lemieux and Hale (1999, p. 497), is defined as "[p]assion which is motivational and encompasses romance, attraction and sex and is associated with the behavioral aspect". Some authors argue that this may also involve "a state of intense longing for union with the other" (Hatfield & Walster, 1981, p. 9). Sternberg (1997, p. 315) adds that "in a loving relationship, sexual needs may well predominate in this experience. However, other needs, such as those for self-esteem, succorance, nurturance, affiliation, dominance, submission and self-actualisation, may also contribute to the experiencing of passion".

The last component of love, according to Sternberg (1997), is commitment. This component "encompasses the decision to love and maintain a potential long-term relationship and represents the cognitive aspect" (Hatfield & Walster, 1981, p. 9). In his later writing about this component, Sternberg (1997, p. 315) refers to this third component as decision/commitment:

Decision/commitment refers, in the short-term, to the decision that one loves a certain other, and in the long-term, to one's commitment to maintain that love. These two aspects of the decision/commitment component do not necessarily go together, in that one can decide to love someone without being committed to the love in the long-term, or one can be committed to a relationship without acknowledging that one loves the other person in the relationship.

I consider Sternberg's (1988) triangular theory of love as an important tool in attempting to understand how MSMW construct their sexual relationships and the implications of these constructions on sexual safety. This is because the theory suggests that these different components of love cater to different psychosocial and sexual needs of individuals within

relationships. Important to note in his writing is that Sternberg (1988; 1997) highlights that not

all components are necessary for sexual or love relationships to exist, and summarises the

relationship between the love components as follows:

> The three components of love interact with each other: for example, greater
> intimacy may lead to greater passion or commitment, just as greater commitment
> may lead to greater intimacy, or with lesser likelihood, greater passion. In general,
> then, the components are separable, but interactive with each other. Although all
> three components are important parts of loving relationships, their importance
> may differ from one relationship to another, or over time within a given
> relationship (Sternberg, 1997, pp. 315-316).

MSMW may construct their relationships with long-term and short-term partners

differently, similarly to how they may have different constructions of their sexual relationships

with women or other men. I argue that not undermining these nuances allows for a better

understanding of the forces that influence the types of sex scripts that these men enact within

these different sexual relationships, allowing for a better understanding of the nature of safe sex

within these relationships.

Sternberg (1988) highlights that different combinations of the three components of love

result in eight kinds of love, which he clarifies as follows:

> It is important to realize that these kinds of love are, in fact, limiting cases: no
> relationship is likely to be a pure case of any of them. In sum, the possible subsets
> of the three components of love generate as limiting cases different kinds of love.
> Most loves are 'impure' examples of these various kinds: they partake of all three
> vertices of the triangle, but in different amounts (Sternberg, 1997, p. 316).

Table 3.1 illustrates the eight different kinds of love proposed by Sternberg (1997,

p. 316), in which he names and describes the eight different kinds of love.

Table 3.1: Sternberg's (1997) eight kinds of love

Love type	Description
Non-love	Refers simply to the absence of all three components of love.
Liking	Results when one experiences only the intimacy component of love in the absence of the passion and decision/commitment components.
Infatuated love	Results from the experiencing of the passion component in the absence of the other components of love.
Empty love	Emanates from the decision that one loves another and is committed to that love in the absence of both the intimacy and passion components of love.
Romantic love	Derives from a combination of the intimacy and passion components.
Companionate love	Derives from a combination of the intimacy and decision/commitment components of love.
Fatuous love	Results from the combination of the passion and decision/commitment components in the absence of the intimacy component.
Consummate, or complete love	Results from the full combination of all three components.

Working with the concept of love in this way allows for a simplified interaction with this elusive concept. This is because it opens opportunities for an examination of different types of love as they relate to safe sex within long-term relationships for MSMW and their partners. An understanding of how MSMW who are in long-term relationships construct their sexual relationships with their different partners is key to understanding sex scripts that are underpinned by these different love constructions. This allows for an exploration of how these sex scripts present or maintain the risk of HIV infection for these men and their partners.

In the next section, I discuss the nature of the dominant construction of intimate relationships that is currently idolised even within safe-sex interventions embedded in discourses of faithfulness.

3.3.3   The nature of intimate relationships

Research suggests that there has been a bias towards considering monogamous relationships as the ideal (Treas & Giesen, 2000; Wiederman, 2001). This is particularly the case

in most of the communities in South Africa today where some people may indicate that they prefer to be in monogamous relationships, even though high levels of multiple sexual partners are still being reported (Simbayi et al., 2019). Some of this understanding is linked with Christianity, which prescribes that intimate relationships are between two individuals (usually a woman and a man). This monogamous heterosexual model has, however, not always been the norm in South Africa, particularly for the Nguni people where *isithembu* (polygamy) was accepted (Hunter, 2005). Nowadays, a married person or a person in a committed relationship who has sex outside marriage is assumed to be unfaithful (Cook, 2005). Everyone in a committed relationship is held against this standard.

Research suggests that multiple sexual partnerships exist in a number of different forms for people of all races and sexual orientations (Keener, 2004). Although this may be true, it raises special concerns in South Africa when one considers the high risk of HIV infection to which people in multiple-partner relationships may be exposed. An understanding of how MSMW construct their relationships with their long-term partners is important as it has the potential to better explain the existence of barriers to safe sex in these relationships, and also sheds some light onto why certain people enact particular sex scripts within these relationships.

3.3.4   Construction of bisexuality and non-monogamy

Embedded in dominant constructions of romantic relationships is the assumption that partners should satisfy each other, thereby assuming the existence of intimacy, passion, and commitment to all be present within that one relationship, as proposed by Sternberg (1988). Limited studies have explored the nature of bisexual relationship practices, and most of these studies were undertaken in a Western context (Klesse, 2005). This body of work suggests that there are high levels of non-monogamous relationships among bisexually identified men (Klesse,

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2006; McLean, 2004), which in this study I conceptualise as MSMW, purely because they have sexual relations with both men and women. Klesse (2005) argues that these bisexual non-monogamies are very different from one another. These non-monogamous relationships vary in terms of "numbers of partners, kinds of arrangements and degrees of closeness and commitment, legal relationship status, constellations of genders, sexual or social identities, living arrangements and household forms, parenting arrangements, and so on" (Klesse, 2005, p. 447). It is important to consider that some of these variations could be as a result of how these MSMW self-identify and their level of openness about their sexuality to other sexual partners and people in their social life.

Current discourse contends that most bisexual people are or will automatically be non-monogamous due to the nature of their sexuality (Klesse, 2005). This naturally leads people to believe that bisexual people struggle with maintaining monogamous relationships, which perpetuates certain stereotypes that are harmful to relationship dynamics (Morrison, Gruenhage, & Pedersen, 2016). Popular culture and media promote heterosexual relationships that are steeped in traditional gender roles. This same model is the lens through which bisexual relationships are inversely viewed, and, ultimately, discriminated against. In addition, bisexual people are expected to pursue relationships with both men and women simultaneously so as to prove the authenticity and duality of their sexuality. Bisexual people are rarely trusted as they are believed to be more promiscuous than the general population. Such prejudiced views are based on mistrust and fear of bisexual individuals because they are perceived to be in an ambiguous state (Klesse, 2011). Bisexuality is perceived as a dichotomous state of confusion, poor self-awareness, cowardice, and denial (Morrison et al., 2016). These perceptions can be particularly damaging for those in intimate bisexual relationships. For example, a non-bisexual partner may

be concerned that their bisexual partner will likely leave them once they discover their "true"

sexuality (Morrison et al., 2016). This can create doubt and trust issues within the relationship,

particularly for those who desire monogamy, as explained by Klesse (2011, p. 448):

> [T]he assumption that bisexuals have to be non-monogamous flows from the
> traditional Western construction of sexuality in a dualistic scheme. If
> homosexuality and heterosexuality (are thought of as opposites) are perceived as
> the only 'real' and valid forms of sexual orientation, then bisexuality can only be
> thought of as a 'mixed' form of sexuality consisting in parts of homosexuality and
> heterosexuality. The 'homosexual side' and the 'heterosexual side' of an
> individual are thought to be (at least potentially) in permanent conflict.

Bisexual people are predominantly expected to have simultaneous partners of the

opposite sex at the same time. These relationships could be behavioural (as in the case of bi-

curious individuals) or overtly bisexual in nature (Klesse, 2005). This discourse argues that

people can only call themselves bisexual if they maintain relationships with both men and

women (Klesse, 2005; McLean, 2004). Consequently, bisexuality can only exist appropriately in

the context of a non-monogamous lifestyle. With this in mind, it is evident that intimate bisexual

relationships are often misconstrued and misinterpreted as being promiscuous, deceptive, and

short term (McLean, 2004). Bisexual people are consequently ostracised for not only subscribing

to a dichotomous model of sexuality, but also for dismissing the typical monogamous

relationship structure that is socially acceptable (McLean, 2004). As previously mentioned, non-

monogamy is often confused and used interchangeably with infidelity. Similar associations have

been made about bisexuality and infidelity. Cultural constructions imply that those who identify

as bisexual will always cheat on their partners (McLean, 2004).

In the context of long-term relationships for MSMW, it is important to investigate how

this construction of their sexuality or self-identification has a bearing on their sexual safety

within these relationships, as well as to shed some light as to why some MSMW may draw on certain sex scripts versus others.

3.3.5   Bisexually active individuals and long-term relationships

In the United Kingdom there is a dynamic discussion about non-monogamy and polyamory in the bisexual movement (Klesse, 2006). Although this debate is not as pronounced in South African literature, particularly in literature on same-sex relationships, the occurrence of polyamory is implied in research that argues that MSM are polyamorous while still upholding their heterosexual expressions. Mint (2004) states that polyamory and bisexuality are conceptually connected through a common oppression, within different cultures, through being tied to the ridicule of cheating and cheaters.

According to Haritaworn, Lin, and Klesse (2006), "polyamory is a form of relationship in which people have multiple romantic, sexual, and/or effective partners". This definition is also expressed by Sheff (2006). Authors (Haritaworn et al., 2006; Sheff, 2006) who write on the topic of polyamory argue that

> it differs from 'swinging' with its emphasis on long-term, emotionally intimate relationships, and from adultery with its focus on honesty and (ideally) full disclosure of the network of sexual relationships to all who participate in or are affected by them.

Both men and women have access to multiple partners in polyamorous relationships (Haritaworn et al., 2006; Sheff, 2006). Klesse (2006) states that love is a central component to discourses of polyamory and adds that there is a strong emphasis on intimacy, commitment, consensus, and honesty. In long-term relationships of MSMW living in KwaZulu-Natal, components such as disclosure of multiple partnerships and their connections with love and intimacy across their relationships and/or relationship types have not been studied. It is

particularly important to explore these issues given the limited condom use within long-term romantic relationships.

Being in concurrent long-term romantic relationships may result in decreased condom use across these multiple relationships, which in itself has the potential to increase HIV risk. Klesse (2006, p. 571) states that "the term 'polyamory' includes many different styles of multiple intimate involvement, such as polyfidelity, or group marriage; primary relationships open to secondary affairs; and casual sexual involvement with two and more people". These relationships take different forms and could very well be affected by the context in which they take place. Understanding these different forms of relationship constructions might help in attempting to address the sexual safety needs of MSMW and their partners. Labriola (1999) identified a number of non-monogamous/polyamorous relationships and concluded that they were not prescriptive, and that different people choose different types of these relationships. These models include the primary/secondary model, multiple primary partner relationship model, and the multiple non-primary relationship model.

The primary/secondary model is said to be the most common among people in long-term relationships. Here the "couple relationships" take precedence over the other secondary relationships. There is no priority invested in secondary relationships, and secondary partners have less negotiating power around what needs to happen. Labriola (1999) states that some couples allow each other to have other partners independently, either casually or long term, but they are still considered secondary. This allows the primary couple to uphold socially accepted notions of family, for example getting married and starting a family while still engaging in non-monogamous relationships (Labriola, 1999). A crisis arises if or when one of the primary

partners falls in love with a secondary partner and boundaries are blurred, as the primary partner may feel that their relationship is threatened (Labriola, 1999).

The multiple primary partner relationship model is regarded as the instance where all relationships and partners in these relationships are regarded as sharing equal power and/or bearing the same level of importance (Labriola, 1999). This model is said to have two triads, namely a heterosexual triad with usually two women and one man, and a bisexual triad with usually two men and one woman. The crisis may arise here if one partner starts to demand more time or commitment owing to anxiety that their relationship is losing the primary status (Labriola, 1999).

The last model suggested by Labriola (1999) is the multiple non-primary relationship model. In this model, Labriola (1999) argues that there is no commitment to the relationship, there are no rules, and people come and go as they please. What this body of research shows is that different types of relationships exist, and that these involve different emotional connections and social benefits. It is important to have a better understanding of how MSMW construct and understand the different sexual relationships as this has implications for the sexual safety that is inherent in these relationships.

The safe-sex messages around faithfulness within long-term romantic relationships are problematic in that they seem to create a situation where sexual exclusiveness is implied. This might cause people within these relationships to be less concerned with taking up other sexual safety measures within these types of relationships (Purcell et al., 2014). After failing to practice abstinence and faithfulness, the idea inherent in these earlier safe-sex messages is that one should then "condomise".

According to Bird, Harvey, Beckman, and Johnson (2001), condoms remain the most dependable prevention measure for sexually active individuals. They are reliable for the prevention of unwanted pregnancies and STIs such as HIV. Research has, however, shown that despite the fact that there have been numerous preventative messages via the health sector and popular media, such as radio and television programmes, people continue to become infected (Corbett, Dickson-Gómez, Hilario, & Weeks, 2009). What research around condom use has been able to show is that condom use is problematic and decisions about whether or not to use condoms are not always logical or sensible (Bhagwanjee et al., 2013; Phyllis, 2013).

A burgeoning amount of research has investigated the reasons for people continuing to engage in risky sexual intercourse regardless of knowing about the risks inherent in their behaviour (Chimbiri, 2007; Corbett et al., 2009). What these studies have found is an increase in condom use in casual sexual encounters where sexual partners are not known or they are viewed as being a high risk within heterosexual populations and same-sex populations (Darbes, Chakravarty, Neilands, Beougher, & Hoff, 2014; Greene et al., 2014; Purcell et al., 2014; Starks et al., 2017). What these studies highlight is that HIV-prevention messages such as "be faithful to your partner" have left people and more specifically MSMW in long-term relationships at a heightened risk of infection (Phyllis, 2013). This implies that faithfulness may lead to partners trusting that infidelity is not occurring within their relationship and therefore have decreased perceptions of risk (Kordoutis et al., 2000).

There are a number of problems with messages concerning the use of condoms as an HIV-preventative measure, particularly within the context of long-term stable relationships. Section 3.3.6 discusses sexual agreements that MSMW enter into with their sexual partners.

3.3.6   The nature of sexual agreements that MSMW have with their partners

According to Duncan et al. (2015, p. 347), "the dominant cultural perception is that gay men rarely maintain monogamous relationships". They, further, comment that research on gay men's relationship is centred around HIV risks pertaining to condom use within and/or outside the relationship Duncan et al. (2015). The authors continue to state that other works indicate "that relatively new relationships, of up to a year, are associated with the greatest risk of HIV transmission because of undiagnosed HIV infections and the implicit instability of such relationships" (Duncan et al., 2015, p. 347). Other studies have shown that an important indicator of sex without a condom includes classifying a relationship as serious, among men younger than 25 years of age, and that the majority of relationships among this age group are classified as serious within six months (Duncan et al., 2015; Mustanski et al., 2011). The problem with this for MSMW is that they may enter into these same-sex serious relationships while still having the need to maintain their heterosexual relationships with women as part of their gender performance. However, to prove the importance and seriousness of their same-sex relationship, they may forego condom use (Newcomb & Mustanski, 2016), thereby opening themselves up to the possibility of HIV infection.

The problem is that literature considering male same-sex couples has indicated that many decide to enter into agreements with each other that allow for them to have sexual relations with other people (Greene et al., 2014; Mitchell, 2014a, 2014b). According to Mitchell (2014b, p. 1164), "a sexual agreement is an explicit mutual understanding between two main partners about what sexual and other behaviours they agree to engage in and with whom while in the relationship". Mitchell (2014a, p. 1455) states that sexual agreements are common among gay

male couples in the West. The types of sexual agreements that couples form vary. Mitchell (2014a, p. 1455) provides the example that:

> some couples form closed agreements, which represent behavioural monogamy, others have 'monogam-ish' agreements that allow the couple to engage in sex with other partners but only as a couple, while other couples form open agreements that permit one or both partnered men to have sex with others, either with or without (the other partner).

It is important to understand the nature of the sexual agreements that MSMW enter into with their partners and the type of partners with whom they enter into these relationship agreements (Mitchell, 2014a). This understanding can shed some light on how these men construct these relationships and their understanding of risk in relation to the partners with whom they enter into relationships. This is of particular importance as literature that focuses on agreements shows that their agreements may change over time, where these men may initially have a monogamous agreement, which is then redefined later in the relationship to allow for sexual activities outside the relationship (Darbes et al., 2014). This body of literature also shows that some of these men will enter into what are called "negotiated safety agreements" where partners agree to have UAI with each other, but then agree to use protection with other sexual partners outside their primary relationship (Greene et al., 2014). As a preventative strategy, this is problematic as other studies have shown that MSMW may sometimes hide the fact that they have broken their negotiated safety agreements and engaged in sexual encounters with partners outside their relationships (Greene et al., 2014).

Some research shows that commitment to an agreement between partners is also subject to how much each individual partner is invested in the relationship (Mitchell, 2014a; Wilkerson et al., 2012; Williams et al., 2016). This is to say that if one partner is not invested in the relationship, they may continue engaging in (unprotected) sexual encounters with other men,

without the knowledge of their partner regardless of the agreement between the two of them (Wilkerson et al., 2012). For MSMW in long-term relationships this becomes a problem as these relationships are often perceived as primary relationships where sexual safety is presumed by one of the partners.

3.3.7 Summation of difficulties with condom use in long-term relationships

Several researchers argue that condom use is infrequent in steady and romantic relationships in comparison to casual and non-romantic relationships (Benefo, 2004; Maharaj & Cleland, 2005; Goldenberg et al., 2015). Trust is the main feature of long-term relationships that is not present in casual relationships. Goldenberg et al. (2015, p. 615), in their study that assessed the impact of love, intimacy, and trust on the perception of HIV risk among MSM, found that

> [t]rust was a dynamic concept. Some participants described trust as being built over time while others described it as simply being there (or not). In some cases trust was equated with comfort, but some participants described a greater level of 'trusting him with my life'. This level of trust was based on the idea that a partner would never intentionally do anything to harm the participant, such as transmitting an STI or HIV. Development of trust was most commonly based on explicit or implicit sexual agreements regarding monogamy or non-monogamy and the likelihood that a partner would keep or break an agreement.

This makes the dynamics of long-term relationships very different from casual sexual interactions. The prevention needs of people in these different types of relationships therefore vary. According to Kordoutis et al. (2000), the criteria used to distinguish a casual relationship from a steady, long-term relationship usually combine the duration of the relationship, exclusiveness, and investment or commitment in the long-term prospect of the relationship as proposed by Sternberg's (1988) triangular theory of love. These relationships provide a sense of safety and security for partners, which might also include deterring suspicion of same-sex behaviour for MSMW. The construction of long-term relationships in this way therefore means

that for a relationship to be considered serious, there needs to be a degree of trust between the partners. Some of these relationships may face challenges of trust and commitment issues, which may therefore interfere with the condom use (Bird et al., 2001). In a long-term relationship, the introduction of condom use puts the implied trust in jeopardy (Bauni & Jarabi, 2003). Tavory and Swidler (2009, p. 182) warn that "[c]ondom use thus operates as a semiotic code, constituting the meaning of a relationship. Suggesting the use of a condom relegates a relationship to an inferior status". It is therefore perceived that, in an ideal relationship, there ought not to be condom use in order for partners to trust each other (Rosenthal et al., 1998).

It seems that condom use has been substituted with trust, as a result MSMW and their partners in long-term, steady relationships could therefore be at a heightened risk of infection. A condom is deemed unnecessary because once the couple has established trust and commitment to each other, they tend to stop using them (Williams et al., 2016). In the context of long-term relationships for MSMW, it is important to investigate how the construction of trust functions within their relationships with their different partners. This could assist in understanding whether it has a bearing on their sexual safety within these relationships, and to shed some light as to why some MSMW may be drawing on sex scripts embedded in this social construct or not.

In this section, I focused on the understanding of issues embedded in intimate relationships, which highlighted how these multiple and complicated components interact within the relationship space. I also attempted to show how the current construction of long-term relationships and trust could be placing MSMW and their partners at risk of infection. As part of this discussion, I also touched on issues surrounding bisexuality or bisexual activity as they relate to monogamy and the potential negative effects that these have on the sexual safety of MSMW and their partners. Based on the existing literature, other mediators to safe sex in long-

term relationships seem to be embedded in gender norms and issues of masculinity. I discuss these in Section 3.4 of this literature review chapter.

In Section 3.4, I consider how issues around masculinity play a role in presenting and maintaining the risk of HIV infection for MSMW and their sexual partners. Understanding masculinity as a specific gender performance is important and has the potential to highlight the links between gender performances and the risk of HIV infection. I also attempt to show why MSMW might prefer drawing from certain types of masculinities as a way of diverting homophobic attitudes. I also attempt to show how, by choosing certain constructions of masculinity over others, MSMW may be able to gain or retain their power over their female partners or effeminate male partners. This is important as research conducted around sexual safety negotiations has indicated that power dynamics within couples play a crucial role in whether or not tools like condoms are used by these couples (Khidir et al., 2018; Hunter, 2005).

3.4   Section 3: Masculinity as a social construct evident in gender performances

There is no universal definition of masculinity (Kahn, 2008). How masculinity is constructed reflects both dominant and alternative representations that are always embedded in a social and cultural context (Morrell, 2001). Masculinity has been defined "as a specific gender identity belonging to a specific male person, including social roles, behaviours and meanings prescribed for men in any culture" (Kimmel & Aronson, 2004, p. 503). The association between masculinity and gender-specific identity is articulated by Connell (1995), Edley and Wetherell (1995), and Morrell (2001). Various scholars have argued that experiences of selfhood cannot be separated from interaction with others (Corbet & Kugler, 1989; Kohut, 1984; Leclerc-Madlala, 2002). Understanding the role of the social context in the construction of masculinity is important. Morrell (2001a, p. 7) argues that although masculinity is "acquired in social contexts,

it is still owned by an individual", and is experienced at a personal and private level. This suggests that men will present themselves in ways that they deem appropriate within certain contexts, to perform an accepted gendered presentation.

Having established that masculinity is constructed in the context of the group and experienced at an individual level, the question of the universality of masculinity and how it is defined is explored. There are various views on this issue. Some propose that masculinity, gender roles, behaviours, and meanings are not universal; instead, they are culturally relative (Gutmann, 1997). These differences are seen as a function of class, race, ethnicity, and culture. A counter-argument suggests that there are aspects of masculinity that are universally applicable (De Visser & Smith, 2006; Flowers, Hart, & Marriot, 1999; Ouzgane & Morrell, 2005; Shefer & Mankayi, 2007) and these aspects tend to be observed in various cultures and contexts. In response to the criticism levelled against the notion of universal masculinity, definitions now tend to construct masculinity socially, as fluid and culturally relative (Shefer & Mankayi, 2007). Leading scholars such as Connell (2000), Frosh et al. (2002), and Morrell (2001) argue for the use of the term "masculinities" instead of "masculinity" in recognition of the constructed aspect of masculinity.

This study acknowledges the plurality of masculinities. I argue that there are common practices that contribute to the construction and deconstruction of African masculinity, including sexuality, historical influences, African culture, traditions and rituals, and contexts (Barker & Ricardo, 2005; Connell, 2000, 2001; Connell & Messerschmidt, 2005). How masculinities are conceptualised, represented, and expressed in behaviour and emotions will differ depending on the context and culture (Connell, 2000, 2003; Edley & Wetherell, 1995; Morrell, 2001). Morrell (2001, p. 33), in particular, points out that "there is no one, typical South African masculinity";

instead, there are various South African masculinities. For example, in KwaZulu-Natal, Zulu men are permitted by tradition to have many wives (Varga, 1997). Grooming of young men as *amasoka* or *isoka* (which means a boy who has many girlfriends) happens from a young age, as they are often encouraged to have multiple girlfriends as they are growing up (Varga, 1997; Hunter, 2005). These kinds of constructions have not gone without continued scrutiny as some families and parents would be against this type of socialisation for their young men; instead preferring to foster a different set of rules like commitment. The definition of manhood and masculinity is thus a dynamic one, which changes based on context and time. Leadership within a family structure is constructed as a traditional masculine script, which requires men to protect, provide, and ensure the continuation of their bloodline/family name by having children (Hunter, 2005; Lynch & Clayton, 2017).

This notion of providing for the family is also particularly important for MSMW as they may want to align themselves with expected cultural notions of manhood and may at times overcompensate in an attempt to reconcile their own sexual identities within a socially acceptable frame of reference. Considered against this frame of reference, it therefore makes sense that MSMW may feel the need to have women in their lives to help them align themselves with traditionally accepted notions of manhood. Such cultural expectations of manhood are important to explore as they may present MSMW with dilemmas of having to balance their personal same-sex interest against the backdrop of gendered cultural norms that are linked to the importance of women and sustaining a family name through bearing children (Hunter, 2005; Lynch & Clayton, 2017).

So far, I have highlighted that within the social constructionist perspective, masculinity is considered as a social construct that is a gender-specific performance, which is context based,

and usually linked to how men are socialised. In the next section, I consider the relationship between masculinities, heteronormativity, and power.

3.4.1 Masculinities, heteronormativity, and power

To understand some of the sexual behaviours that MSMW have, it is important to consider the context in which they take place. As I already argued in Chapter 2, gender is a social construct that allows for particular affordances for gender performances by men and women within their social context. I further argued in Section 3.4 that masculinity is also a social construct linked to the expressions of manhood. In this section, I review the literature that focuses on how men with same-sex sexualities interact with the social construction of manhood by focusing on masculinity, and I then attempt to show how these interactions could place them at risk of HIV infection. It is important to note at this point that for MSMW, their same-sex relationships take place within a context that is not accepting of homosexual behaviour, and where most LGBTI individuals still face varying amounts of homophobia (Msibi, 2009).

Masculinity is a dynamic construct, which is hierarchical in nature (Connell, 1987). This idea is based on a number of assumptions, the first being that masculinities are different and, secondly, that they do not hold the same salience in a given context. Understanding the differences in these masculinity constructions is important in understanding why MSMW might embody some constructions of masculinity and not others. Connell (2002) argues that most men position themselves in relation to hegemonic expressions of masculinity. According to Ravenhill and De Visser (2016, p. 2), "hegemonic masculinity refers to the current and locally dominant masculine ideology, which in Western societies, defines 'real men' as powerful, competitive, physically strong, invulnerable and crucially, heterosexual". Similar, traits of masculinity or "manliness", have been argued to represent hegemonic masculinity within the South African

context (Essack et al., 2019; Ratele, 2013). Connell (1995, in Ravenhill & De Visser, 2016, p. 2) defines hegemonic masculinity as:

> an idealized masculinity that does not necessarily correspond to the real lives of most men, but is nevertheless the object of aspiration for the majority of them. Men who do not exemplify hegemonic masculinity must inevitably embody alternative, less valued masculine identities.

This is to say for men to embody this idealistic gender performance, they must consistently align with the social norms associated with their contextual hegemonic masculinity. In the case of MSMW, failing to do so might expose them as having same-sex sexualities and thereby exposing them to homophobic violence or social isolation (Mantell et al., 2016). This suggests that MSMW may align their gender performance with heteronormative gender expressions to avoid homophobic attitudes within their context.

Literature that explores the impact of hegemonic masculinities on the lived experiences of different men and women has suggested that hegemonic masculinity affords men power or dominance over women and men with subordinate masculinities (Murgo et al., 2017). This suggests that MSMW may embody hegemonic masculinity for the purposes of avoiding marginalisation and retaining a sense of power within their family setting and romantic relationships. Masculinity is seen as being inherently heterosexual and non-feminine (Connell, 2002; Ravenhill & De Visser, 2016). In their article, Ravenhill and De Visser (2018, p. 8) state that "some gay men consciously eliminate femininity from their gender repertoire and adopt only behaviours that they understand to be masculine, as a response to pressure to conform to currently accepted hegemonic standards of manliness". This is supported by Sanchez and Vilain (2012, p. 112), who state that it is "believed that because gay men that were gender non-conforming as boys and thus subjected to ridicule, [they] learn to 'defeminise' in order to protect themselves from further alienation".

Parent and Moradi (2009) argue that masculine self-presentation is a norm embedded in heteronormativity. This norm involves a desire for most men to be perceived as heterosexual regardless of their sexual orientation. To "appear heterosexual" is to appear masculine in one's mannerisms, dress, and other expressions. The current literature seems to suggest that men with same-sex sexualities are more inclined to present themselves in heteronormative ways that have an over-reliance on hegemonic forms of masculinity. Across social media platforms and dating sites for men looking for male partners, these men are referred to as "straight-acting". Clarkson (2006, p. 191) defines straight-acting as "gay men who are more masculine than the effeminate stereotypes, not better, just less nelly!". Ravenhill and De Visser (2018, p.8) argue that based on these expressions around the "doing of manhood", it means that "the performance of masculinity by gay men may be framed as self-conscious and indicative of their awareness that masculinities that look heterosexual are more socially desirable than alternative gender expressions".

Taulke-Johnson (2008, cited in Ravenhill & De Visser, 2017, p. 322) identifies a "discourse of the 'good gay', which is a man characterised by his lack of visibility, as someone who is gay, achieved largely via avoidance of stereotypically gay (or effeminate) behaviours". According to Ravenhill and De Visser (2018, p. 8), Taulke-Johnson's (2008) discourse of the 'good gay',

> is reminiscent of Brekhus' (2003) typology, the 'gay centaur', a gay man whose gay identity is a small and non-defining aspect of his overall sense of self. Some gay men identify as 'straight-acting', a discursive strategy intended to distance themselves from effeminacy.

I see this gender performance as serving two purposes: firstly, it allows these men the ability to insulate themselves from possible homophobic attitudes; and secondly, it allows them to enter relationships with women and other non-gay-identifying MSMW. This is because

MSMW are most likely to enter into sexual relationships with other men who are less visibly homosexual as mentioned by Siegel and Meunier (2018).

I am aware that the majority of the studies that I reference in this section of the literature review are based on international findings and may not necessarily capture the nuances of the lived experiences of MSMW within the South African context. They have, however, been helpful in my exploration as I conceptualised important factors to consider as I worked with this study population. Unfortunately, owing to a number of reasons, which include, but are not limited to, homophobia and fear of disclosure, not many studies have explored same-sex sexualities in a rural context in South Africa as such those found in KwaZulu-Natal where the burden of HIV continues to be high. However, the few qualitative studies conducted with men who have same-sex sexualities in the South African context have indicated that some of these men have similar views regarding gender presentation and masculinity as indicated by international studies (Essack et al., 2019; Lynch & Clayton, 2017).

Lynch and Clayton (2017, p. 279) state that "gay, bisexual and other men who have sex with men in South Africa negotiate their gendered identities in predominantly heteronormative contexts that privilege a particular version of masculinity". Given the existence of intolerance within many communities in South Africa (Msibi,2009), it is important to highlight that many LGBTI individuals in the country must still navigate such hate in their daily lives. Lynch and Clayton (2017) mention that MSM who do not adopt heteronormative and masculine gender performance may face the risk of homophobic backlash within their communities and families.

In their study of MSM in township communities in South Africa who go "to the bush" for traditional circumcision and traditional initiation, Lynch and Clayton (2017) found that cultural practices such as traditional circumcision align these men to the idealised forms of masculinity

that afford them full citizenship in their communities. Their study findings also suggest that sexual non-conformity "is less troubling to participants than deviating from gendered markers of hegemonic masculinity and point to ways in which marginalised men might have an interest in maintaining the dominant gendered order" (Lynch & Clayton, 2017, p. 279). In the study, the participants indicated that they went to the bush to also prove their manhood since within their communities one is not considered "man enough" if they have not participated in these cultural signifiers of manhood (Lynch & Clayton, 2017). They also found that for most of their participants, fathering children was an important part of their identity as men within this context. Within the Zulu culture, this is called *ukukhulisa umdeni*, which translates to "expanding the family", meaning that for one to be a man, one must ensure the survival of one's family name through fathering children.

In this section, I attempted to show why men may choose to avoid certain forms of masculinities and why there might be an over-reliance on hegemonic forms of masculinities, as a gendered self-presentation. Section 3.4.2 discusses the issue of disclosure of sexuality as it relates to MSMW.

3.4.2 Disclosure of sexuality

Current literature maintains that there are benefits that LGBTI individuals enjoy when they disclose their sexuality to those closest to them (Ifrah, Shenkman, & Shmotkin, 2018). These benefits may include improved quality of relationships with family and friends. Such benefits may also improve their linkage to healthcare (Halpin & Allen, 2004; Herrick et al., 2013; Ifrah et al., 2018). Some studies suggest decreased levels of stress for gay men and lesbian women who have disclosed their sexuality (Ifrah et al., 2018).

Such disclosure is, however, not easy to come by, particularly in a context where same-sex sexualities are still shunned (Vu et al., 2011). This means that for most men with same-sex sexualities, their homosexual identities are hidden from those closest to them. This leads to some feeling like they are living a double life. What the literature seems to suggest is that some of these men end up embodying the well-publicised "After 9" identity. According to Mantell et al. (2016, p. 954), they are called so because they "present publicly as 'straight' men, generally express antipathy towards gay men in public during the day, but make themselves available to gay men for clandestine sexual encounters at night ('after nine o'clock')". This literature suggests that the gay and bisexual men usually disclose their sexuality to those individuals who have similar sexualities to them, with the hope that they would be more accepting (Siegel & Meunier, 2018).

According to McCormack et al. (2014, p. 1209), "bisexuals are strategic in determining when and how they come out (Brown, 2002); they tend to tell their friends about their same-sex desires before their parents and are more likely to tell their mothers before their fathers". In the context of relationships, research suggests that some bisexual men avoid telling their partners about their bisexuality as a way of protecting them from the uncertainties linked with dating bisexual individuals (McLean, 2007, in McCormack et al., 2014). Understanding patterns of disclosure is important for this study as these partners have the potential to affect safe-sex practices for MSMW and their sexual partners.

3.5   Summation

This study aimed to identify and understand challenges to safe sex in long-term relationships for MSMW. I started the literature review by giving an indication of the effect that HIV/AIDS has had globally and within South Africa. This was done by presenting the statistics

of individuals reported as being infected, and then the limited prevalence statistics available for MSM from surveillance surveys. From this point, I argued that MSMW were under-researched and their sexual health needs were not well documented.

I then attempted to indicate how different constructions of sexual relationships by MSMW might have had an impact on how these men view these relationships. I then showed that the literature suggested that this might have a bearing on the sex script that these men enact within these different relationships. How relationships are constructed and understood by MSMW might also have a bearing on how risk is assessed within such relationships, leading to different forms or risks being linked to different relationship types.

In the literature review, I also argued that MSMW's understanding of gender norms or constructions might also affect their display of their own sexuality within a different context. I argued that there were complexities in how most MSMW construct and understand their sexual relationships. These complexities within the MSMW community highlighted the need not only to identify the challenges to safe sex for them and their partners, but also for research to attempt to understand how these men construct their sexual identities and relationships. I argued that by borrowing Sternberg's (1988; 1997) ideas about the different components of love, one might be at a better position to understand the benefits that these men gain from being in these relationships. Finally, I explored difficulties that MSMW might face in disclosing their sexuality.

A number of studies have been conducted in KwaZulu-Natal about safe sex in different types of relationships, including long-term ones (Maharaj & Cleland, 2005; Varga, 1997). Very little research has, however, been conducted with a focus on challenges to safe sex for MSMW who have at least one long-term relationship. This means that there is still a gap in the literature pertaining to safe sex for this particular group of people. Studies conducted in different settings

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are helpful in informing new research (Leclerc-Madlala, 2009). Because sexual activity is complex and is affected by social norms specific to that community, religion, and previous experience, it is important to study it within its context, to understand it better (Hoffman, 1990). The 2012-2016 National Strategic Plan (NSP) for HIV/AIDS, STIs, and tuberculosis of South Africa (South African National AIDS Council [SANAC], 2013) acknowledged MSM as a key population group for HIV in the following statement:

> [K]ey populations include young women between the ages of 15 and 24 years; people living close to national roads and in informal settlements; young people not attending school and girls who drop out of school before matriculating; people from low socio-economic groups; uncircumcised men; people with disabilities and mental disorders; sex workers and their clients; people who abuse alcohol and illegal substances; men who have sex with men and transgender individuals (SANAC, 2013).

This suggests that there is some social value in doing work that involves this population as they are a part of the NSP to combat HIV.

3.5.1 Rationale for the study

This study intended to identify and understand challenges to safe sex in long-term relationships for MSMW. MSMW who identify as heterosexual might have different social and psychological needs from MSMW who self-identify as homosexual. For example, sexual acts with men might be depersonalised by heterosexual-identifying MSMW by avoiding intimacy and limiting gestures such as kissing, hugging, eye contact, and conversations (Reback & Larkins, 2010; Siegel & Meunier, 2018). There is also a possibility that homosexual-identifying MSMW might seek intimacy with their male partners and favour longer-term relationships with men as opposed to women. These complexities within the MSMW community highlight the need not only to identify the challenges to safe sex for them and their partners but also to understand how these men construct their sexual identities and relationships.

Identity for MSMW seems to play an important part in their understanding of risk, as it relates to the legitimacy of their sexual relationships. To understand how different constructions of sexual identity might affect safe sex, and the meaning of risk for these men, these issues must be studied within their social contexts.

3.5.2 Study objectives

The objectives of this study were:

1) to identify challenges to safe sex in long-term relationships for MSMW;

2) to explore how different constructions of sexual identity may present the risk of HIV infection in long-term relationships for MSMW, and also for their partners;

3) to explore how different social norms around different types of relationships affect MSMW's understanding of risk; and

4) to explore social norms that MSMW draw from to justify their sexual activities and how this results in sexual scripts.

3.5.3 Research questions

The study research questions were as follows:

1. What are the barriers to safe sex for MSMW in long-term relationships?

2. What are the dominant social constructions resulting in sex scripts that mitigate safe sex for MSMW within long-term relationships?

3. What are some of the characteristics of long-term relationships that may be understood as mediating safe sex for MSMW and their partners?

4. How are different constructions of gender and sexual identity linked to increased risk of HIV infection in long-term relationships for MSMW and their partners?

Chapter 4:

Research methodology

4.1   Research design

In this research, I adopted a qualitative social constructionist approach as I explored

barriers to safe sex for MSMW in long-term relationships living in KwaZulu-Natal. Marvasti

(2008, p. 3.15) states that interactional constructionism

> is a useful way of referring to a body of research that is explicitly concerned with
> everyday practices and contingencies that mediate social life. Like other
> constructionists, IC researchers believe that reality is inseparably linked with
> interpretive actions. They view society as a collection of actors whose
> interpretations construct reality in relation to the variable 'demands' of everyday
> settings.

In this research I take up the position that MSMW's views of their social context affect

the many ways in which they perform their gender roles within their sexual relationships and that

these performances have an impact on their sexual safety within these relationships. I also argue

that the presence of homophobic attitudes within their broader societal setting could also affect

the ways in which they define their sexual relationships with partners of either sex, as they

navigate the demands of insulating themselves from homophobic attitudes.

I also drew on the sex script theory to frame the different intersections of constructions

around sexual relationships and gender issues that might result in behaviours that expose

MSMW to the risk of HIV infection within their sexual relationships. According to a number of

scholars, the sex script theory is predominantly concerned with revealing the processes by which

people describe, explain, or otherwise account for their sexual interaction in the world in which

they live (Gagnon & Simon, 1984, 1986; Hynie et al., 1998; Leclerc-Madlala, 2009). It is

because of these qualities of the sex script theory that I employed it in the exploration of my research topic.

Both social constructionism as an umbrella theoretical framework and the sex script theory as an analytical tool are qualitative in their conception, and were used to frame intersections of converging constructions, which lead to safe-sex barriers. As such, in my investigation of barriers to safe sex for MSMW in this study, I used a qualitative research methodology. According to Babbie and Mouton (2005), qualitative research is concerned with explaining and understanding, rather than describing, patterns in human behaviour. Since I intended to both identify and understand barriers to safe sex in long-term relationships for MSMW, acquiring information on how they construct their sexual identities and understand risk in the context of romantic or sexual relationships, I required an open-ended and in-depth qualitative exploration of key issues.

Neuman (2006) explains that qualitative researchers seek to present an authentic interpretation of phenomena, which is sensitive to specific sociohistorical contexts. In this study, being cognisant of the sociohistorical context from which barriers to safe sex for MSMW in KwaZulu-Natal originate was important for a number of reasons. Firstly, same-sex sexualities remain taboo within most South African communities, for many reasons underpinned by our colonial past (laws), religious doctrines, and issues related to the construction of manhood. These issues mean that some people with same-sex sexualities may participate in sexual activities in secret and without proper linkage to care. Secondly, the HIV burden is still largely carried by black people in South Africa (Simbayi et al., 2019), and it is still constructed by some as a disease linked to promiscuity. Not understanding these nuances, which are context specific, may lead to interpretations that fail to capture the phenomena being studied in their entirety. What

allows qualitative research to present such rich interpretations of data is that it is open ended, inductive, and embodies qualitative explorations (Terre Blanche, Durrheim, & Painter, 2006). Harris (2008, p. 233), when talking about interactional social constructionist research, argues that

> social phenomena are interpreted entities whose existence and qualities are
> dependent in a large part on people's meaning making practices. Human beings
> are construction workers in the sense that they create (or assemble, build,
> manufacture) meaning. Just as there is virtually always more than one way to
> build something, there is virtually always more than one way to define something.

This multiplicity of meaning is important for social constructionist research as it allows for different, otherwise taken-for-granted, phenomena to be identified and better understood.

In Section 4.2, I outline in detail the practical methodological techniques that I employed in this study. I start with a presentation of the sampling procedures that I followed as part of my recruitment and participant selection. Issues on data collection, ethical considerations, and data analysis are outlined later in the chapter.

4.2   Sampling

Sampling is about selecting the sources from which or from whom to collect data, without having to involve the entire research population (Terre Blanche, et al., 2006).

4.2.1   Rationale for choosing the KwaZulu-Natal province

I sampled participants from KwaZulu-Natal as this province continues to lead South Africa in HIV with the prevalence at 16.9% (Simbayi et al., 2019). This is problematic considering that the relative ranking of provinces by HIV prevalence has remained the same since 2005. This highlights the need for more studies to be conducted that focus on key populations living in KwaZulu-Natal. There is limited literature explaining why this is

happening, particularly with a focus on MSMW, as they are affected by the epidemic's heterosexual and homosexual trends.

4.2.2   Gaining access to the study population

I was fortunate that between 2015 and 2016, I was part of a national study conducted by the HSRC, called Programmatic Mapping and Size Estimation of Key Populations, which was a size-estimation study (Setswe, et al., 2015). In this study, I was both one of the co-investigators and a project coordinator for the Mpumalanga, North West, Limpopo, Free State, and Gauteng provinces for this national survey. The survey focused on conducting programmatic mapping and size estimation of MSM, sex workers, transgendered people, and people who use injectable drugs. During the survey, I was also in communication with task teams of key populations in the KwaZulu-Natal province. As a result, I liaised with a number of researchers who worked with the MSM population, some of whom were MSM themselves. This allowed me to foster close working relationships with some of these people; therefore, when I started working on this current study, they became my first point of contact during the recruitment process. They also became the gatekeepers to my population of interest.

4.2.3   Sampling techniques

In this study, I adopted convenience and non-random purposive sampling as sampling techniques. Etikan, Musa, and Alkassim (2016) explain that researchers who work with difficult-to-reach populations of interest may use a combination of convenience and purposive sampling techniques to maximise the sampling of possible participants. Given the presence of homophobia and violence against people with same-sex sexualities in South Africa, as previously discussed, it is not difficult to understand why MSMW remain hidden. As a result, this group of men with

same-sex sexualities remains a hard-to-reach study population. Against the background of this knowledge and based on my previous research experience on the difficulties involved in the recruitment of cisgender men with same-sex sexuality. The definition of cisgender used in this study is "a person whose perception and expression of her or his own gender identity matches the biological sex she or he was assigned at birth" (PsySSA, 2017), I decided that the study would benefit from drawing on the strengths of both these qualitative sampling techniques (Etikan et al., 2016). Prior to sampling I decided on the sampling criteria for the study, which I proposed to the University's Ethics Committee. The sampling criteria for that study was that:

1) Participants had to be 18 years and older.

2) Participants had to be MSMW.

3) Participants must have been in at least one long-term relationship for more than three months.

4) Participants had to be "black" African.

5) Participants had to be living in KwaZulu-Natal.

4.2.4.1 Sampling procedure

Once I was granted ethical clearance for the study by the Humanities and Social Sciences Research Ethics Committee at the University of KwaZulu-Natal (see Appendix 1), I proceeded to hold a number of informal telephonic meetings with my gatekeepers. These telephonic meetings included discussions around possible approaches I could use in gaining access to the study population. I also sent emails containing the information sheets (see Appendix 2), to the gatekeepers to provide more details about the study that I was conducting and the population I was interested in recruiting. Some of these gatekeepers were also potential participants. Most of them indicated concerns with face-to-face interviews and advised that I revisit my initial idea as

they mentioned that their contacts would not feel comfortable talking to a stranger about such a sensitive topic.

I proceeded to conveniently sample two of the people who were my gatekeepers because they too met the sampling criteria for the five gatekeepers to whom I had access, and with whom I had worked before as part of the mapping study, as potential participants. During our telephonic interactions, I asked each of them whether they would be willing to participate in the study and they agreed. Babbie and Mouton (2005) explain that convenience sampling is actively selecting cases that are available at the time the research is being conducted. The other of the gatekeepers did not meet the sampling criteria as some of them were MSMO.

I then adopted purposive sampling through the use of snowballing techniques for data collection for the recruitment of the other participants. Purposive sampling was appropriate for this qualitative study because it ensured the selection of possible participants who met the inclusion criteria. I asked each of my gatekeepers to inform their contacts and identify some men who were interested in participating in the study. Section 4.2.4.2 outlines the rest of my recruitment procedure, as well as how I dealt with the ethical issue of informed consent.

4.2.4.2   *Snowballing process and screening processes*

Upon receiving feedback from my gatekeepers regarding potential participants who had indicated an interest in participating in the study, I asked to be given their telephone numbers and I contacted them directly. I started each sampling process by calling the potential participant and providing them with information about the study. I read out the information sheet (see Appendix 2) to them over the phone and gave them the option of an emailed soft copy if they wanted to have it in writing. After giving each individual the background to the study, I would then find out if they were interested in participating in this research. If the individual indicated

their interest, I then proceeded to the screening procedure. This involved asking the participants whether they were over the age of 18 years, their race, and whether they were living in KwaZulu-Natal at the time of the study. Finally, the screening process involved asking potential participants whether they had sex with both men and women. I conducted this screening process to ensure that all the individuals sampled met the sampling criteria. In the next section I present the characterises of my sample.

4.2.4.3   Sample characteristics

In total, the study had a sample of 19 participants. For individual interviews in this study, I sampled 12 African "black" men, living in KwaZulu-Natal, who had sex with both men and women, and who were in at least one stable long-term relationship. Terre Blanche, et al. (2006, p. 139) state that "[q]ualitative researchers typically work with and actually prefer small non-random samples of information rich cases that they can study in depth". MSMW with concurrent relationships were included in the sample, provided that they had an ongoing stable relationship that was long term with either a male or female partner.

For the purposes of this study, a relationship that has lasted for three months was regarded and defined as a long-term relationship, similar to how Siegel et al. (2008) defined long-term relationships within a three-month period. I regarded a stable relationship as being a continuous relationship without any reported breakups. Hence, a long-term stable relationship was regarded as a relationship between two people that has been ongoing for three months or more. All participants were men aged 18 years or older. This group of people was important for this study because people who are 18 years and older are at a high risk of HIV/AIDS, and are sexually active (Shisana et al., 2014). Table 4.1 shows the sample characteristics of the MSMW who participated in the one-on-one interviews.

Table 4.1: Interview participants: Demographic information

Transcript code	Age	Long-term relationship with	Self-identification
P01	29	A female	Bisexual
P02	23	A female	Bisexual
P03	25	Both male and female	Bisexual
P04	24	Both male and female	Bisexual
P05	28	A female	Defined sexuality as that of a man
P06	27	A male	Refused to define his sexual orientation
P07	28	Both male and female	Homosexual
P08	24	A male	Defined self as being sexually "fluent" (meaning that he could have sexual relations with both men and women).
P09	28	A female	Bisexual
P10	31	A female	Defined sexuality as that of a boy
P11	23	A female	Heterosexual but suspects he might be bisexual
P12	30	A male	Homosexual

The participants' ages ranged from 23 to 31 years. In terms of relationship type, six out of the 12 participants indicated that they were in long-term relationships with female partners only. Three out of the 12 participants indicated that they were currently in long-term relationships with both male and female partners concurrently. The remaining three participants indicated that they were in long-term relationships with male partners only. In terms self-identification of sexual orientation, five participants identified their sexual orientation as being bisexual, four participants gave alternative definitions of their sexual orientation, one participant was unsure of his sexual orientation, and the remaining two participants identified as homosexual.

An additional eight African MSMW, who were in at least one stable long-term relationship and who were living in KwaZulu-Natal, were sampled during the recruitment process, for participation in the online group discussion. One of the participants opted not to continue with the study and returned the study's mobile phone before the commencement of the online focus group discussion. The final sample size for the focus group discussion was seven

participants. Table 4.2 shows the sample characteristics of the men who participated in the online focus group discussion.

Table 4.2: Focus group participants: Demographic information

Transcript code	Age	Long-term relationship with	Self-identification
P13	27	A male	Homosexual
P14	28	A male	Homosexual
P15	25	Both male and female	Bisexual
P16	28	Both male and female	Homosexual
P17	19	A male	Bisexual
P18	32	Both male and female	Bisexual
P19	26	A female	Bisexual

The online focus group participants' ages ranged from 19 to 32 years. In terms of relationship type, one of the seven participants indicated that he was in a long-term relationship with a female partner only. Three out of the seven participants indicated that they were currently in long-term relationships with both male and female partners concurrently. The last three participants indicated that they were in long-term relationships with male partners only. In terms of self-identification of sexual orientation, four participants identified their sexual orientation as being bisexual, and the other three participants identified their orientation as homosexual.

4.3   Data Collection

4.3.1   Informed consent processes adhered to prior to data collection

After the screening of each potential participant, I then scheduled an appointment for when we could conduct our interview. I took participants who indicated that they were willing to be immediately interviewed through the consent process. I read out aloud the consent form (see Appendix 3) and asked the participants to give verbal consent. I then asked each participant whether they were willing to share their email address with me so that I could send them the consent form for them to sign. Most were reluctant and opted to rather provide me with their

verbal consent. Only five participants ended up providing me with their email addresses, and a soft copy of the consent form was sent to them, and signed and scanned copies were returned.

After reading the information sheet and consent form, I then gave each participant an opportunity to ask questions related to the research or to raise concerns that they might have before data collection. This was to ensure that each participant understood that they were not being forced to participate in the study and that participation was voluntary. I also needed my participants to be aware that they could withdraw from the study at any time during the interview. In instances where a participant indicated that they were not able to participate in the study immediately, we would then arrange for a date and time that were suitable for them. I would then ask each participant to refer me to any of their friends or contacts who they thought might also be interested in being part of my study.

The participants were also informed that their contributions would be kept confidential. This was particularly important for the participants in this study, as same-sex sexualities still meet with varying degrees of prejudice in South Africa and within different communities. There was limited anonymity for the two gatekeepers who became participants of the study as I knew their identities. However, in the write-up of the project, I protected their identities through the use of interview codes, since each participant was allocated a participant number. Confidentiality and anonymity were, however, guaranteed for the rest of the study participants as I did not know them, and all communication was done telephonically.

All participants were also assured that their identities would be protected using codes such as P01, P02, and so on. The participants were also asked to give consent for me to audio record the interview discussions using a voice recorder so that these could be transcribed later for data analysis. This section to consent for audio recording was contained within the consent form

for participation in the study. Participants were also informed that I would be taking research notes of our discussions. There were no overlaps between participants who participated in individual interviews and those who participated in the focus group discussion. Participants who participated in the one-on-one interviews were not allowed to participate in the focus group. The following section outlines how informed consent issues for the online focus group were handled.

4.3.2   Obtaining consent for the online focus group discussion

The recruitment for the online focus group followed the same strategy as the one outlined for the interview process; however, the informed consent process varied slightly. In addition to following the same recruitment procedure as individual interviews, focus group participants were informed that they were being asked to participate in the group discussion. Before data collection for the online focus group could commence, mobile phones were sent to the five gatekeepers, together with printed copies of the information sheet, consent form, and confidentiality pledge as they were assisting with the recruitment of participants. I then personally called each participant and went through the focus group information sheet (see Appendix 4) and they were asked to sign the consent form (see Appendix 3). This was so that they understood that their participation was fully voluntary and that they had the right to withdraw from the study if they felt uncomfortable with continued participation or if they felt threatened in any way. This also gave them the opportunity to ask any questions regarding their participation. Only three of the seven participants returned signed consent forms, and the other participants gave verbal consent.

Before participation in the online group discussion, the participants were also asked to sign a confidentiality pledge (see Appendix 5). It has been argued that there is limited confidentiality within a focus group setting as there is an appreciation that, in a focus group setting, the participants in the group can share information about issues discussed in the group.

A confidentiality pledge or agreement is a contract that is entered into by the researcher and the focus group participants, where they pledge not to divulge information about the group discussions to persons who are not part of the focus group. This was important for the study as it made the participants in the group feel more secure about their confidentiality and anonymity. Another factor that added to confidentiality and anonymity was the fact that since participants were given the study mobile phone, which already had WhatsApp and the group chat forum loaded, which meant that their personal contact details were not shared between group members.

4.3.3 Data collection procedures

Data were collected through a series of one-on-one interviews and an online focus group discussion. The 12 interviews were conducted over a period of five months, from April 2016 to August 2016. The online focus group discussion took place in March 2017 for a period of 10 days. This prolonged period of data collection was due in part to the low response rate to the initial contact with potential participants through the gatekeepers. Some individuals who were willing to participate were not in long-term relationships and therefore did not form part of the study population. Others had relocated to Gauteng, and so were no longer part of the KwaZulu-Natal MSMW population at the time of the study.

I collected data for this study using *isiZulu* and English as languages of communication. I am fluent in both of these languages. This meant that I was able to understand the nuances in their localised expressions, which might have been difficult for a non-*isiZulu* speaker to understand. I asked each participant to use whichever of the two languages they were comfortable using. This was to enable the participants to express themselves clearly. In the beginning of my research process, I translated all study materials from English to *isiZulu*, and these were checked by a first-language isiZulu speaker, who was also fluent in English, for

accuracy. The translation of the data is discussed in the data analysis section. The section below outlines the details of my data collection techniques.

4.3.3.1 *One-on-one telephonic interviews*

I conducted telephonic interviews using a semi-structured interview schedule (see Appendix 6a for the English version of the schedule and Appendix 6b for the *isiZulu* version). I initially developed the open-ended semi-structured interview schedule questions and probes based on the literature around safe sex within long-term relationships, keeping in mind my research aims and objectives. I decided to use open-ended questions as they allowed me to interact more intimately with the issues that I was studying, as suggested by Babbie and Mouton (2005). The use of open-ended questions also helped in enriching the quality of the data that I was collecting as it allowed for clarification and ratification to take place, which Neuman (2006) claims are important concepts for qualitative researchers as they enrich the quality of the data. Since safe sex is a complex and sensitive topic, for the purposes of this study, it was important to be able to ratify what the participants were saying, by being able to ask them to elaborate on interesting issues that came from the interview discussions and the online focus group. This provided the study with a rich dataset, which aided in the identification of nuances in how issues that affect barriers to safe sex are constructed.

Interviews are important because they allow participants to provide in-depth responses, as well as to express themselves based on personal experiences without fear of being persecuted, particularly if their responses are deemed to go against social norms (Babbie & Mouton, 2005). Similarly, Kelly (2006), explains that unstructured interviews are very close to a naturally occurring conversation, which made it an ideal method for this research study. This is because it is through conversations about lived experiences that people are able to indicate how they come

to understand social norms, or social constructions, that affect their decisions in their day-to-day lives.

Sexuality is a sensitive topic, especially in South Africa where man-to-man sexual activity is still largely seen as taboo. The privatised setting of an interview therefore provided the participants with the freedom to speak without fear, especially since issues of confidentiality had been dealt with. Interviews are defined as "encounters between the researcher and informants, directed towards understanding participants' perspectives on their lives, experiences or situations as expressed in their own words" (Minichiello et al., 1990, p. 19). These lived experiences were important for me to explore as they had the potential to provide insight into how MSMW in long-term relationships understood sexual safety and the existing safe-sex barriers. This quality of one-on-one interviews was important to me because during my interaction with the participants, I was attempting to identify possible challenges to safe sex and also attempting to understand the ways in which they navigate their sexual safety across their sexual relationships.

Koro-Ljungberg (2008, p. 430) views interviews as "reality-constructing and interactional events during which the interviewer and interviewee construct knowledge together". Following both Koro-Ljungberg's (2008) and Farr's (1993) observation that an interview aims at eliciting participants' perspectives on events, I brought my own perspective and acted as both a participant and an observer during the interviews. Aaron Cicourel (1974, cited in Koro-Ljungberg, 2008, p. 431) maintains that

> interviews impose particular ways of understanding reality. In essence, interviewers are deeply and unavoidably implicated in creating meanings that are typically treated as residing within respondents. In addition, it is clear that constructionist approaches to interviewing legitimate both interviewer and interviewee as active knowers.

This implies that while attempting to understand participants' justifications of their

sexual activity or inactivity, the flexibility and nature of the interview allowed the participants

and I to also interrogate those justifications and constructions and therefore to co-create new

understandings of sexual activity during the interview. I found this crucial in understanding the

complexities of MSMW.

Heeding the advice of the people working with MSM, and through interactions with some

of the MSM, in conjunction with the literature, I concluded that interviews with MSMW should

be conducted telephonically. Creswell (1998) states that telephonic interviews are appropriate to

use in instances where access to the participants or study population is limited. Some authors

highlight that bias against telephonic interviews comes from the belief that they limit rapport,

which is important for the generation of rich data (Irvine, Drew, & Sainsbury, 2013). For this

study, some of the potential participants indicated that they preferred a telephonic interview

rather than meeting face to face. Stuges and Hanrahan (2004) state that the use of telephonic

interviews in qualitative research is uncommon, largely because there are concerns about

whether telephonic interviews are well suited to the research. Stuges and Hanrahan (2004)

conducted a study that compared face-to-face qualitative individual interviews with telephonic

interviews and found that there were no differences in the quality of the data collected, and

concluded that telephonic interviews can be used successfully in qualitative research. Given the

sensitive nature of this research and the ethical considerations of confidentiality, I decided to

conduct all interviews for this study telephonically.

The use of telephonic interviews for this study also meant that the interviews could be

conducted at a time that was convenient for the participants, and in a space they deemed to be the

most private and safe for them. There are other advantages of using the telephone for research

interviews, and Irvine et al. (2013) argue that participants who agree to be interviewed about sensitive topics may prefer the relative anonymity of telephone rather than face-to-face interaction with a researcher. Studies have reported that telephonic interviews increase participants' perceptions of anonymity (Greenfield et al., 2000). For this study, I did not meet most of the participants, and this meant that the requirements of anonymity could be upheld.

Since the topics being researched in this study were sensitive and potentially embarrassing for the participants, I believe that telephonic interviews enhanced the quality of the data as there was a level of anonymity, as proposed by Stuges and Hanrahan (2004). Since there was a possibility, given the topic of this study, of indirect disclosure of their sexuality, the participants felt more protected by knowing that they did not have to meet me in person.

Most of the interviews were conducted in the evening when the participants were in the comfort of their homes. Some of the interviews took place during the day when the participants were in a discreet location at their places of work. I believe that being in a space that the participants were familiar with, normalised the situation and facilitated a sense of control over the interview sessions for them, which allowed for highly in-depth engagements. The interviews lasted between 30 and 90 minutes, depending on the participant's level of engagement, as some participants often gave a number of personal examples in comparison to others, while others would derail and talk about other issues not relating to the interview questions. The interviews were recorded through my speaker phone, using a highly sensitive voice recorder that was bought for the purposes of data collection.

For interview data processing and storage, I moved all the interview recordings into Dropbox, which is an online cloud, for storage, and deleted them from the voice recorder to protect the confidentiality of the data in an event that the voice recorder was lost. I then uploaded

the recordings onto Express Scribe Transcription software. I then transcribed all interviews by loosely following verbatim transcription conventions (see Appendix 7). The actual process of transcribing took close to five months. This was because the process involved listening to the recording multiple times while trying to precisely capture what was being communicated by the participants. As part of the transcription, participants' laughter, pauses, interruptions, and other engagements such as jokes and side stories were captured in the transcripts. Overlaps in communication between the researcher and participants were also captured using denotations prescribed by the transcription conversations. Although this is time consuming, it helps researchers familiarise themselves with their research data as argued for by Braun and Clarke (2006). I translated all of the interviews as I transcribed them, and the translations were checked for accuracy by a senior researcher in qualitative research, and who was also fluent in both English and *isiZulu*.

4.3.3.2   *Online focus group*

According to Stewart and Williams (2005), the development and the existence of an online social environment where members of certain populations can interact with one another discreetly have led to anxieties and innovations in how these online settings can and should be studied. The authors also point out that with every technological advancement in telecommunications, traditional data collection methods such as focus group interviews are forced to change or adapt to access difficult-to-reach study populations (Stewart & Williams, 2005).

Kraut et al. (2004) argue that the Internet has changed the ways in which people interact with one another, and is now reshaping psychological research, allowing psychologists to observe new or rare phenomena that might otherwise be privatised. People are able to interact

with one another in chat rooms and still remain anonymous, thereby allowing them to engage in talk or behaviours that are otherwise frowned upon in face-to-face interactions. Conducting research within this online space therefore provides psychologists with rich samples of human behaviour, which is otherwise hidden (Kraut, Rice, Cool, & Fish, 1998). This quality of Internet research is important for this study because of the sensitive nature of the research topic. Other authors have highlighted that in an online setting, group participants are able to easily exit the group if they feel uncomfortable as there is less pressure to conform than in traditional group settings (Sproull, Kiesler & Kiesler, 1991). The next section outlines in detail the data collection process of the online focus group that I held with my participants.

4.3.3.2.1   *Online focus group process and procedures*

For this study, data were also collected through online focus group discussions with MSMW. According to Terre Blanche et al. (2006), a focus group is an interview conducted with a group. Focus groups are very important in qualitative research as they allow observation of group interaction on a topic (Babbie & Mouton, 2005). In this study, I observed how MSMW interacted with one another in an online environment as they discussed sensitive issues of sexuality, relationships, and safe sex. Focus group discussions provided very important data for this study around social interactions for MSMW, and what was considered normative constructions of their sexuality, relationships, and risk. It allowed for an understanding and exploration of social conditions, experiences, and interactions of participants in different roles, as individuals and as group members (Fraenkel & Wallen, 1990; Marshall & Rossman, 1989). It further allowed for an open and flexible approach, through which new or unanticipated responses were explored (Farr, 1984a, 1984b). Focus groups provide the opportunity for participants to

build on one another's narratives (Zungu, 2013), and to cross-examine other people's perspectives on issues being discussed.

The unique steps that were used as I adopted this traditional data collection technique and used it within a virtual space using a contemporary online instant messaging application are outlined in the following section.

4.3.3.3 Data collection techniques

Prior to the focus group discussion, I bought eight smart mobile phones from a service provider. Each phone had its own individual SIM card that was to be used on the phone for the purpose of the group discussions. I then saved the mobile phone numbers as P13, P14, P15, and so on in my own phone to aid with the identification of who was commenting on the group discussions, as well as to track which participant had which particular phone. In the group discussion, the participants were referred to by their allocated number; for example P13 and P14.

I then downloaded a multimedia communications application called WhatsApp on each phone. WhatsApp is an online multimedia messenger, and users of the application log on to it using the Internet when they intend to send messages to their contacts. WhatsApp is currently free for users and it also allows group interactions through its group chat feature. WhatsApp is currently one of the most popular social media communication platforms available to smartphone users. It allows users to send each other direct messages and other multimedia attachments such as voice notes, pictures, and video clips. WhatsApp does not limit the number of characters a person can type, which means that the participants in the group were able to send long comments and responses during the group interaction.

Given the sensitivity of the research topic, this online chatting platform presented an opportunity for me to observe the interactions of MSMW within this virtual space, which

otherwise would have been difficult to access given the secretive nature of this population. Using a group chat to collect data from the participants increased the confidentiality of the identity of the participants and contributed to their being comfortable with the data collection process, which was also noted by Reisner et al. (2018) in their study. Since the participants were allocated mobile phone numbers for the group chat, it meant that they were not able to identify one another unless an individual decided to share their personal information with other participants in the group. Reisner et al. (2018) also found that the use of online focus group discussions with hard-to-reach and marginalised populations provides an anonymous environment, which has the potential to increase their willingness to participate in research that deals with sensitive topics. After downloading WhatsApp to each mobile phone, I printed information sheets, consent forms, and confidentiality pledges and packed them together with the mobile phones packages. I then gave the packages to the three gatekeepers, who distributed the packages to the potential participants.

I was the administrator of the online group chat, which meant I was the only one with administrative ability to add or delete people in the group, delete messages, and delete the group. Before participation in the online focus group, I informed the participants that they were advised to not share their personal information, such as physical location, personal mobile phone numbers, or any of their other online accounts such as Facebook, Twitter, Grindr, or Instagram, during the discussion. This was done to avoid any indirect disclosure. The participants were informed that the use of derogatory language that might cause other participants to feel uncomfortable would not be tolerated during the focus group chats. They were also informed that any direct personal attacks or comments made with the intention to offend any of the participants

in the group chat were strictly prohibited. I did this as I was attempting to maintain the ethical consideration of doing no harm to research participants.

The online focus group discussion took place for a duration of 10 days, from 3 to 13 March 2017. This online focus group discussion used a semi-structured focus group guide (see Appendix 8a), which was also translated in *isiZulu* for participants who indicated that they preferred speaking in *isiZulu* (See Appendix 8b). I initially developed the focus group guide questions and probes based on the literature around safe sex within long-term relationships, keeping in mind my research aims and objectives. The translation of the focus group guide was to equip me as a researcher with the necessary term to use in instances where the discussion was held in *IsiZulu* as the participants were not sent the questions. During the focus group, the guide was not, however, strictly adhered to, and some of the topics collapsed into each other as the participants spoke about various issues at any given time. At times, the participants started asking one another questions, which were also relevant to the study, and this meant that conversations were redirected, as per participants' interests at the time. This flexible and semi-structured approach meant that we were able to exhaust all the questions that were previously intended for the focus group. The focus group covered all six topics outlined in Appendices 8a and b including; sexuality; safe sex; relationships; meeting new partners; substance use and issues of disclosure.

The group discussions took place whenever the participants had the opportunity to log on and post responses to, or reflections on what was being discussed. The nature of the platform was such that the participants could log on at any time of the day and read previous conversations and comment on them. This flexibility allowed the participants to engage with the focus group discussions at a time that was convenient for them. Since most of the participants were either at

work or had other commitments during the day, peak participation was usually around the lunch hour and in the afternoons. The flexibility of the platform also aided in probing and rectification of responses by me as the researcher and the participants, as data was in text, certain responses could be followed up at later stages if other conversations redirected the conversation. The data generated during the discussion was text based, since participants would type their responses to the questions that I was asking and also to each other. It is important to note that on WhatApp the participants had the option of sending voice notes to the group, however none of the participants in the group did this. This meant that there was no need for the transcription of the data. However, since most participants used short-hand responses when texting, for example, "*gtg*" I had to write in full in the transcript as "*got to go*"; "*LoL*" was written in the transcript as "*laughing out loud*", for readability purposes. A challenge with text-based data was that the conversations between the participants were often stretched out for prolonged periods of time, and they were often broken up by other interjecting side conversations. This made the reading and the presentation of the focus group transcript challenging as it became difficult to follow the logic of conversations once the text was moved from WhatsApp to Microsoft Word. Another challenge was that some interesting points in the discussions were not followed up as the participants who may have raised them had logged off from the group chat at the time.

After the ten day online focus group discussion, the participants were requested to return the study cell phones. Some cell phones were returned via the gatekeepers after the study.

Data processing and storage of the focus group discussion involved moving the interaction from WhatsApp, by emailing it to my personal email as a text file (txt.), from there I was able to copy the text, into Miscrosoft Word, and saved it as one long transcript. I then

deleted the email and saved the transcript in a Dropbox folder that contained the other transcripts from one-on-one interviews.

4.4 Other Ethical Considerations

Various ethical issues need to be taken into consideration during the data collection process.

4.4.1 Respect for persons

The ethical principle of respect for persons requires that the researcher protects the privacy of the participants throughout the research process (Wassenaar, 2006). The use of pseudonyms for the research participants ensured that their identities were protected. In the data presentation, I only present extracts that indicate the participants according to their interview code and age group.

4.4.2 Non-maleficence

The ethical principle of non-maleficence requires that no direct or indirect harm should be experienced by participants as a result of participating in a study (Wassenaar, 2006). Discussions of issues around HIV/AIDS, sexuality, and sexual behaviour might be difficult and cause discomfort; however, the foreseeable risk of causing harm to participants by asking them to participate in this study was no more than that which the participants faced on a daily basis. To protect the participants from foreseeable and unforeseeable distress, I arranged a referral process with a counselling psychologist (see letter from the counselling psychologist in Appendix 10). Participants who might have felt distressed after the research process had the opportunity to consult a psychologist for psychological support. After each interview, the

participants were given a voucher with a unique number (see Appendix 9), which they could take

to the psychologist to use for psychological support. The participants were also given my number

so that if they wanted to use the services of the psychologist, they could contact me to arrange a

consultation for them. This would have been at no cost to the participants as arrangements for

payment were already made between me and the psychologist. None of the participants took up

this offer.

4.4.3   Beneficence

The ethical principle of beneficence requires that study participants should benefit from

their participation in a research project (Wassenaar, 2006). Although there were no direct

benefits to the respondents for participating in this research project, the results from this study

might help inform policy concerning the HIV/AIDS epidemic, as well as inform interventionists

who are attempting to develop strategies on how to address the HIV issues in long-term

relationships for MSMW. In this way, the participants might indirectly benefit from participating

in research that has social value and that might assist in finding ways to address HIV issues

related directly to issues faced by MSMW across their sexual relationships. The participants

might also have benefitted from discussing issues relating to HIV and risky sexual activities.

They were also provided with a list of organisations that offer psycho-social support for LGBTI

individuals through their toll-free numbers, which requires no prior approval (see Appendix 11).

The participants might benefit from having this information readily available to them in the

future.

4.4.4　Justice

The ethical principle of justice requires that those who carry the burden of the research should benefit from the research process and outcomes (Wassenaar, 2006). This study attempted to highlight the necessity of understanding how different constructions of sexual relationships and sexuality may impact on the sexual safety of MSMW in long-term relationships. This information may have implications for HIV response programmes, which may aid them in addressing the needs of MSMW differently from those of the general public when it comes to responding to the risk of HIV infection for key populations. This information might then lead to the development of interventions that directly address the sexual safety of MSMW.

This ethical principle also encompasses the need for fair selection of the sample, which means that everyone who fits the sampling criteria should have a chance to participate in the research (Wassenaar, 2006). For this study, it was difficult to ensure the exercising of this ethical principle for a number of reasons. Firstly, in any given community, it is difficult to identify MSMW, as they remain hidden and are hard to reach. People who might very well have been part of the sample therefore might have been missed as a result of their invisibility. Secondly, other men who had shown interest in participating in the study were not sampled as they did not satisfy the sampling criteria of being in long-term relationships when the study was being conducted.

4.5　Reflectivity: Researcher's Position

I start this section of the chapter by presenting a self-reflective section, focusing on claims made by social constructionism on the position taken by the researcher in the research process, particularly in the data analysis phase. Social constructionist research highlights the

impact that the researcher has on the research process and the type of knowledge that is created as part of the research process. Koro-Ljungberg (2008, pp. 432-433) writes that

> data produced during the interviews or research findings cannot be distinct from the subjects of knowledge production or knowers involved in the interaction (e.g., researcher, participant, community, and readers). Furthermore, any knowing subjects, including the interviewer, cannot act as neutral and external spectators in knowledge construction, and knowing subjects cannot claim privilege of knowledge or interpretation, instead all representations are partial perceptions of realities.

In this section I want to acknowledge that my approach to investigating challenges to safe sex for MSMW in long-term relationships was not non-directive, given the fact that there was little collaboration with the study population during my conceptualisation and formulation of the research problem. This inevitably meant that I took up the position of an outsider coming in to investigate issues that could have potentially been constructed differently by the people I was investigating. To close this gap between the researcher and the researched, I opted for a semi-structured approach to interviewing to allow nuanced narratives that I might have otherwise overlooked in my earlier conceptualisations of the study. Koro-Ljungberg (2008, p. 433) argues that "[r]esearchers do not have access to privileged information; rather, they must enter into the state of learning with other knowing subjects, in which all subjects learn from one another by acknowledging their state of not knowing and vulnerability".

The knowing subjects that Koro-Ljungberg (2008) refers to here are both the researcher and the participants. In interacting with the participants, particularly during the focus group discussions, it became clear that they too had a lot to learn from one another and the research process, where some would disagree on issues that others felt could be seen as prejudiced against certain types of MSMW. For example, some participants did not agree with the others when it came to power dynamics in their men-to-men sexual relationships between the insertive partner

(top), and the receptive partner (bottom), with some arguing that "tops" were more manly than "bottoms". This interaction allowed for all of us as participants in the focus group to learn from one another about the possible implications of such attitudes; in this way new knowledge was co-created, negotiated, and interactive, as suggested by Pearce (2002).

My role in the research process as both the observer and co-creator of knowledge through my interaction also extended to the ways in which I dealt with data analysis. It is true that I brought with me to the analysis of the data my knowledge of the literature on topics such as HIV transmission, homophobia, sexuality, and long-term relationships, to mention a few, which may have affected interaction with the data as I analysed it. I also brought with me my understanding of the social context in which I was conducting the study, as I understood the cultural implications of manhood as interpreted by the members of the Zulu culture, of which I am also a member. This provided me with an insider's perspective, which I attempted not to take for granted as it may have had implications for how I engaged with my participants and how I approached my data analysis process. In the next section I discuss my data analysis process.

4.6   Data analysis

Koro-Ljungberg (2008, p. 430) states that "the major implication of a constructionist approach to interview data has been to treat interview narratives as situated, constructed reports, not actual representations of facts or 'true' experiences". Citing Gergen (2001), Koro-Ljungberg (2008, p. 434) further writes that

> each meaning construction is situated and contextualized; any meanings are open
> to resignification and are constantly remade. In other words, truth is situational,
> and contextual and knowledge construction is a circular process ... The ways in
> which knowing subjects describe truth in their lives and create particular
> narratives based on their lived experiences are valid and noteworthy.

This is to say what I present in my findings that is as a result of my analysis are

representations of my participants' experiences, which are limited by how I made sense of them.

These are in no way meant to be read as "truth", but rather specific representations of their lived

experiences, which could be subject to varying interpretations. My data analysis process was

framed through my research questions.

Charmaz (2008) argues that the core of social constructionist data analysis is gaining an

insider's perspective into the meaning behind the behaviours observed at a particular time in a

particular context. For the analysis of data in this study, I used inductive data analysis techniques

that fit within the social constructionist approach, which places great importance on participants'

narratives of their experiences (Charmaz, 2008). Writing about a grounded theory approach to

data analysis for social constructions, Charmaz (2006) argues that there are at least two phases to

data coding, namely initial and focused coding.

For this study, the data analysis process took place in two phases. Phase 1 used the

thematic content analysis technique. I used this phase as a form of initial data coding and data

sorting. This phase was concerned with identifying possible challenges to safe sex for MSMW in

long-term relationships. In the second phase, I used a form of focused or theoretically based

coding and analysis in an attempt to understand how the different themes could be understood as

being part of social constructions that underpin the sex scripts that were enacted by MSMW in

their sexual activities and, consequently, introducing risk into their long-relationships. I started

by loading all the data transcripts into NVivo Pro, which is a qualitative data analysis software

package.

In Phase 1, the analysis followed the six steps of thematic analysis recommended by

Braun and Clarke (2006). Braun and Clarke (2006) explain that thematic analysis is a method for

identifying, analysing, and reporting patterns within data. It minimally organises and describes the dataset in rich detail. Braun and Clarke (2006) state that thematic analysis interprets various aspects of the research topic. Step 1 was becoming familiar with the data. This included reading and re-reading the transcripts and noting initial ideas about the data. Step 2 was generating initial codes, which entailed line-by-line coding of interesting features of the data, such as identifying instances where the participants mentioned their sexual orientation as a justification for certain behaviours. This was done in a systematic fashion across the entire dataset where data relevant to each code were identified. Step 3 was searching for themes, which involved grouping codes such as "not wanting to lose one's partner" and "planning a future together" into potential themes, for example, "commitment". Step 4 entailed reviewing themes. This involved checking whether the themes worked in relation to the coded extracts and the entire dataset. Step 5 consisted of defining and naming themes. This was meant to be an ongoing analysis to refine the specifics of each theme, and the overall story the analysis would tell. This took place throughout the writing-up process as I had to revisit and redefine certain themes and concepts based on the supervision that I received during this research process. Step 6 was producing the report. This final step was also an ongoing process, as the initial codes that I had identified were reformulated during supervision and as I continued reading literature on topics I was investigating in this research.

Thematic analysis was important for this study as it helped to identify issues that might act as challenges to safe sex for MSMW in long-term relationships, especially for Phase 1 of my data analysis. To understand the descriptive issues I identified in Phase 1, I needed to rely on the views of social constructionism and sex script theory as theoretical tools of interpretation. The framing of the descriptive findings within a social constructionist perspective was important because, as the literature suggests, sexual activity is social in nature. According to Simon and

Gagnon (1984; 1986) and Leclerc-Madlala (2009), to understand any sexual phenomenon, one needs to be aware of how it is constructed or understood locally. It was therefore important to employ the sex script theory, as it is concerned with how people construct meaning around their sexuality, and how this socially constructed understanding of sexuality affects people's sexual behaviours (Simon & Gagnon, 1984, 1986; Villanueva, 1997). The use of the social constructionist approach was important for this study because social constructions of sexual behaviours underpin sex scripts (Beres, 2013). The use of these theoretical frameworks was thus helpful in understanding and unpacking challenges to safe sex in long-term relationships for MSMW.

The second phase of data analysis involved what Charmaz (2006) calls theoretical coding. According to Charmaz (2006, p. 63), theoretical coding is important for providing an analytical story:

> Theoretical codes are integrative; they lend form to the focused codes you have collected. These codes may help you tell an analytic story that has coherence. Hence, these codes not only conceptualize how your substantive codes are related, but also move your analytic story in a theoretical direction.

For me, this involved going back to the themes that I had identified during my thematic analysis and re-reading them with the framework of social constructionism in mind and with the intention of identifying the sex scripts that were enlisted and enacted by MSMW within their sexual relationships. I first read all the data that fell into the themes that I had identified in Phase 1 of my analysis. This helped me re-familiarise myself with the data. I then implemented the idea proposed by Glaser (1978) of theoretical coding families, by grouping themes that seemed related to the same theoretical issues. To address these theoretical issues, I followed Glaser's (1978, p. 74) analytic categories of coding for theoretical coding families, namely his "Six Cs: Causes, Contexts, Contingencies, Consequences, Covariances, and Conditions". Even though

both Charmaz (2008) and Glaser (1978) employ this approach from within grounded theory, I borrowed from this framework of analysis as it allowed me to make theoretical links between my data and the theoretical framework that was utilised in this study.

For example, I explored the data of what caused MSMW to hold certain beliefs about sexual safety within their long-term relationships. Although at first these seemed to vary from individual to individual, with a close theoretical reading of the data, I deduced that they were all related to how these relationships were socially constructed. I was then able to trace these constructions that I had identified across different contexts, the contingencies that these men used as they navigated sexual safety within these relationships, the consequences of such navigations, the covariances, and the conditions under which such behaviours took place. For example, in the presentation of the findings in Chapter 6, I first identified contributors towards the construction of trust within long-term relationships, following which I identified sex scripts that were underpinned by this construction, and argued how the enactment of these scripts presented risk for MSMW in long-term relationships.

This process of theoretical reading was ongoing throughout my writing-up process. As I interacted with my supervisor during supervision and as I revisited drafts of the findings chapters, as well as consulted literature including theory-based readings, I refined and redefined some parts of the data, and I began making broader links between my findings and theory. All data are presented in a form of extracts that were taken from the interview and focus group transcripts in the findings chapters (a list of all extracts is attached as Appendix 12).

4.7   Dealing with issues of trustworthiness

Long and Johnson (2000) argue that the trustworthiness of research is based on the soundness of the methods followed, the accuracy of the findings, and the conclusions that are

reached. According to Shenton (2003), to assess the trustworthiness of qualitative research, researchers need to pay attention to issues of credibility, dependability, and transferability. In this section, I show in detail how I dealt with these issues in this study.

4.7.1   Credibility

One of the key criteria of testing the soundness of a study, as addressed by positivist researchers, is that of internal validity, by which they seek to ensure that their study measures or tests what is actually intended (Shenton, 2003). Shenton (2003) argues that in positivist research, researchers need to show that their study was valid; this is to indicate that their study measured what it intended to measure or test. Qualitative research provides an equivalent of validity, namely credibility, which is concerned with dealing with the question: "How congruent are the findings with reality?" (Shenton, 2003, p. 64). According to Lincoln and Guba (1985), one of the most important factors in ensuring the trustworthiness of qualitative research is guaranteeing credibility. Shenton (2003) indicates some strategies that qualitative researchers can use in safeguarding the soundness of their study. Two of these methods are outlined as I applied them in this study, namely triangulation and negative case analysis.

4.7.1.1   Triangulation

For Silverman (2005), the process of triangulation is not so that one can verify the truth or find the "true" meaning of the data being analysed, as this goes against the premise of social constructionism; however, triangulation aids with providing a rich corpus of data that allows detailed observations or analyses to be made. In this study, I used both one-on-one interviews and an online focus group discussion, which allowed me to explore the same topic under different conditions. This yielded different forms of data that further enriched my understanding

of the issues that were under investigation in this study, and possibly added to the credibility of my findings.

4.7.1.2 *Negative case analysis*

This method seeks to address the problem of anecdotalism in qualitative research raised by Silverman (2005). According to Silverman (2005), anecdotalism arises when researchers present well-chosen data examples that support their arguments and disregard any finding that might problematise their initial hunches about the phenomena that they are studying. In my reporting of the findings in Chapters 5, 6, and 7, I attempted to indicate deviant cases when they were available to avoid anecdotalism. I also presented in the findings chapters occurrences in the data that were not prevalent so as to highlight the complexity of the issues that I was working with in this research. Finally, I also presented cases where the participants did not agree on an issue, which served as a form of negative case analysis.

4.7.2   Dependability

The other concept qualitative researchers need to be concerned with when dealing with the trustworthiness of their study is that of dependability. It relates to ensuring that if other researchers replicated the study under the same conditions, they would find similar results. Although dependability is often difficult to achieve in qualitative research, Shenton (2003, p. 71) argues that in order to address the dependability issue more directly, the processes within the study should be reported in detail, thereby enabling a future researcher to repeat the work, if not necessarily to gain the same results. Thus, the research design may be viewed as a "prototype model". Such in-depth coverage also allows the reader to assess the extent to which proper research practices have been followed and enables readers of the research report to develop a

thorough understanding of the methods and their effectiveness. The text should include sections devoted to: a) the research design and its implementation, describing what was planned and executed on a strategic level; b) the operational detail of data gathering, addressing the minutiae of what was done in the field; and c) reflective appraisal of the project, evaluating the effectiveness of the process of inquiry undertaken.

In my reporting of the study, I provided a great deal of detail around my research design, recruitment, research process, and data collection techniques. I also provided reflections in this chapter that evaluated the effectiveness of my methodology and the enquiry I made in this study in general. As a result, I believe that future studies may be able to obtain similar results as I did in this study – provided that the socio-political and cultural dynamics of the community where my sample was recruited remain the same.

4.7.3   Transferability

Transferability relates to the degree to which research findings of one study can be transferred to another context (Shenton, 2003; Bryman, 2012). This is particularly difficult given that social constructionists argue that "knowledge is interactive, co-constructed, and negotiated, as well as historical, situational, and changing, and thus difficult to duplicate" (Koro-Ljungberg, 2008, p. 432); however, similar to dependability for transferability to be possible, researchers need to provide as much detail as possible about their study procedures and conceptualisations. If there are enough similarities between two contexts, then the findings of one study may be inferred to another context (Shenton, 2003). I provided as much detail as possible in my write-up from my methods to the rigor in the way I conducted and presented my analysis, therefore there is a possibility that the findings of this study might be transferable; however, I caution that social constructionism would argue that no one place shares an identical sociohistorical context,

therefore there will always be variations in how social artefacts are understood and how they influence people's lives at any given time or place. This study sought to provide a context-based snapshot of barriers to safe sex for MSMW in long-term relationships in KwaZulu-Natal.

4.8   Summation of the chapter

In this chapter, I outlined the methodological approaches that I had utilised in this research. I gave a detailed account of my recruitment, sampling, data collection, and data analysis procedures. I also discussed the ethical principles that were considered during the course of the study and some issues of the trustworthiness of the methods used and the analysis that was conducted.

For simplicity and in attempting to deal with the complex issues that were raised by this research, I present my findings and discussion of those findings in three separate chapters. In each of the findings chapters, I first present my data and then discuss the data in a separate section that also incorporates literature. Chapter 5 examines the constructed nature of long-term relationships. Chapter 6 explores the construction of trust and its impact on condom use and safe sex. The last of the findings chapters is Chapter 7, which focuses on gender norms and their impact on safe sex within long-term relationships. Although all these issues are interconnected, presenting them in this way helped me to manage the complexity of the issues in the write-up. In Chapter 5, I present the first of three findings chapters in this study.

Chapter 5:

The constructed nature of long-term relationships

5.1   Introduction

In this chapter, I present the findings of this study that focus on how long-term relationships are constructed differently from other sexual relationships. This is an important stepping stone in the argument as the focus of this study is on MSMW in long-term relationships, and an understanding of these relationships has the potential to situate the issues that emerge in the other two findings chapters. This chapter is divided into two major sections. In Section 1, I present the findings on how love was a cornerstone of the participants' long-term relationships. To do this, I firstly present the findings on the importance of the duration of the relationship as being indicative of the participants' commitment to their relationship. Secondly, I show how MSMW benefit from being in long-term relationships. Thirdly, I present the findings that show that MSMW might sometimes face emotional difficulties when they fall in love with more than one partner.

In the last section of this chapter, I discuss the findings against the backdrop of the literature. This is done to illustrate how long-term relationships differ from non-romantic sexual encounters that MSMW might have with sexual partners with whom they are not in romantic relationships. Understanding how long-term relationships were constructed by these men has the potential to explain why certain behaviours were justifiable within these relationships, while others were not appropriate.

In the presentation of extracts below, P: stands for participants and I: stands for me as the interviewer. The extract number and codes above each extract is to distinguish between different interview and focus group data. Extracts were saved in PDF format to ensure that the line

numbers of the extracts did not change, during the presentation of the data. However, this caused some difficulty as formatting of these extracts became challenging and their fonts tended to differ as they were being fit into the page.

5.2   Section 1: The convoluted dynamics of relationships

Sexual relationships for the participants were convoluted and multifaceted, where connections between behaviours, understandings, and intentions were not obvious and unproblematic. Multiple factors contribute to the legitimisation of certain behaviours that might be seen as unsafe and place MSMW and their partners at risk of infection. These factors include the experiences of intimacy and support within these relationships for these men. These factors also distinguish long-term relationships from non-romantic sexual encounters. As a result, long-term relationships were viewed as important by the participants of this study. Their construction of long-term relationships differed from other sexual encounters as they involved romantic feelings (intimacy) and provided these men with a sense of security and commitment.

5.2.1   The presence of love within relationships as seen through commitment and intimacy

The participants indicated that they loved their long-term partners and were invested in their relationships. When most participants spoke about issues of love within their long-term relationships, the duration of the relationship seemed to be a key indicator of commitment and intimacy. An example of this is presented in Extract 01.

Extract 01: Interview with P04, age 24

87	I: umm hmm
88	P: so we have grown together, and we have taught each other a lot,
89	I: umm hmm

```
90    P:  and as you know that the more time you spend with someone your relationship gets stronger,
91        and your bond gets stronger.

92    I: umm

93    P: so yah she is like a sister to me, because we talk about almost everything.

94    I: umm

95    P: almost, not everything, almost,
```

In Extract 01, the participant indicated that he had been with his partner for a long time as they had grown up together (lines 90-91), and he now considered her to be like a sister to him (line 93). The duration of the relationship implied the seriousness of the relationship and served as an indicator of how committed the partners were to the relationship, as suggested by the participant in line 90: "*the more time you spend with someone your relationship gets stronger*". This commitment meant that it became very important for the partners to maintain their relationships. This factor is presented in Extract 02, taken from a later part of the same interview.

Extract 02: Interview P04, age 24

```
217    I: how important is it to you to maintain your relationship with your girlfriend yes?

218    P: a lot, like I said that I think, the whole thing cannot just go down the drain you see

219    I: umm

220    P: so I have to do by all means, and I love her anyway, so I have to do by all means that she is happy

221    I: umm

222    P: and as results she will always be with me you see

223    I: umm

224    P: yah, so it is so important that I don't think, wait I almost lied and said that I don't think I'll live
225       without her no, I could, but it would affect me a lot.
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In Extract 02, the participant indicated that he loved his girlfriend (lines 220-222), and that he was willing to do whatever it took to maintain the relationship with her. In lines 224-225,

he mentioned that his girlfriend was so important to him that losing her would affect him very much. To demonstrate the importance of the duration of the relationship, another extract taken from the same participant is presented in Extract 03. In Extract 03, the participant spoke about his relationship with his boyfriend, whom he had just started dating a few months prior to the interview.

Extract 03: Interview with P04, age 24

269　I: yah, ok no. thanks for that, so what about this relationship with your boyfriend then? You know
270　how important is it for you to maintain it?

271　P: umm, as much as it is important, but what I can say is that I haven't spent a lot of time with him,
272　so I sometimes tell myself that no if anything happens, it will happen.

273　I: yah

274　P: yah nje

275　I: umm hmm, so when you say you haven't spent a lot of time with him, what do you mean is it a
276　long distance relationship?

277　P: that too but ahh this thing I think its still new.

278　I: umm

279　P: there are things that I don't know, and things that he doesn't know me, so we don't know each
280　other that well.

281　I: umm

282　P: as much as there are those things that he knows, and there are things that I also know, I still
283　believe that there are things that we do not tell each other.

284　I: ow things you haven't been able to say to one another, so you can say that the openness is not yet
285　at the same level

286　P: yes

In Extract 03, the participant indicated that owing to the fact that he had just recently started dating his male partner, there was a level of openness that they had yet to reach in their relationship and he therefore said that "*if anything happens, it will happen*" (line 272), meaning that if something happened between him and his boyfriend, he would accept it. This is different

from the emotional difficulty he mentioned that he would face if he were to lose his long-term girlfriend. In lines 279-283, the participant stated that he and his boyfriend did not know each other well yet, and that there were things that they did not know about each other, which they had not shared with each other. This demonstrated the importance of the duration of the relationship in demonstrating commitment to the relationship and possibly resulting in a more intimate relationship. This was because, as time passed, the partners could demonstrate their commitment to each other, which could potentially impact on their feelings of closeness to each other. Another example of commitment is provided in Extract 04, where P05 spoke about his long-term relationship with his girlfriend.

Extract 04: Interview with P05 age 28

198   I: Are you currently dating anyone? Are you currently in a relationship?

199   P: Yes I am .

200   I: who are you dating are you dating a girl or a guy?

201   P: it's a girl

202   I: can you tell me about this relationship?

203   P: [breaths] it's beautiful man

204   I: umm

205   P: its been 4 years

206   I: umm hmm

207   P: eeh it has gone through so much, distances it has gone through a whole lot of hassle,
208   temptations, we had to fight we had to leave each other, and we had to come back to each
209   other again

210   I: umm yah

211   P: but it sustained, it's a rigid relationship based in feelings

In Extract 04 (lines 207), the participant stated that his relationship had survived a number of challenges, such as distance and conflict, which at times would lead to them breaking up and then getting back together again (lines 208-209). In a way, this might suggest that the

duration of a relationship allowed for people to demonstrate their commitment to each other, as he stated that his relationship had been sustained as it was based on "*rigid*" (unchanging) feelings (line 211). This suggested that because of their duration, long-term relationships facilitated feelings of intimacy (love) and commitment, and, as such, these relationships became important parts of these men's lives.

Another finding related to the issue of love within long-term relationships was the sense of love and support that the participants felt from their partners. This support that was found within long-term relationships was not to be expected outside of these relationships.

5.2.2   Support within relationships

Long-term relationships were important to these men as they offered certain emotional benefits, as discussed in Section 5.2.1. The findings indicated that there was support within relationships, which made these men feel secure. This support is discussed in Extract 05.

Extract 05: Interview with P09, age 28

102	I: umm ok I hear you, so how important is it for you that your relationship continues and it
103	grows strong?
104	P: I think, [laughs], although I don't know how I will answer your question honestly,
105	I: umm
106	P: but I can say it is very important, so nje, like it's something that I feel if we broke up with
107	her I won't find someone like her
108	I: umm
109	P: so for me it is very important that I keep this relationship going, and keep it the way it is,
110	and try all my best to make sure that nothing can happen to punish the way we feel for each
111	other you see..
112	I: umm
113	P: ahh, be loyal to her, ahh trust her
114	I: umm
115	P: and the way she is supportive towards me, like I went through a hard situation when I

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116   had stopped working for 2 months, and for me that makes me realise that she actually is not
117   after money or anything.

118   I: yah

119   P: she kept on supporting me,

120   I: umm

121   P: you see, she would tell me that things will get better, until things went back to normal,
122   but she's been there. It's not like when things are hard she walks away and looks for
123   someone else and things like that.

124   I: umm

125   P: so people like that are very scarce to find nowadays.
```

In Extract 05, the participant indicated that his girlfriend supported him even when he went through a difficult time (lines 115-117); this commitment that she displayed could be seen as giving him security in his relationship by knowing that she would always be around. He mentioned that "*it's not like when things are hard she walks away*" (line 122). This suggested that long-term relationships were places where these men were able to have intimate relationships with their partners. These relationships were thus constructed as being more than sexually based; they also catered for the social and emotional needs of these men. In line 125 he mentioned that "*people like that are very scarce*", which suggests that he was under the impression that it was difficult to find partners who wanted to commit to relationships when social stressors such as unemployment were present.

When these men felt that they were loved and cared for, it became difficult for them to leave those partners or risk losing them. An example of this factor is provided in Extract 06.

Extract 06: Interview with P11, age 23

94   I: yah, like you said that sometimes when you go and you see other girls and you get tempted, what
95   would you say is the reason you're with this particular girl and not other girls?

96   P: it is the way she treats me man. You can see that when you are dating someone and you are
97   playing with them, you are playing games, and you see that they persevere and they are still with
98   you. You can see a person that loves you, then you see that no I will end up losing something
99   meaningful because of something that is worthless.

100   I: umm hmm

101   P: and you find that these other people you are busy with on the side are not giving you this type of
102   love that you are receiving from this person.

103   I: yah

104   P: you are also a person so you can see that this one loves me that one doesn't.

The participant in Extract 06 indicated that the reason he had chosen to stay in his relationship was because he could see that his partner was committed to him and that she loved him. In lines 101-102, he mentioned that he found that his other sexual partners did not give him the same type of love that he was receiving from his long-term girlfriend. This might mean that some of these men worried about losing meaningful relationships (lines 98-99).

In Sections 5.2.1 and 5.2.2, I demonstrated that some long-term relationships were framed by the existence of love. When the participants of this study spoke about their feelings of love, they relied on the duration of the relationship as an indicator of their commitment to their partner and their relationship. The participants in this study were, however, involved with more than one partner. This then complicated their emotional investments in their relationships. In Section 5.2.3, I present tensions faced by MSMW within relationships where they felt emotionally connected to more than one of their partners.

5.2.3 Difficulties with love

Like most of the issues involved in the studying of human sexuality, the issue of love as it exists within long-term relationships is also a complicated one. P03 indicated the challenges that he faced owing to the fact that he loved both of his partners (see Extract 07).

Extract 07: Interview with P03, age 25

385   I: The feelings of guilt, do you ever feel guilty that you cheating maybe or eish my girlfriend…

386   P: Many bra you know, fuck…there was this other time

387   I: umm

388   P: I was with my girlfriend and when I was looking at her I felt so fucken guilty bra , like I felt like I am
389   playing with her.

390   I: umm

391   P: to think how much she loves me for all these years bra, she is with me, at the same time I am busy
392   doing such things (Deep sigh).

393   I:umm

394   P: Sometime we spent like 3 months not having sex

395   I: yah

396   P: and when we having sex with her after one round, I feel like I am not challenged, I am challenged but
397   not that much as from my boyfriend.

398   I: yah

399   P: I feel like most of the time I am giving it to my nigga than my girlfriend, well I try to accommodate
400   them but you should know that if you love two people you won't satisfy both of them one of them will
401   drop.

402   I: umm

403   P:ok you can try tjo, but It's not going to be the same for both of them even if you try

404   I: So how do you then deal with those feeling you have as you said that you were with her and then the
405   guilt came that this poor girl is giving you her time, but you have a boyfriend on the side and you've
406   been spending most of the times with your boyfriend…how do you deal with those kind of feelings?

407   P: Eyy sometimes there's nothing that I do bra,

408   I: umm

409   P: I try even now I am kind of confused man because I love them both,

410   I: yah

411   P: what hurts the most is I can't be leaving her for someone of which like… even if I wanted to leave her
412   I can't leave someone who loves me and who has been loving me for a long time and still does for
413   someone who doesn't care about you, someone who cheats on you and doesn't care about you it's not fair
414   bra,

415   I: yah yah

416   P: and it's not right. How am I going to live with myself tomorrow bra?

In Extract 07, the participant indicated that he felt guilty when he was with his girlfriend, and that he felt like her was "*playing her*" (lines 388-389). The participant had this feeling of guilt because he knew he was in a relationship with someone else "*at the same time, I am busy doing such things*" (lines 391-392). In the earlier parts of the interview, the participant mentioned that he met his current boyfriend while he was already in a relationship with his girlfriend. The extract is presented in this section to show that these men sometimes had internal conflicts when they had emotional investments with two or more of their long-term sexual partners. In lines 396-403, P03 mentioned that he felt like he was more sexually intimate with his current boyfriend than his girlfriend (who were both his long-term partners). He also mentioned that he tried to "*accommodate*" her, but felt as though it was "*dropping*", which suggested a failure in loving both his partners in the same way, and a situation where he found himself loving the one more than the other. He further said that when a person loved two people, it was not going to be the same even if the person tried.

This seemed to create negative feelings for P03, as he started to feel as though he was betraying his relationship with his girlfriend. In line 409, he mentioned that he was confused because he loved them both. The participant then mentioned that his sexual experiences were less satisfying with his girlfriend than with his boyfriend; in line 394 he mentioned that sometimes he would go for three months without having sex with his girlfriend. He further said that when they would have sex, they would have "*one round*" and that he did not feel "*challenged*" (line 399). He then corrected himself and claimed that he was "*challenged*" but "*not that* [as] *much as from my boyfriend*" (lines 396-397). This might suggest that sexual passion played an important part in how these men viewed these relationships, and this affected their emotional intimacy.

In the next section, I discuss the findings of this study against the backdrop of existing literature by focusing on the types of sexual relationships that MSMW entered.

5.3   Section 2: Discussion of the emotional components of long-term relationships

The findings of this study seemed to suggest that long-term relationships were constructed as meaningful relationships that differed from other sexual encounters. This is in line with other research that argues that romantic relationships are important social institutions for people (Bauermeister et al., 2012). This literature argues that these relationships have the potential to offer a sense of emotional security and closeness that most individuals need (Greene et al., 2015). The findings of this study also showed that when MSMW faced difficulties in their lives, having the support of a long-term partner helped to keep them feeling motivated and secure. This translated into them feeling more secure within their relationships with these long-term partners as they experienced a sense of love from these partners. I argue that this has the potential to add to a sense of emotional intimacy within the long-term relationship that was otherwise missing from other sexual encounters.

The findings of this study highlighted that factors such as the duration of the relationship contributed towards a sense of closeness between MSMW and their partners. The duration of the relationships also aided in demonstrating commitment towards the relationships by both MSMW and their partners. This finding was in line with studies that had shown that the duration of a relationship distinguished casual relationships from those that were steady (Kordoutis et al., 2000). Based on the findings of this study, it seemed that the duration of the relationship allowed for the partners to share more intimate feelings for each other through the experiences that they had faced in the past. Drawing from Sternberg's (1988; 1997) triangular theory of love, I argue

that relationship longevity fostered the two components of love, which are intimacy and commitment.

Continuing from this point, I argue that this led to the need to maintain these relationships. The findings showed that the participants in this study felt the need to maintain their long-term relationships because they viewed them as important. In Chapters 6 and 7, I show how this emotional need to maintain their relationship could play a role in placing them and their partners at risk of HIV infection. The point being made here is that these relationships were valued by these men for their emotional benefits. This point was also highlighted by other studies that focused on the experiences of MSM in Western countries (Greene et al., 2014; Greene et al., 2015), and studies that examined the importance of relationships for black heterosexual South Africans in rural settings (Msweli & van der Riet, 2016; Van der Riet et al., 2018).

In the last section of the findings, I presented data that highlighted tensions that existed for MSMW, when they found themselves in love with more than one of their long-term partners. Some participants in this study reported feeling guilty as a result of being in romantic relationships (emotionally invested relationships) with more than one partner. For these participants, this behaviour contradicted constructions of long-term relationships based on monogamy. Authors such as Purcell et al. (2014) argue that in monogamist romantic relationships, sexual exclusiveness is presumed and idealised. The literature also shows that bisexuals are considered as problematic partners, since the majority of society is monosexist, regardless of whether they are heterosexual or homosexual (Morrison et al., 2016; Ross et al., 2012; Rubinstein et al., 2013). I argue that MSMW find themselves struggling to understand their romantic feelings when these feelings exist across more than one relationship.

This behaviour seemed to have made them question their commitment to one of their partners – in this case, their girlfriends. Research on polyamory suggests that romantic relationships are constructed in such a way that multiple romantic relationships built on trust and honesty are not viewed as legitimate (Haritaworn et al., 2006; Klesse, 2006; Sheff, 2006). Some of the literature on polyamory states that these multi-partnered relationships are oppressed in as much as being viewed as being promiscuous, and that this construction of these relationships leads to feelings of guilt for individuals who are involved in these multiple relationships (Mint, 2004). The findings of this study seem to support this argument, as most of the participants who were in multiple long-term relationships indicated this sense of guilt.

The findings of this study also seem to suggest that MSMW might experience different forms of love from their multiple long-term partners, which seemed to be linked to different love components as proposed by Sternberg (1988; 1997). The data from P03 presented in the findings seemed to suggest that he loved his girlfriend because she loved him, and she was committed to him. In this example, it seemed that his experience of love with his girlfriend was based on the commitment component of love. When talking about his boyfriend, he indicated that his boyfriend cheated on him (this is discussed later in Chapter 6), which suggested a lack of the commitment component of love. The participant indicated, however, that he had more passionate love-making with his boyfriend and felt that he loved him more than he loved his girlfriend, even though he could not leave her for the boyfriend. Borrowing from Sternberg (1997), I propose that there was a possibility that this participant could be feeling empty love for his girlfriend (commitment without passion and intimacy) and romantic love for his boyfriend (passion and intimacy). This suggests that MSMW in concurrent long-term relationships might experience their relationships differently as these might be based on different love components as proposed

by Sternberg (1988; 1997). In Chapter 6, I demonstrate why it is important to understand these relationship variations as they might play a role in mitigating risk within long-term relationships.

In this chapter, I presented findings that demonstrated that long-term relationships were forged with love and that for MSMW, these relationships were important to maintain. I also attempted to show that the love that these men experienced within these relationships might vary depending on the love components present in the relationship. Lastly, I showed that some MSMW might struggle with the tensions of being in love with more than one partner given that multiple relationships were seen as illegitimate and people in those relationships were considered to be "cheaters". An understanding of the fact that long-term relationships are not emotional voids is an important stepping stone to the understanding of challenges to safe sex within these relationships, as the need to preserve the relationship might supersede the need for sexual safety, as found in multiple other studies (Bauni & Jarabi, 2003; Bird et al., 2001; Williams et al., 2016).

Chapter 6 considers how the participants understood the meaning of safe sex within these complicated relationships, which for some of them involved more than one long-term sexual partner. MSMW's understanding of safe sex was important to consider, particularly because multiple sexual relationships are known to place people at risk of HIV infection.

Chapter 6:

Trust and its impact on condom use and safe-sex construction

6.1   Introduction

In this chapter, I present the findings related to how trust as a dynamic concept affects the

nature of safe sex for MSMW in long-term relationships. The findings of this chapter are based

on the understanding that long-term relationships were important for MSMW, and decisions

about sexual safety within long-term relationships were emotive (see Chapter 5). This chapter is

divided into three sections, to structure the difficulties of working with complex concepts such as

trust and love. In Section 1, I explore how MSMW understand safe sex as a general concept. In

Section 2, which is the bulk of this chapter, I pay special attention to the link between trust and

condom use across the different sexual relationships of which MSMW were part. This is done by

considering reasons for condom use and lack of condom use within different relationship types.

In Section 3, I discuss how the construction of trust as the backbone of long-term relationships

underpinned the trusted partner is a safe partner script for MSMW within these relationships. I

do this by discussing the findings in relation to social constructionism and the sex script theory,

against the backdrop of existing literature.

6.2   Section 1: Safe Sex

6.2.1   The participants' understanding of safe sex

This section begins by examining how the participants understood sexual safety. The

section then considers some of the factors that affect how these men viewed safe sex within their

relationships. The participants' understanding of safe sex seemed to be linked with earlier

messages regarding safe sex communicated during HIV prevention campaigns, namely ABC.

What seemed to be a common theme across all data was that condom use was the main form of ensuring sexual safety. An example of this safe-sex understanding is presented in Extract 08.

Extract 08: Interview with P04, age 24

324   I: yeah safe sex.

325   P: well one, it's that you should try and use protection all the time.

326   I: umm hmm

327   P: well another thing I can try to say is that, do not have many partners

328   I: umm

329   P: because that increases the chances that you might end up getting sick and things like that.

330   I: umm

331   P: so you have to condomize all the time. Let me put it like that .

In addition to using condoms, the participant in Extract 08 also indicated that partner reduction could reduce the risk of infection and increase sexual safety. The same idea was expressed in other interviews, for example, by P05 in Extract 09.

Extract 09: Interview with P05, age 28

344   I: alright so you have totally answered the rest of the questions I had with regards to this
345   disclosure question. So tell me what is your understanding of safe sex?

346   P: safe sex?

347   I: safe sex, when I say safe sex, what comes to mind?

348   P: pssh, emm protection,

349   I: umm hmm

350   P: eeh one partner rule, which is not really the case

351   I: umm

352   P: yah that comes to mind, and ehh, I think you should minimise sex as possible

353   I: yah

354   P: yah the times that you have sex, you should minimise

The participant in Extract 09 commented that even though he was aware that a reduction of sexual partners could ensure sexual safety, he did not have only one partner (line 350). He further commented that minimising the number of sexual encounters could also be a form of protection (lines 352-354).

The findings suggest that their understanding of safe sex was centred on earlier preventative strategies linked to abstinence, faithfulness (monogamy), and condom use. Interestingly, across all the datasets of this study, no participant indicated abstinence as a viable prevention strategy for them and their sexual partners. In Section 6.3, I examine the relationship between trust and the nature of condom use by MSMW across their sexual relationships. This is done by first exploring the reasons for non-condom use. I then examine how condom use was constructed as a lack of trust within long-term relationships. Thereafter I explore instances where condom use coexisted with the idea of trust.

6.3   Section 2: The nature of condom use

The nature of condom use within the relationships that MSMW had with their sexual partners was complicated. The findings of this study showed that MSMW were aware of the risks inherent in unprotected sex and the means to ensure sexual safety within their sexual relationships; however, condom use was problematic as it might be inappropriate within long-term relationships. As a result, condoms were used inconsistently outside of these relationships because of other factors such as the spontaneity of sex and substance use. This section examines the reasons for non-condom use within long-term relationships.

6.3.1 The reasons for non-condom use within long-term relationships framed within trust

When it came to condom-use patterns, the issues presented were multi-layered and seemed to be affected by the type of relationships to which the participants referred. The findings suggested that condom use within long-term relationships was limited. Trust seemed to be a key aspect in whether or not a condom was used within a relationship, as explained by P03 in Extract 10.

Extract 10: Interview with P03, age 25

209	I: Yeah it's clear, so tell me. what is your understanding of safe sex?
210	P: Safe sex?
211	I: Mhm
212	P: Ai dog, it's all about taking care of yourself and protect yourself bra
213	I: uhm
214	P: knowing what you want umm sometimes I will say even though you are not using a condom neh,
215	I: umm
216 217	P: you can still practice safe sex even though you are not using a condom, tjo, as long as tjo, As long as you and your partner trust each other truthfully, bra you see
218	I: umm
219 220	P: so safe sex I wouldn't say it's using a condom as such, because you can always use it but you know bad luck and wrong things happen, you see.
221	I: umm
222 223	P: so ai safe sex is about taking care of yourself bra, playing safe and protecting yourself. Yes you can use it fine… yah
224 225	I: But, but, but just to have a clear understanding, when you talking about protecting yourself. How do you protect yourself if you not using condoms?
226	P: (pauses) ai yah that's the problem because people can't be trusted (laughing).
227	I: (giggles)
228 229 230	P: you are untrustworthy so (laughs), I am not saying you don't have to use it, do use a condom it is part of having safe sex, I am not saying don't use it you see, but then its cause people are untrustworthy. If only people were trustworthy I feel like…. Ai Sakhile (laughs again)
231	I: (laughs)
232	P: (continues laughing) I don't even know what to say bra

133

In Extract 10, the participant indicated that if people did not trust each other, they should use condoms in their relationship. This suggested that condom use within relationships between partners who trusted each other was inappropriate and trust was therefore used as a measure of commitment in relationships. In lines 214-217, the participant argued that it was still possible to practice safe sex even if condoms were not used because the partners trusted each other. He also stated that "*wrong things happen*" even when a person used a condom (lines 219-220). Upon more directive questioning by the interviewer around practical examples of how a person could practice safe sex without condom use, the participant was unable to answer and reverted to the idea that condoms were necessary because people were untrustworthy (lines 228-230). What was really revealing about the interaction in this extract is how the participant knew he was compromised, and knew that he had a dilemma and could not provide me as the health researcher with the "correct" answer (this is to say, an expected response). His response showed how he was aware of the "correct" practice (condom use), but also the dilemma he was in. His laughter framed this dilemmatic tension, and the final statement says it all: "*I don't even know what to say*" (line 232), suggesting a sense of being stuck in the tensions that arise for people in long-term relationships when it comes to condom use.

Another participant indicated that he and his male partner were not concerned about safe sex because they trusted each other, and they believed that they were faithful and committed to the relationship (see Extract 11, lines 358-360).

Extract 11: Interview with P04, age 24

```
350   I: umm, aright. Ahh mm, ok let's talk now about your boyfriend. Is safe sex a concern for the two of
351   you?

352   P: yes

353   I: and what measures do you guys take to ensure that you practise safe sex?

354   P: we, we, we, well ahh can I reverse my previous response.  Well it's not.

355   I: umm

356   P: it's not a concern cause yah.

357   I: umm hmm, why ?

358   P: he trusts me, I trust him, he trusts me, and now we don't use it, even though you cannot trust a
359   person that much, but yah I think we do trust each other, in such a way that you think he won't do
360   anything wrong, that is what we tell ourselves.
```

It should be noted that P04 also indicated that he did not have protected sex with his girlfriend. In later parts of his interview, he provided reasons for this non-condom use. This extract is also a good example of the dilemma of condom use, but also of the participant's resolution. He, when he first responded to the question about whether sexual safety was a concern for him and his male partner, said "*yes*" (line 352). When asked about measures that they took to ensure this sexual safety, he then asked to "*reverse*" his statement (line 354); in the same line he mentioned that safe sex was not a concern for him: "*Well it's not*". He then suggested that they did not need condoms because they "*trust each other*" (lines 358). He further stated that "*even though you cannot trust a person that much*" (lines 358-359), which showed that he was aware of the dubiousness of this stance. However, this was his rationalisation to himself, "*that is what we tell ourselves*"; almost resolving the dilemma for himself.

Other participants indicated that the use of condoms in a relationship might affect a peaceful relationship and raise concerns of infidelity (see Extract 12).

Extract 12: Interview with P05 age 28

355   I: you should minimise those. So can you tell me if safe sex is a concern for you and your
356   partner?

357   P: no.

358   I: and?

359   P: and this is a selfish thing again, because if safe sex was to be part of the relationship it
360   would create an uncertainty on her, you see?

361   I: umm, can you explain?

362   P: she will now start wondering why all this time we have been having it without protection,
363   probably. Why now is it an issue, why must we start using protection if I am not doing
364   anything and she is not doing anything?

365   I: ok

366   P: she would think it from that view, but with the guys its important.

367   I: why is that ?

368   P: because the relationship that he has with me, is sexual its not guaranteed that his only
369   having it with me,

370   I: umm

371   P: and because of my carelessness around him. I don't think he would save himself for me,
372   you see. So I think when he leaves just like an ordinary guy he be like ahh this dude is just

373   playing with me, I might as well find somebody stable, because people are looking for
374   people, whom they can settle down with you see.

375   I: umm

376   P: and for as long as you are not finding that you will still meet up with people and you will
377   have fun with the hopes of finding it, and they will crash you so on and on, so if you're doing
378   that without being safe, it can be risky.

In Extract 12, the participant indicated that safe sex was not a concern for him (line 357).

He also admitted that this was a selfish act (line 359). He further argued that it would cause

"uncertainty" (line 360) for his girlfriend. He argued that since he was already not using

condoms with his long-term partner, it would concern her if he tried re-introducing it into their

relationship (lines 362-364). This point also suggested that the participant might knowingly have

had unprotected sex with his girlfriend as a way of maintaining their relationship. This presented

a risk factor as in other sections of this interview the participant also mentioned that although there was an appreciation of the need for condom use outside the relationship, condoms were used inconsistently.

In the later part of the Extract 12, P05 also spoke about how it was important for him to use protection with his male partner as the relationship that he had with him was sexual (line 368). In addition, his male partner would have noticed his infidelity and his "*carelessness around him*" (line 371). The participant was potentially referring to other sexual partners that the male sex partner might know about when he spoke about "*carelessness*". He argued that his treatment of the male partner might lead to him wanting someone else with whom to settle down (lines 376-378). In the above extract, the participant acknowledged the risk in his sexual behaviour when he spoke about his careless behaviours, and also acknowledged the risk in his male-sexual partner's behaviour by saying "*if you're doing that without being safe it can be risky*" (lines 377-378). In the conversation, the participant did not, however, confront the issue of his responsibility for the possible risk that he is creating for his female partner.

Extract 13 is taken from the same interview with P05, as he continued talking about reasons for not using condoms in his long-term relationship with his girlfriend.

Extract 13: Interview with P05, age 28

379 I: alright yah I totally get it. Ahh you're saying that if you were to use a condom with your
380 main partner that would destruct the relationship in a way, it would cause you said
381 uncertainty.

382 P: with the male?

383 I: with your female partner, main partner

384 P: yes, yes, because so far we've been having without protection.

385 I: umm, so what sort of safe sex measures would you say that you guys are taking, to ensure
386 sexual safety in your relationship?

387 P: we are actually taking none with the lady.

388 I: and why is this?

389 P: umm

390 I: why is thi?

391 P: I don't know from her, but from me, its like I have decided that ehh, the manner in which I
392 am into her I wouldn't mind even, getting sick from her

393 I: umm

394 P: yah, its just a display of love not that it's a good thing to get sick from her, its just. I am
395 like I trust you so much

396 I: yes

397 P: that even when a mistake could happen you know, you could be at a salon and you can get
398 infected no that you have been cheating yah, and then you come and infect me I wouldn't
399 mind, because I really love you.

400 I: umm ok alright, I totally get you. And you are saying then with every other partner safe sex
401 would be a concern because there isn't that love and trust?

402 P: yes there isn't that trust actually.

In Extract 13, P05 mentioned that he and his long-term female partner were not taking

any preventative measures. He took a fatalistic stance and stated that he would not mind being

infected by her (lines 391-392). For him, this seemed to display love and showed the level of

trust he had for her. The idea expressed here was that condom use was a concern when people

did not trust each other. Hence, condom use became problematic for people in long-term

relationships as these relationships were categorised by love, trust, and intimacy, and to maintain

these relationships, partners felt the need to display these qualities of trust. P05 did not view this multiplicity of sexual partners as a risk factor for him and he seemed to speak more about how his female partner could potentially infect him, even though in Extract 14 he admitted to having unprotected sexual encounters with men whom he had only just met. This suggests that he may be in denial about how his behaviour is also a potential risk for her.

Other findings of this study showed that condom use was inconsistent in both the main relationship and the other relationship. This inconsistency seems to be related to the spontaneity of sex, which meant that sex was not always planned and could happen at any time with any partner when the conditions were conducive.

The context of Extract 14 is that P05 mentioned in the interview that he had gone out drinking one night and that in the early hours of the morning, around 02:00, he went to get something to eat at a 24-hour franchise. He told a story about how he met another man there who seemed to have also been drinking, and they started a conversation about where they could potentially get more alcohol. The person informed him that he had alcohol at his flat, so they eventually ended up going there together. Extract 14 is a continuation of this account.

Extract 14: Interview with P05, age 28

```
460   P: and we were super drunk, and you  know the setting just leads you there, because when
461   you get to the place, you find that ow there is no couch ok we sit on the bed, and because we
462   are drunk on the bed, we would just lay on the bed, the next thing , one thing lead to another,
463   touching kissing, and bam!

464   I: and bam, and at that point are we concerned about? We are going back, are we concerned
465   about sexual safety?

466   P: ehh?

467   I: at that point when that happens, when situation is just leading from one thing to the next
468   are we worried about sexual safety? Does that conversation happen where now we are
469   thinking, ow wait it seems we are already going there, do we have a condom, are we grabbing
470   a condom?

471   P: yah, you know when things like that.., that's why I said initially that you need to minimise
472   the number of times that you are having sex,
```

473   I: umm

474   P: because people, when we are drunk, we make a lot of mistakes, and when suddenly a
475   moment hits you, you would like to react at that point in time, because I said when we got

476   there we didn't even touch the alcohol, already we sat on the bed and we started kissing, you
477   know

478   I: umm

479   P; and one thing lead to another, that's where the biggest weakness comes from, so we can
480   choose to, in as much as I said, I know what safe sex is and I try by all means to stick to safe
481   sex when I am having with my sexual partners, at some point I fall weak because, I get a hit
482   of a moment kind of thing

483   I: umm

484   P: so at that time you are not thinking because you are…, you are drunk alcohol and there is
485   thing, its happening, and its happening now. You guys are not at that level that you can start
486   discussing ahh, safe, safe, safe

487   I: umm

488   P: but the next thing is that the other person feels the same way, ok how about we put on a
489   condom. Then in that way it is easier.

490   I: yah

491   P: but sometimes you meet people who don't even think twice, the next thing is just sex with
492   them and you regret later, but none the less, with the regret, it's the decision that I had made

493   I: to?

494   P: umm

495   I: you are saying none the less, with the regret, it's the decision that you've made

496   P: yah I mean if I had chosen to ignore the fact that I needed to use protection, because all the
497   time when I am about to have it the issue of protection comes.

In Extract 14, the participant indicated that it happened that when he met a new male

sexual partner, he might end up having unprotected sex with him owing to the spontaneity of sex

and substance use. He mentioned that because of the setup, they found themselves on the man's

bed and "*one thing led to another*" (lines 462-463). He further stated that mistakes happened and

that condoms were not used in such moments, unless the other partner insisted on a condom

being used. P05 also said that this was something he regretted later (lines 491-492).

Other participants indicated that even though safe sex was a concern for them within their long-term relationships, they did not take any steps to ensure that they practiced safe sex. Different participants had different reasons for not practising safe sex. An example of this is presented in Extract 15.

Extract 15: Interview with P04, age 24

```
335     I: alright, so can you tell me is safe sex a concern with you and your girlfriend?
336     P: umm, yeeees

337     I: umm hmm,  so how do you ensure that you practice safe sex with your girlfriend what do you guys
338     do?

339     P: well I can not say we are practising safe sex, but then we try to at least go for HIV testing once a
340     month.

341     I: umm

342     P: yah even though we are not together, one goes and another one goes, and then send each other
343     proof, so yah

344     I: so when you are together you are not using condoms that is what you are saying ?

345     P: yes most of the times.

346     I: why?

347     P: because we are planning on starting a family.

348     I: alright, ok. Is there any other reason?

349     P: No, no there is no other reason.
```

In Extract 15, the participant indicated that he was not practicing safe sex with his girlfriend because they intended to start a family (line 347), and therefore safe sex in the form of condom use was not suitable. He mentioned that they had used HIV testing as a way of ensuring that they were both safe and indicated that they shared their HIV test results with each other (lines 339-340). In the same interview, when talking about his male partner, the participant indicated that they did not use condoms because they trusted each other (see Extract 11). These

findings suggested that trust was a dynamic concept, that it existed across multiple relationships for MSMW.

In the focus group discussion, the participants indicated their understanding of HIV infection risk within long-term relationships. Owing to the nature of the focus group, discussion questions and responses to those questions were not sequential. For example, a question that was posted on the group at 11:00 might only start getting responses from the participants as they logged on. These responses might be elicited throughout the day, and follow-up questions to responses were also asked as responses were being posted. This might make it difficult to follow the flow of the conversation that was taking place when reading the extracts from the interaction.

In the focus group discussion, the participants also highlighted that it was difficult to re-introduce condoms within long-term relationships once the couple had tested themselves for HIV or if the couple had stopped using them for whatever reason (see Extract 16).

Extract 16: Focus group

1038	**Facilitator** : so you guys have mentioned HIV and STIs. so do you think people in long-term
1039	relationships should even be worried about safe sex? using condoms and things like that?
1040	P18: Everyone should be worried. Its just that it's not always easy if you are dating the person
1041	P18: one you want to feel them plus you wont always have it so does that mean you wont do
1042	anything
1043	P14: Then you will be vulnerable to infections
1044	P13: Everyone should be worried especially with all this cheating and sleeping around
1045	P14: Yes they should always play it safe and not only those who are in long term relationship
1046	**Facilitator** : umm do you guys think that people in long-term relationships are worried though
1047	about condom use and stuff like that
1048	P19: I won't lie there is little condom use there
1049	P13: I think they are worried about It especially in the times we live in. No matter how you trust
1050	your partner in the back of your head you know there's possibility
1051	**Facilitator** : why do u say so
1052	P18: I agree
1053	P14: Sometimes people get too comfortable in their relationships and start to disregard the use of
1054	condoms or safe sex which often times leads them to death

```
1055    P18: And it's because of trust its difficult to use a condom in a marriage its like you are
1056    protecting yourself from me what are you saying I have been doing

1057    P18: or what have you been doing

1058    P14: Exactly

1059    P19: Yah bra even if u just dating for a longtime it's like come on man it means there is
1060    something you are doing on the side.

1061    P14: Yep

1062    P19: One mistake u don't use it its hard to go back

1063    Facilitator : umm this is an interesting discussion

1064    Facilitator : because now what I am hearing is that condom use is difficult if you trust or are
1065    expected to trust your partner

1066    P13: Even in long-term relationships, once you don't use it once and you test for HIV its
1067    becomes difficult to negotiate condom use

1068    Facilitator : why is that

1069    P18: This thing is boring guys let's be honest

1070    P19: But important
```

In this focus group discussion, the participants spoke about the need to use condoms and the difficulty in attempting to do this within long-term relationships as it strained the implied trust that these relationships were founded on by raising concerns of infidelity; for example: "*it means there is something you are doing on the side*" (lines 1059-1060). P13 mentioned that everyone should be worried about safe sex because many people cheat and sleep around (line 1044). When the group was asked whether people in long-term relationships were worried about safe sex, P19 indicated that there was limited condom use within these relationships (line 1048). Then P13 said that people in long-term relationships should be concerned with sexual safety in their relationships because no matter how much a person was trusted, there was always that suspicion that they might be infected (lines 1049-1050).

P08 in Extract 16 discussed the difficulties related to condom-use negotiation. He mentioned that within a marriage it became difficult to use a condom as your partner might wonder why you felt the need to protect yourself from them (lines 1055-1056). The participants

further discussed the fact that once a couple stopped using a condom for whatever reason, renegotiation of condom use became difficult as this might raise concerns of infidelity and disrupt an otherwise peaceful relationship. Towards the end of Extract 16, P13 indicated that even after testing for HIV, renegotiation of condom use within the relationship became difficult. This indicated that even behaviours that were seen as health-promoting behaviours could be construed differently by people in different situations. In this way, HIV testing could be seen as adding to the already existing trust between partners, which, in turn, justified non-condom use within their relationships. Alternatively, HIV testing could be construed as a mediator or substitute for condom use, as it allowed the partners to know each other's HIV status.

The next section presents findings that suggested the presence of condom use where trust was lacking in a particular sexual relationship.

6.3.2 Condom use and the acknowledgement of non-monogamy

Participants who indicated that they used condoms to prevent infection within their long-term relationships said that they did so because they acknowledged non-monogamy in these relationships. This seemed to be more pronounced in the data when participants were talking about their long-term male partners (see Extract 17).

Extract 17: Interview with P08, age 24

234   I: Alright I hear you my brother, thank you so much for being open lets continue. Is safe sex a concern to
235   you in your relationship?

236   P: Oh yeah bra yeah (laughs)

237   I: (laughs) Why?

238   P: No I mean like, the nigga likes girls and I also like girls

239   I: umm hmm

240   P: so I don't know what he does when he's there and I don't want to think about it

241   I: umm, umm, you're saying you don't want to think about it?

```
242   P: Yeah I don't want to think about what he's doing and what and what, I don't know what he is doing I
243   would rather have safe sex

244   I: When you're with him?

245   P: Yes

246    I: Umm alright so what does safe sex mean? What do you do to practice safe sex?

247   P: Condom of course
```

In Extract 17, P08 indicated that safe sex was a concern in his relationship because his partner "*likes girls*" (line 238). The suggestion is that he might be having sex with multiple partners, and it was therefore important for him to protect himself by using condoms (line 247). Other participants, such as P03 and P05, mentioned that they used condoms with their male sexual partners because they did not believe their relationships with them were exclusive. This acknowledgement of non-monogamy therefore caused them to view these relationships as high-risk relationships.

In the next section, I present findings that examined instances where condom use coexisted with the concept of trust within long-term relationships with the participants' female partners.

6.3.3   Condom use as a contraceptive and coexisting with trust

The findings of this study suggested that there were instances where condom use in long-term relationships with long-term female partners coexisted with the idea of trust. In these cases, condom use was mostly viewed as a form of contraception, where one or both partners were not ready to have children. This was also the case where the partners already had children and wanted to avoid having more due to the financial expenses of having children (see Extract 18).

Extract 18: Interview with P01, age 29

209   I: Alright, ok no I understand tell me this: is safe sex a concern with your current partner?

210   P: sex?

211   I: Safe sex, do you worry about when you having sex that you should protect yourselves and things like
212   that?

213   P: Yoh! We do practice safe sex with her uh because she doesn't want to get pregnant,

214   I: sure

215   P: she doesn't want to get pregnant and not ready to have a child

216   I: umm

217   P: you see that, so we make sure that the condom is always available in my pocket (laughs)

218   I: Yeah yeah,

219   P: yah

In Extract 18, in lines 213-215, the participant indicated that he always used a condom with his girlfriend because she was not ready to have children; however, the participant also indicated that there were instances when he did not use a condom with his girlfriend (see Extract 19).

Extract 19: Interview with P01, age 29

220   I: so would you say that's your only concern?

221   P: And ok fine we went together to test and before we had sex

222   I: ehh

223   P: yah, we went and took a test No we are grand we are fine, you see that thing

224   I: ehh hee

225   P: even though we tested and we continued using condoms, not every time we used condoms but
226   I didn't ejaculate inside her. I told her I wasn't going to ejaculate inside her and that's how it
227   happened

228   I: So can you say the incidents whereby you had unprotected sex and you ejaculated outside
229   happened once or it's something that has reoccurred again and again?

230   P: No they are countable time surely not even ten

231   I: Alright

232   P: But once we have done that we have to go do some tests

146

In Extract 19, line 221, the participant indicated that he and his girlfriend had gone for HIV tests. In lines 225-227, he further stated that there had been instances when they would have unprotected sex, but that he would tell his girlfriend that he would ejaculate outside of her. This suggests that for this participant and his girlfriend the main concern was pregnancy. Their testing for HIV together could be seen as potentially being indicative of their appreciation of the risk inherent in unprotected sex. However, it could also reinforce their trust for each other. In this way, trust could coexist with condom use in this relationship. What these findings also suggested was that even though condom use took place within this relationship, it was not consistent. Another example of condom use coexisting with the idea of trust is presented in Extract20.

Extract 20: Interview with P03, age 25

236 I: alright I see, so can you tell me; is safe sex a concern for you with your girlfriend? Do you worry about
237 safe sex? What do you do?

238 P: Ei, I don't think about it (laughs), no serious, don't think about it

239 I: umm

240 P: I'm just doing it nje, I trust my partner

241 I: So currently with your girlfriend you don't use condoms

242 P: No no no we are using it, ahh but then it's not that I don't trust her, we use it just to avoid many things
243 such as getting pregnant

244 I: yah

245 P: but for HIV I don't think I am concern that she would give me cause I trust her, getting sick too is not
246 my concern, dog ai

247 I: So the only reason for using a condom with your girlfriend is to prevent pregnancy?

248 P: No not only that I know that there are other diseases,

249 I: yah

250 P: it's not only HIV but there are other diseases just to avoid all those that's why I am using it but not that
251 I don't trust her, you see

252 I: So with your boyfriend, is it a concern: safe sex with him?

253 P: Always bra!

254 I: Always?

255 P: yah always bra! Tjo!

147

256   I: Why? What's motivating that?

257   P: I told you he is untrustworthy (laughing)

In Extract 20, the participant mentioned that he trusted his partner and that condom use was mostly to prevent pregnancy (lines 242-243). He further mentioned that there were other diseases from which he needed protection (line 248). Since the conversation was mostly driven by HIV infection, it seemed that the participant was less concerned with the risk of HIV infection from his female partner. This was evident when he spoke about his male partner and stated that he always used a condom with him because he was untrustworthy (lines 252-257). In some sections of the interview, he mentioned that he had caught his partner cheating on him multiple times, and in this extract, he referred to his long-term boyfriend as being untrustworthy (line 257).

In Extract 21, the participant indicated that he used a condom with his female partner because they were trying to avoid having another child as this had financial implications.

Extract 21: Interview with P09, age 28

200   I: ehh umm, ok in your current relationship, since you said you have dated for 3 years right?

201   P: yes

202   I: is safe sex a concern?

203   P: what?

204   I: safe sex

205   P: what about it?

206   I: are you guys worried about it? Is it a concern, that you protect yourselves when having
207   sex?

208   P: yes, we do. I think after we had a child, ahh, I think I waited for her, for four months.

209   I: umm

210   P: after she had given birth then we then had sex, but from there since I don't want to have
211   another child for now. And I don't want her to use any kind of injection, contraceptive,

212   I: yah

```
213     P: because in the long run those things, your girls will have some sort of problems. I'd rather
214     use a condom.

215     I: umm, so you are currently using a condom to prevent, pregnancy?

216     P: yes
```

In Extract 21, the participant indicated that after his girlfriend had given birth, they had been avoiding getting pregnant again. The participant indicated that he did not want his girlfriend to use other forms of contraception as he believed that they might lead to her having some problems due to continued use (lines 210-214). In this way, condom use coexisted with trust as it demonstrated his concern for her health rather than being geared towards the prevention of HIV infection.

In Section 6.3.3, I attempted to show that MSMW were aware of the risks inherent in unprotected sex and to reveal what measures they used to ensure sexual safety in their relationships. The findings indicated that condom use seemed to be the main HIV prevention strategy that these men knew; however, the findings also showed that condom use was problematic. In most cases, it was not taking place within these relationships because of trust issues, and in cases where condoms were used, the use was inconsistent. As a result, this was a risk factor for these men and their partners.

Section 6.4 presents the third section of this chapter and discusses the findings in relation to social constructionism and the sex script theory, against the backdrop of existing literature.

6.4   Section 3: Issues related to trust and their impact on condom use and safe-sex construction

The section commences by focusing on the participants' understanding of safe sex, and then considers the participants' construction of risk within their relationships. The section then

discusses how this perceived risk is mitigated by the idea of trust within these relationships by focusing on the nature of condom use. Lastly, a sex script that is embedded in ideas around trust is discussed.

6.4.1   The participants' understanding of safe sex

One of the critical investigations of this study was the exploration of the participants' understanding of safe sex within their sexual relationships. This study found that most participants viewed safe sex as a sexual encounter that would not result in pregnancy or in a person contracting an STI. This understanding was similar to the definition of sexual safety as conceptualised in other studies (Maharaj & Cleland, 2005). Similar to a study conducted by Msweli and van der Riet (2016), which investigated safe-sex practices and the understanding of safe sex among heterosexual couples in long-term relationships living in a rural context, this study also found that people viewed condoms as being one of the few ways of ensuring sexual safety within their relationships, together with being faithful to one partner and going for HIV testing. The findings, however, also indicated limitations with monogamy (faithfulness) as most participants expressed that they had other sexual encounters outside of their long-term relationships. Similarly, the findings indicated that HIV testing was problematic as a prevention strategy since regular testing was not emphasised by the participants, and this type of preventative measure did not account for the window period when the virus might be in the blood in undetectable levels.

This understanding of safe sex seemed to be directly linked to the HIV communication messages that advocated for ABC (LoveLife, 2008). What the findings of this study suggested was that even though these messages were known by MSMW, they were, however, difficult to implement in practice owing to the nature of the sexual relationships in which these men were

involved. These findings are in line with Golub et al.'s (2012) findings, where it was shown that knowledge about condom use did not equate to condom use.

In light of the findings of this study, I argue that for my participants safe sex meant the prevention of adverse events that may be as a result of being in a sexual relationship with another person. Within the context of long-term relationships, this construction of safe sex is problematic, because these relationships are spaces where individuals are supposed to feel safe, loved, and cared for, therefore decreasing the anticipated threats from within these relationships. The nature of long-term relationships creates an impression that sexual safety is expected. An example of such a situation could be seen in Extract 14 from an interview with P05 where he ignored the possibility that his girlfriend might also be having multiple relationships with other partners. He thus perceived this sexual relationship to be less of a risk in comparison to the sexual relationships he had with male partners.

According to Golub et al. (2012), correct and consistent condom use remains the most efficient HIV-prevention approach. The problems is that there is a lack of condom use, as Golub et al. (2012) argues that research has shown that numerous studies indicate that men with same-sex sexualities do not use condoms consistently or across all their sexual relationships. The findings of this study showed that most MSMW believed condom use to be a primary form of HIV prevention; however, the findings also showed that condom use for MSMW and their partners was problematic. This study found that condom use for MSMW in long-term relationships was facilitated, and limited, by a number of factors, therefore making it infrequent or inconsistent. Similar to other studies, these factors could be intra-psychic factors or factors experienced at an individual level; for example, emotional gratification of being within peaceful and loving relationships (Duncan et al., 2015). In Chapter 5 I argued that these long-term

relationships were not emotional voids and that MSMW may place themselves or their partners at risk to maintain them. Another example of such factors was the participants' anxieties towards disclosure of infidelity by suggesting condom use, as found by Mitchell (2014). In this study, P05 suggested that "*it would create an uncertainty*" for his girlfriend if he suggested reintroduction of condom use in their relationship (lines 359-360 of Extract 12).

The literature argues that these factors that influence condom use could also be interpersonal; for example, trust between partners (Campbell et al., 2014; Golub et al., 2012; Greene et al., 2014). For participants in this study, the level of trust in the relationship, and the participants' attempt to maintain the trust between them and their partners impacted on their safe-sex practices. As presented above, some participants in this study indicated that they were not concerned about safe sex in their relationships because they trusted their partners; for example Extracts 10 and 11 suggested that condom use was deemed inappropriate in long-term relationships where trust was implied and/or maintained.

The findings of this study also showed that the type of relationship (whether it was a male- or female-partner relationship, where relations with women were perceived as safer), could also influence whether or not condoms were used in these relationships similar to what was found by other studies (Campbell et al., 2014; Knox et al., 2018). Social factors such as safe-sex communication and safe-sex messages that exist at a social level, such as that condoms are for promiscuous individuals (Preston-Whyte, 1999), were also found to have an impact on whether or not MSMW considered their use appropriate within their long-term relationships. This factor of how the construction of trust as the backbone of long-term relationships affects condom use is discussed in detail in the following section.

6.4.2 Perceived risk within long-term relationships

The findings showed that MSMW in long-term relationships knew that there was a risk of HIV infection inherent in being in a relationship with either their male or female partners. This perceived risk was most prominent when MSMW spoke about their male partners, rather than their long-term female partners. This finding was in line with studies that have found that bisexual men (bisexually active), who were in same-sex relationships, viewed their homosexual male partners as being more of a risk of HIV infection than their female partners (Dodge et al., 2008; Goldenberg et al., 2017; Knox et al., 2018; Mustanski et al., 2011). These concerns can be seen as drawing from dominant social norms around male sexuality, more specifically around discourses that equate homosexuality to hypersexuality, which results in lack of trust (Goldenberg et al., 2017).

The findings of this study showed that MSMW were usually aware that their male partners had other sexual relationships besides the one they had together. In Extract 12, in lines 366-378, P05 mentioned that he suspected that his male sexual partner was sleeping with a number of other people, since he was also looking for someone to settle down with, and therefore there was a need for them to use protection when they were together. P08 mentioned that his partner "*likes girls*" (Extract 17, line 238), and that he did not "*know what he does when he is there*" (line 240); and P03 stated that his partner was "*untrustworth*y" (Extract 20, line 257). There was an absence of suspicion in the data that female partners were cheating and that there was a risk linked to this; except for one instance in the focus group discussion where P13 mentioned that "*everyone should be worried [about sex safe], especially with all this cheating and sleeping around*" (Extract 16, line 1044). This might then mean that the participants viewed their male partners or their same-sex relationships as posing more of a risk than their female-

male relationships, because of their male partners' expected hypersexuality. This finding is similar to what was found by Goldenberg et al. (2017).

The findings of this study then suggested that perceived risk was tied to constructions of trust as the backbone of long-term relationships. This means that partners who were not trusted were risky partners. Male partners were considered to be more risky and less trustworthy than female partners. This idea that suspected infidelity led to an increased sense of risk was also found in studies with heterosexual and homosexual couples (Chimbiri, 2007; Corbett et al., 2009; Campbell et al., 2014; Goldenberg et al., 2015; Purcell et al., 2014). This perceived risk created tensions and dilemmas for MSMW when it came to being intimate with their long-term partners while also keeping a certain degree of sexual safety. Section 6.5 discusses the social construction of trust within long-term relationships as being a mediator of safe sex.

6.5   Trust Within Long-Term Relationships as a Mediator of Safe Sex

The existing literature shows that MSMW are at times involved in different types of sexual relationships that vary from serious long-term relationships (Greene et al., 2014; Goldenberg et al., 2015) to no-strings-attached relationships (Wilkerson et al., 2012), friends-with-benefits sexual relationships (Epstein et al., 2009), and spontaneous sexual encounters (Greene et al., 2014; Starks et al., 2017). The findings of this study were in line with these studies, suggesting that MSMW in KwaZulu-Natal were involved in a variety of sexual relationships. Furthermore, the nature of the sexual relationships that they were involved in determined whether or not there could be trust between them and their sexual partners; as found in most studies that have investigated safe-sex practices in samples of MSM (Campbell et al., 2014) and bisexually active men (MSMW) (Golub et al., 2012; Purcell et al., 2014), this study found that trust seemed to be an essential factor in determining whether or not condom use was

appropriate within a particular sexual relationship. A number of participants cited trusting their partners as a reason for them not being concerned about safe sex in their relationships. They indicated that they were not using condoms within these relationships because they trusted each other. This finding was similar to studies by Darbes et al. (2014) and Duncan et al. (2015), who reported decreased levels of condom use in committed MSM relationships. The findings of this study seemed to be indicative of a lack of condom use between MSMW and their sexual partners with whom they were in long-term relationships because they trusted each other.

As in most studies that have investigated the impact of trust on the condom-use patterns of people in romantic relationships (Golub et al., 2012; Campbell et al., 2014; Duncan et al., 2015; Starks et al., 2017), the findings of this study suggested that condomless sex was understood by MSMW and their partners as being indicative of commitment to each other. P05, when talking about what would happen if he were to be infected due to not using a condom with his girlfriend, said that he "*wouldn't mind, because I really love you*" (Extract 13, lines 398-399). In this way, condomless sex became a measure of emotional intimacy for these men and their partners. This emotional intimacy was seen as one of the differentiating components between serious long-term relationships and the less-formal sexual encounters. This was because, as argued in the literature, long-term relationships were signified by love, trust, and commitment. This suggested that these men might intentionally avoid condom use within their long-term relationships so as to reap the emotional benefits of these relationships. This was also the outcome of other studies that found that MSM would forgo the use of condoms in their relationships to demonstrate love and commitment to their partners and to gain sense of closeness that was not present in sexual relationships where they used condoms (Mustanski et al., 2011; Campbell et al., 2014; Goldenberg et al., 2015; Starks et al., 2017).

There were other factors that contributed to trust within these relationships that might be seen as working against condom use within long-term relationships that MSMW have with their partners. One of these factors that contributes to trust is the length of the relationship (Campbell et al., 2014; Mitchell, 2014). The findings of this study showed that the longer people were in a relationship together, the more they tended to trust each other. Similar to other studies such as by Msweli (2014) and Kordoutis et al. (2000) that showed that people used the duration of their relationships as an indicator of trustworthiness and commitment, thus foregoing condom use, the findings of this study suggested that MSMW hold similar beliefs when it comes to their long-term relationships. This finding is also in-line with other research conducted with man-to-man couples that showed a lack of condom use as trust was built over time (Mitchell, 2014). Current research suggests that after being in a relationship for an extended period, people use "knowing" their partner as implying that they are safe from infection (Mitchell, 2014; Starks et al., 2017). Corbett et al. (2009) and Msweli (2014) argue that known partners are safe partners, and those in serious relationships may downplay the amount of risk of HIV infection inherent in those relationships because of "accumulated personal investment in the relationship" (Kordoutis et al., 2000, p. 770).

The findings of this study indicated that some participants used testing for HIV as a justification for not using condoms within their relationships (see Extract 15, P04). This knowledge about their partner's HIV status contributed towards the trust between partners and decreased their concerns about condom use. In a way, the continued condomless sex acts were seen as an indicator that the partners were still committed and faithful to each other, even in instances when this was not the case. This is similar to what was found by Corbett et al. (2009)

and Tavory and Swidler (2009), who argue that condomless sex is a symbol of trust within long-term relationships.

In Extract 15, P04 also indicated that he and his girlfriend were trying to start a family and therefore condom use would be inappropriate for them as it would prevent pregnancy. This meant that this couple needed to rely on other protective measures that best suited their needs. The issue here was that condoms were not used consistently, even with the other sexual partners. P04 also indicated that he did not use a condom with his male partner because they trusted each other. In the next section, I discuss the findings related to condom use coexisting with ideas of trust.

6.5.1   Condom use coexisting with ideas of trust

There were instances in the interviews where the participants indicated that they were using condoms in their relationships even though they trusted their partners. This was particularly true when these men were talking about their sexual encounters with their long-term female partners. In these instances, condom use was rationalised as a form of contraception as the couples were not ready to have children or to have more children. In these cases, condom use was not seen as a sign that indicated lack of trust between partners, but as being instrumental in ensuring that the couples did not take up additional responsibilities. In this way, condom use can coexist with trust as it was perceived to serve a different role than that of HIV prevention.

Firstly, the presence of condom use within this context seemed to draw from Sternberg's (1988; 1997) intimacy component of love. It demonstrated that both partners were aware of their goals and challenges as a couple, and condom use was a way of ensuring that they were not under financial strain. Secondly, instances of condom use were suggested by the man as a display of love and concern for his partner's health. One participant indicated that injectable

contraceptives could lead to complications later in life in terms of his girlfriend's fertility; therefore, for him, condom use was a way of protecting her from such complications. In this way, condom use did not disrupt ideas of trust; it demonstrated the intimacy components of the love triangle suggested by Sternberg's (1988; 1997) triangular theory of love.

6.5.2   Problems with trust

The construction of trust as the cornerstone of long-term relationships implying that partners who trust each other are safe from infection as they are committed to the relationship is problematic. As a result of this trust construction, people who want to demonstrate commitment and show that they trust their partners forego condom use as a preventative measure against HIV infection. This then creates difficulties when attempting to renegotiate condom use within these serious relationships. This has also been found in heterosexual populations (Corbett et al., 2009; Msweli, 2014; Tavory & Swidler, 2009) and same-sex populations (Campbell et al., 2014; Greene et al., 2014; Starks et al., 2017). The findings showed that MSMW were aware that suggesting condom use might raise concerns and suspicions of infidelity in their partners. This awareness was even reflected in the responses that the participants would give and the concerns that they would raise if their partners were to suggest condom use. This became a problem particularly in instances when a person had sex with other people outside their committed long-term relationship, as they might fear that suggesting condom use would then disrupt a peaceful and meaningful relationship. Often the presence of risk was ignored in favour of preserving and displaying trust between the partners. I argue that this leads to MSMW enlisting and enacting a sex script that will preserve their long-term relationships, regardless of the real presence of the possibility of getting infected or infecting their partner with HIV. I present and discuss this sex script below.

6.5.3 Sex script embedded in trust: The trusted partner is a safe partner script

The findings of this study indicated that the construction of trust within long-term relationships impacted on the condom use patterns of MSMW within these relationships. I argue that embedded in the construction of trust within long-term relationships is the "trusted partner is a safe partner script". This script is present in research that has investigated the sexual safety of heterosexual couples in long-term relationships within the rural context in South Africa (Msweli, 2014). It is conceptualised by Mutchler (2000) as the romantic love script found in young gay men's narratives of unprotected sexual intercourse with their partners in their attempts to attain intimacy within those relationships. As observed in different populations in long-term relationships, MSMW enacting the trusted partner is a safe partner script were less likely to use condoms within their long-term relationships as these were viewed as safe (implied fidelity) and the need for intimacy was higher (Starks et al., 2017; Duncan et al., 2015).

This script functions on an interpersonal level of sexual scripting (Msweli, 2014; Mutchler, 2000). This is to say that the level of perceived trust within a particular relationship is negotiated and co-created by the partners involved in that relationship. Both partners participate in ensuring that the implied trust within the relationship is maintained, to ensure that feelings of sexual safety are maintained. This asserts to the other partner that they love each other and that they are committed to the relationship.

The findings of this study also suggested that the use of the trusted partner is a safe partner script was complicated. This is because MSMW with long-term male partners might still enact this script regardless of the knowledge that the partner might have other sexual partners (usually a woman). This finding was in line with the literature that suggests that MSM and MSMW may enter into agreements within their relationships that allow them to redefine the

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boundaries of their sexual relationships (Essack et al., 2019; Starks et al., 2017). These agreements may include having external partners for reasons such as satisfaction of heteronormative gender roles or hegemonic masculinities (Dangerfield et al., 2017; Essack et al., 2019; Rhodes et al., 2011; Ravenhill & De Visser, 2017; Silva 2018). These agreements then build on the implied or expressed trust between partners and they, in turn, trust each other more and become less concerned about the risk of HIV transmission.

The trusted partner is a safe partner script has a negative impact on the sexual safety of the men and their partners. This is because once individuals take up this script and enact it, it becomes difficult for them to negotiate condom use within their relationships, as this may raise concerns of infidelity and disrupt an otherwise peaceful relationship. As such, this script places the men and their long-term partners at risk of HIV infection as their condom-negotiating power is affected by the enactment of this script. The findings showed that those who did not take up this script also seemed more concerned with condom use, mainly when it came to relationships with their male partners, as these partners were seen as promiscuous, untrustworthy, and therefore unsafe, as found by Goldenberg et al. (2017).

In the next chapter I focus on how gender norms impact on the sexual safety of MSMW within their long-term relationships. These were important to consider because all the participants sampled in this study were African cis-normative men, who had to navigate both their gender and sexual identities within heteronormative spaces. Hence, an exploration and understanding of the intersection between their understanding of gender and sexuality impacted on their sexual safety within long-term relationships, underpinned by trust.

Chapter 7:

Gender norms and their impact on safe sex within long-term relationships

7.1   Introduction

In this chapter, I focus on gender issues as they relate to long-term relationships and sexual safety within these relationships. In my attempt to structure the volume of data and issues that I explore in this chapter, I have separated the chapter into four sections. The first section starts with a presentation of the participants' understanding of manhood. This might be viewed as being the central point of departure, as most of the behaviours that these men engage in, or how they make sense of them, revolve around their understanding of what was expected from them as men within their social context. Section 2 discusses issues of sexual orientation. This section aims to link the participants' ideas of manhood to issues of sexuality and sexual activity. In the third section of the chapter, I present findings on the disclosure of sexuality, as this might also affect whether or not condoms were used within a relationship, by examining the patterns of disclosure between male and female partners, with special focus on facilitators of and barriers to disclosure. This section also pays special attention to the implications of disclosure and their link to safe sex within the long-term relationships that these men had with their partners. Section 4 of this chapter commences with a discussion of the findings that I present in this chapter. In this section, I outline my understanding of how the social construction of manhood, being inherently heterosexual, places MSMW at risk of HIV infection. I do this by presenting sex scripts, which I argue are underpinned by the social constructions of gender, and how enactments of these sex scripts place MSMW in long-term relationships at risk of HIV infection.

## 7.2	Section 1: Understanding manhood

The key to situating and understanding the findings of this study was unpacking MSMW's views of manhood. This was done in order to identify the manner in which ideas of manhood might be directly linked to issues of sexuality, sexual activity, later sexual relationships, and sexual safety.

### 7.2.1	Men as providers and supporters

When the participants spoke about their understanding of manhood, they related manhood to the ability to take care of their family members. What was central to this understanding was that family seemed to be seen as the cornerstone of every participant's understanding of what it meant to be a man. An example of this is provided in Extract 22.

Extract 22: Interview with P01, age 29

```
45   I: so according to your own opinion as you had already explained to me that you're bisexual and you can
46   balance between woman and man, so what is your understanding of being a man, what does it mean to be
47   a man in your own opinion?

48   P: being a man my brother ehhh, being a man ok. Being a means…Uhm being a man, I am a man as well
49   but being a man means you have to be able to take care of the responsibilities.

50   I: sho

51   P: from home to when you grow and have your own children. You start taking responsibilities at home
52   and grow to have your own family: kids and wife you see that

53   I: yah

54    P: and then I think being a man is doing such things

55   I: umm

56   P: yah responsibilities nje as boy
```

In Extract 22, in lines 49 and 51, the participant indicated the importance of being able to take care of responsibilities. This could mean being able to provide for his family financially, as well as to fulfil other gender-specific roles within his household, like being a father and a

husband. This understanding of manhood was shared by most of the participants. Some of the participants added the idea that being a man also meant being able to protect your family (see Extract 23).

Extract 23: Interview with P05, age 28

36	I: manhood, how do you define, what does it mean to be a man?
37	P: ahh umm, it means you need to provide and to protect.
38	I: umm
39	P: umm, so you need to make sure that…, you secure the wellbeing of your family as a man.
40	I: umm
41	P: of your relationships of your life, of other people's lives people that are close to you
42	I: umm, so those would be the people that you are protecting and providing for?
43	P: I beg your pardon?
44 45	I: I am saying that so those would be the people that you, cause you said that being a man is to provide and protect, so I am asking, who are you providing for, who are you protecting?
46	P: for me, everything is for the family,
47	I: umm
48	P: I live for my family, provide for them and protect that.
49 50	I: alright, ok so, amm, so that sort of understanding of manhood how do you think it links to traditional understanding of what a man is?
51	P: it sort of the same but traditionally, there is so many other aspects that are relevant.

In Extract 23, in lines 37-39, the participant indicated that a man was someone who was able to secure or ensure the wellbeing of his family. This point was further emphasised when the participant indicated that, for him, everything he did was for his family and that there was a need to "*protect that*" (lines 46-48). In Extract 24, another participant indicated that it was a man's job to hold the family together.

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Extract 24: Interview with P11, age 23

15 I: yah what does it mean to be a man?

16 P: manhood?

17 I: yah

18 P: yah what can I say [laughs], a man my brother, to be a man my brother is really dependent on
19 your actions

20 I: umm

21 P: to be a man really is based on your actions. How can I explain it? You see if you are a man my
22 brother, you should be able to hold your household together

23 I: yah

24 P: that is how I understand it, holding everything at home together, fixing things and all that. Then
25 you are a man

In Extract 24, the participant commented on the expectation that men were meant to keep

the family together. In line 22, the participant stated that a man should "*hold*" the family

together. This meant making sure that the family was held intact, and that it was not threatened.

This idea of holding the family together had implications for patterns of disclosure of sexuality,

which are presented in Section 3.

Other ideas were linked to the understanding of manhood, which had to do with gendered

social norms around men's sexual activity. An example of these is presented in Extract 25.

Extract 25: Interview with P05, age 28

53 P: that people would like to put into being a man, like you would have to go up to the
54 mountain, you have to do some certain dangerous things to prove that you are strong enough
55 as a man.

56 I: yah

57 P: you see, in other cultures you'll have to show by the number of probably women that you
58 have

59 I: yah

60 P: that you're a man, yah. But basically in a nutshell it is all about strength men are known to
61 be people who are in control of everything, so whatever you touch and how much of it you

62   touch, it makes you a man.

63   I: umm

64   P: yah

In Extract 25, the participant drew on "*other*" cultures for what he believed manhood also entailed. He stated that in other cultures, men had to go through dangerous processes to prove that they were strong. He used the example of traditional circumcision when he gave "*going up to the mountain*", which is practiced by Xhosa men, as an example of these dangerous practices (lines 53-54). He further argued that you might have to have multiple partners to prove your manhood by "*show by the number of probably women that you have*" (lines 57-58). In lines 60-62, he then stated that manhood was about strength and control, and he linked this to sexual relationships by saying that whatever you touched, and how much of "*it*" you touched (this could be relating to how many women were touched), made you a man. In Section 2, this idea is linked to issues of multiple sexual partnerships as they related to these men's understanding of their sexuality.

What I attempted to highlight in this section is that MSMW's construction of their manhood placed a great deal of importance on their family's wellbeing. Their identity as being a man required them to be able to maintain a cohesive family structure. I found this to be an important result to emphasise as I highlight the implications of this heteronormative gender construction as I develop my argument throughout this chapter. The next section examines how the participants understood their sexuality. This is important to consider as gender and sexuality are often related, and for a man to prove his manhood, his sexuality is often scrutinised.

7.3   Section 2: Issues of sexuality

7.3.1   Complex definitions of sexual orientation

When talking about their sexual orientation, the participants spoke about their feelings towards both their male and female partners. The participants did this without necessarily drawing from general or traditional categories of sexual orientation that are used in allocating people into different sexual orientation classifications, namely heterosexual, homosexual, bisexual, and/or asexual. Upon further probing, some participants settled for identifying their sexuality as being bisexual, while others viewed themselves as being homosexual. These self-identifications could be seen as having implications for the sexual activity of these men. An example of the complex ways that the participants defined their sexuality is provided by Extracts 26, 27, and 28.

Extract 26: Interview with P01, age 29

```
21      I: How would you describe your sexuality?
22      P: pardon?
23      I: How would you describe your sexuality? You would say
24      P: how is it? (Laughs)
25      I: yes (Laughs)
26      P: (Laughs) ok let me tell you, I can that you that my brother,  ok I like gilrs neh
27      I: Yha
28      P: and I also like boys.
29      I: Yha
30      P: and that I am not saying like, in my mind that doesn't mean I am gay no!
31      I: umm hmm
32      P: I am not, I always say that I am not,
33      I: yah
34      P: because I only do this thing when I want to
35      I: yah
36      P: you see that, but I still love woman as well you see that thing
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```
37    I: I see

38    P: and I can balance the two

39    I: umm

40    P: I can safely say I am Bi.
```

In Extract 26, the participant distanced himself from being labelled as gay. He stated that

the reason for this was because he only did "*this thing*" (potentially referring to sleeping with

other men) when he wanted to (line 34). In this interaction, it was clear that he even found it

difficult to say what "this thing" was. Similarly, some of the other participants felt the need to

explain what their bisexuality meant (see Extract 27).

Extract 27: Interview with P03, age 25

```
17    I: What is your sexuality? How would you describe your sexuality?

18    P: (laughing) ohhk, how do I describe my sexuality? (laughs)

19    I: Yeah

20    P: How so?

21    I: like straight, gay, bisexual anything. Like how do you describe your own sexuality when you're
22    thinking about it?

23    P: Okay (giggling) mhm well I am with people around here (continues laughing)

24    I: laughs

25    P: why do you ask me those kind of questions? Oh well ok, I am bisexual

26    I: Yeah, do you want to move to a comfortable place?

27    P: Yeah, it is making me uncomfortable (continues laughing)

28    ((Interview paused))

69    I: Umm yeah no I hear you brother, let's go back to the question that you ran away from that how would
70    you describe your sexuality?

71    P: I am actually bisexual neh (laughs)

72    I: yah

73    P: not that I only love guys, I have a girlfriend and I love her. Not that ehh being bisexual is wrong  its not
74    wrong.

75    I: no I hear you,

76    P: (laughs)

77    I: So why you saying you bisexual, why do you think you bisexual?
```

78   P: Because I had noticed that I am into guys and chicks you see.

79   I: yeah

80   P: usually like umm let's say I am walking down and I see a guys I lust for him (laughs) and if I see a girl
81   I lust for her too so that's there thing as long as they sexy

In Extract 27, the participant found it difficult to answer the question. I then posed it as a direct question, after which he stated that he was bisexual and he found it difficult to answer since the environment of the interview was not confidential (he was around people, lines 23-28). The interview was then paused for a moment to allow the participant to find a comfortable place to talk. The participant was then called again and I enquired whether it would be fine to continue with the interview. After the participant agreed, the interview resumed and a different, non-threatening question was asked. After the participant answered this question, we then revisited the question about how he described his sexuality (lines 69-70). The participant then said (line 71) that he was bisexual and laughed after that. His reasoning for his identification is in lines 78-81, where he argued that he "*lusted*" for both men and women. This type of rationalisation was used by most participants. Another example of this is presented in Extract 28 in line 57.

Extract 28: Interview with P04, age 24

54   I: yah, no no I hear you. Alright, let us move on. So how would you describe your sexuality?

55   P: my sexuality?

56   I: yah

57   P: I love girls and I love boys

58   I: umm hmm

59   P: that is all I can say.

Some participants provided alternatives to how they defined their sexuality, while others were reluctant to describe their sexual orientation according to the generally accepted categories used to attempt to understand the sexual orientation of individuals (see Extract 29).

Extract 29: Interview with P08, age 24

```
34    I: ehh let me continue man, can you describe what your sexuality is to me?

35    P: (ahh) you can say I am sexually fluent

36    I: sexually fluid?

37    P: Sexually fluent

38    I: Fluent?

39    P: Yah

40    I: I've never heard of it being put this way, what would you say to someone who is not sure about what
41    it means, how would you explain it, what does sexually fluent mean?

42    P: Well it means (clears throat) for people who are normal, like when you're a guys it's like you horny
43    and stuff

44    I: yah

45    P: you only wish to lay down a girl. To me whatever comes first,

46    I: whatever comes first yah ok...

47    P: yah so I am just sexually fluent

48    I: ok no I totally.....

49    P: Yeah well I do have choices when it comes to size and age what not but to me guys and girls to me it's
50    the same

51    I: ok so what you basically saying is that gender doesn't matter to you as long as you sexually attracted
52    to the person?

53    P: Yeah
```

In Extract 29, the participant used a way of understanding sexuality that did not match the labels of sexuality as they were generally understood in the literature. P08 provided an alternative in line 35. He indicated that he was "*sexually fluent*", which meant that he was attracted to both men and women as long as he found them attractive (lines 49-53). In Extracts

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30 and 31, taken from the same interview with P05, the participant described his sexuality as being that of a man.

Extract 30: Interview with P05, age 28

104   I: umm ok alright, ahh, ok. thank you for that, then let us jump into the big guns, how do you
105   describe your sexuality?

106   P: how do I describe it?

107   I: yah

108   P: I am not sure, (sighs),

109   I: umm

110   P: [breaths] No I am not sure are there types of sexualities, I don't know.

111   I: umm

112   P: but I just, I think I am a man, I hope I'm a man

113   I: yah?

114   P: yah, yah, I am a man.

In Extract 30, without referring to the common categories of sexual orientation, P05 referred to his sexuality as being that of a man (lines 104-112). The participant's statement of not being sure about types of sexualities came across as reluctance to talk directly about his own sexuality. I then offered him the different categories of sexualities for him to pick the one that best explained his sexuality, and he opted to provide a nuanced understanding of what his sexuality meant to him (see Extract 31).

Extract 31: Interview with P05, age 28

122   I: that we all know of, be it you're heterosexual, homosexual, bisexual, asexual, we all know
123   these. And so I am wondering, do you see yourself prescribing to any of them or of do you
124   feel that perhaps none of them really capture your own understanding of your sexuality?

125   P: ahh from the definitions that we have just established of how, what makes a man

126   I: umm

127   P: (pauses) I think we should, somehow, because like when I said I am a men, I meant I am in

```
128    control, everything I do I do it because I am a man, and I do it because I want to prove that I
129    am a man. So whichever sexuality in these categories, if I feel like I want to get into there I
130    can go because I am a man.
```

In Extract 31, P05 stated that his sexuality was that of a man because he was in control of

his own decision around which sexual identity category to ascribe to, or to "*get into*" (line 129).

This could suggest that, for him, sexuality was closely linked to his gender identity rather than

his sexual preference. This shows a rejection or a resistance by some MSMW to identify

themselves by using the sexual orientation classifications often used by researchers and policy

developers. In other instances, the participants indicated this reluctance by picking out an option

that was given by the researcher, for example, in Extract 32.

Extract 32: Interview with P02, age 23

```
21    I: so how do you describe your sexuality?

22    P: ahh meaning?

23    I: ahh do you consider yourself to be straight, gay, bi, asexual whatever, how would you describe your
24    sexuality?

25    P: third option

26    I: pardon?

27    P: third option

28    I: which was?

29    P: I am trying [laughs], the situation, is kind of restricted hey

30    I: umm hmm

31    P: ahh so ((pauses)) B option
```

```
32    I: alright so, am I hearing you correctly are you saying bisexual?

33    P: yeah, yeah that's exactly what I am saying.

34    I: alright, great why would you say that is how you describe your sexuality why bisexual?

35    P: because its, [breaths] how do I say this, umm… the attraction is there for both.

36    I: umm

37    P: like both, both sides, so yeah

38    I: yeah
```

In Extract 32, the participant indicated that he identified as being bisexual but refused to say the word and only picked an option presented by me as the interviewer (lines 23-31). This suggested some reluctance or discomfort in talking about his sexual orientation or for him to label himself according to the commonly used sexual orientation categories. When the interview was conducted the participant had indicated that he was alone, and yet even without people around him, he was uncomfortable to verbalize his sexual orientation. In line 29, he even referred to issues of sexuality as being "*restricted*", which could be an indicator of possible discomfort. Given the fact that the participants only participated in the telephonic interviews when they felt it was safe for them to do so, I reviewed this restriction as not being related to the limited privacy of the interview context, but as being related to the discomfort of talking about his sexuality.

Extract 33 was taken from the online focus group discussion where the participants discussed issues related to self-identification based on the current sexuality categories.

Extract 33: Focus group

474   12:37 - **P14**: So much to catch up on. But I would just say sex its not something between your
475   legs. Sex its in your mind. How you choose to have it (whether with both sexes) does not have to
476   define you sexually. But because we live in a world where we have to identify ourselves in order
477   to create order then we have to go along with these names such as gay lesbian or bi

478   12:41- **Facilitator**: greetings Mr. thanks for joining us

479   12:41- **Facilitator**: do you think there are problems with these categories?

480   12:49 - **P14**: To some an extent yes. Cause now we are being judged by the very same terms they
481   given us to identify ourselves. The minute someone learns that you are gay then they rebel
482   against you and start seeing you in a different way. You no longer "Thabo" but you're now
483   "thabo the gay guy".

484   12:54 - **P14**: Hence a lot of us resort to the down low life. I would rather have and sleep with a
485   woman and a guy on the side. Cause for most of us we use the ladies as a cushion or a front. so
486   to please the world.

487   13:06 - **P15**: I believe sexuality and sexual identity is and should be fluid. Why do we need to be
488   labelled and categorized

489   13:08 - **P15**: I agree, hence we need to find a way to normalize difference and alternative sexual
490   identities.

```
491   13:13 - Facilitator: are you saying that all men who have sex with men and women are doing it
492   as a front?

493   13:13 - Facilitator: when you say fluid what do you mean?

494   13:15 - Facilitator: there is something to this statement of "Thabo the gay guy" that is
495   interesting, why is it an issue to be labelled as gay?

496   13:22 - P19: For me I don't think it's the same coz I love girls bra

497   13:23 - P19: I mean it's not the same
498   13:24 - Facilitator: how is it different?

499   13:24 - P14: Not all but most. Well with my experience couple of men I've been with are married
500   (to women) and they are traditional men. And because of their upbringing And tradition they
501   were expected to marry. So they had no other choice. But because social media has now made
502   things more easier for people a lot of this men are now coming out

503   13:25 - Facilitator: so you are saying that culture also influences expressions of sexuality

504   13:26 - P15: I mean in the progression of time we discover that we are all not the same and hence
505   sexuality should not only favour heterosexuals.
```

P14 (age 28) entered the group chat after a discussion around sexuality had already been taking place for some time. He saw previous messages and said that there was a lot to catch up on (line 474). He stated that sex was something that you chose to engage in, and whom you had it with did not define you. He further said, however, that because of the social order, they had to identify themselves based on their sexuality (lines 474-477). He spoke further about concerns of being labelled. In Extract 34, the same participant (P14) mentioned that when a person was identified as gay, they were no longer viewed or treated the same by those around them. They lost their identity as a person and as a man and they were preceded by their sexuality: "*Thabo the gay guy*" (lines 480-483). He then said that was why most MSMW chose not to disclose their sexuality and continued to live a heteronormative lifestyle "*down low*" (lines 484-486). He argued that most MSMW were using relationships with women so as not to be suspected of their same-sex behaviours. P15 (age 25) agreed with P14 (line 489).

However, when asked if this was true of all MSMW, P19 (age 26) mentioned that it was not the case with him as he loved women (lines 496-497). In this way, P19 reaffirmed the idea

that even among MSMW, the issue of sexuality was complex and that these men might be engaging in these sexual relationships for different reasons. His reason was that he loved women regardless of the fact that he also had sexual relations with men. What this suggests is that some men might engage in sexual relationships with women just to avoid the labelling and possible stigmatisation in order to keep in line with their expected gender roles, while others were emotionally and physically attracted to both sexes.

This section intended to demonstrate the multiple ways in which MSMW defined and understood their sexuality. In Section 7.3.2, I outline some of the implications that these varieties of sexuality definitions had for the participants and their partners.

7.3.2   Implications of sexual orientation for MSMW and their partners

Inherent in how the participants understood their sexuality was the possibility of a multiplicity of sexual partners. This was implied in statements such as "*lusting for both guys and girls*" (P03, age 25), "*sexual fluency*" (P08, age 24), and "*fluidity*" (P15, age 25). There were also other issues related to sexual activity that were a result of how these men understood manhood and defined their sexual orientation. One of these was the social pressure to be with women. It was important to note that not all the participants shared the same feelings about being in relationships with women. Participants who wanted to align themselves with the traditional understanding of manhood and rejected their same-sex (sexual) identification seemed to value their relationships with women. This meant that the participants who indicated that they were either heterosexual or bisexual did not express these feelings of being pressured to be in relationships with women, while participants whose same-sex behaviour was central to their identification seemed to express the feeling of being pressured into being in relationships with women or girls.

7.3.2.1 Social pressure to be with women

Some participants indicated experiencing social pressure to be with women so as not to stand out as being different from other men, as well as to fulfil the gender requirements of manhood. Examples of these pressures are presented in Extracts 34 to 37.

Extract 34: Interview with P12, age 30

130   I: and you are saying that the only reason you were with this female is because you had pressure
131   from family, and pressure from the friends that you had at the time?

132   P: yeap

133   I: would you say that during the time you were dating girls, you had no feelings or what so ever
134   towards them or did something change over time, as you became more aware of who you are?

135   P: it was not feelings, as I say it was no feelings, we started as like more being friends but we end up
136   getting closer.

137   I: umm

138   P: so and the end of the day, we ended up dating.. I then realised this is not who I am.

139   I: yah

140   P: do you understand

141   I: yah

In Extract 34, the participant spoke about when he used to date women and said that during that time he had no feelings towards his female partners (lines 135-136). Similar sentiments were expressed by P07 in Extract 35.

Extract 35: Interview with P07, age 28

74   I: Now I will have to ask some questions about what you've just mentioned, but for now my question
75   was: how can you define your sexuality?

76   P: ok

77   I: What is your sexuality?

78   P: At this point

79   I: umm

80   P: I will tell you that I am living the life of being bisexual because

81   I: umm

82   P: if I say ever since I was born there was this thing that I had its feelings for boys

83   I: umm

84   P: but because I had grew up at the rural areas doing things that were done by boys

85   I: umm

86   P: if I remember in my high school boys from my neighborhood when they were to propose to a girl they
87   didn't tell you, they would talk to the girl as if they not talking on your behalf meanwhile they hooking
88   you up with that girl

89   I: with the…

90   P: and then you learn not to be shy and end up proposing to the girl and I ended up getting people and
91   dated in a way that in our clan girls loves us (laughs)

92   I: umm

93   P: So I ended up dating girls but deep down I knew that there's something like this

94   I: umm

95   P: because when I compare myself looking at a boy there's something that is happening and when I
96   compare myself looking at girls there's something happening, not that I don't do it, when I am with a girl
97   I do everything and do it all but I wasn't feeling what everyone was feeling talking about enjoying from
98   the start to finish

99   I: umm

100   P: so when they say they enjoy sex I didn't know what they meant because I'd enjoy when I was
101   ejaculating only so

In Extract 35, the participant indicated that the only reason he was living a bisexual life

was that he grew up in a rural area and there was a great deal of social pressure to have

girlfriends if you were a guy (lines 80-84). He mentioned that he got used to asking girls out

because while he was at school, his friends would talk to girls on his behalf and he would feel

pressured into being in relationships with those girls. The participant also mentioned that girls

were fond of guys from his clan (men from his interrelated family), and this actually might have

made it easy for him to get female partners (lines 80-91). He further said that although he was physically able to have sex with women, he found little pleasure in doing so (lines 100-101).

In Extract 36, there is another example of a situation where a participant argued that he felt forced by the "*environment*" to be in relationships with girls and he felt that there were other aspects of their sexuality that he could not easily access (lines 65-67).

Extract 36: Interview with P09, age 28

60   I: can you tell me, how would you describe your sexuality?

61   P: my current sexuality?

62   I: yah what would you say it is? How do you understand it?

63   P: (pauses) like should I talk about myself?

64   I: yes, like what is your sexuality, how do you understand it, how do you describe it?

65   P: eish, man, uhmm, except that there is a situation where I find myself being forced to just
66   focus on the girl that I am dating because of the environment that I live in. it's not right, so I
67   can't do things the way I want to.

68   I: umm

69   P: yah I can say if I can have someone like, a guy that I can be in a relationship with, I can do
70   that

71   I: umm

72   P: but it is not like something, I want to spend more time like you see

73   I: yah

74   P: that is what I can say yah.

In the focus group discussion, the participants discussed issues of sexual preference and instances when and where the pressure to have a female partner might arise (see Extract 37).

Extract 37: Focus group

275   P17: They are bisexual.. Some are just confused by their sexuality..

276   **Facilitator** : confused how?

277   P17: Mhmm.. Being in denial, secretly fucking man while dating ladies for the sake of being a guy not
278   that they enjoy it and pretend to be all straight trying to hide what they feel deep down and mostly they
279   are homophobic.

280   P19: Dude I'm bi but I'm not confused

281   P17: Not all of them are like that... Some know that they are bisexual, they are attracted to both sexes

282   P17: Not all

283   P18: Well like this other dude I am also bi and I am not secretly fucking guys just to fit in. I'm not a kid I
284   have a wife and kids if I wanted to fit in I would have than that a long time ago

285   P19: Those are gay

286   **Facilitator** : I am glad you said not all of them

287   P17: And they call themselves bisexual cause they are running away from that term gay.

288   P17: Lool..

289   P16: Maybe we need to discuss word of being bi because I really don't understand, am also doing both
290   but I enjoy guys the most

291   P19: Yes

292   **Facilitator** : Guys here is an issue, what happens when you do both but you are enjoying guys over girls

293   P17: Preference maybe..

294   P18: Enjoying when u fucking them or like other things

295   **Facilitator** : yes I think it's a question of preference

296   P19: I think it depends on your reason for doing it this other guy said some are hiding themselves Sakhile
297   so if you're hiding yourself then you're gay

298   P16: Its comes back to that ,we are made as guys and guys supposed to do girls but then there is sexuality

299   Yeh you are right my brother like gay guys just say they are bi

300   P19: whilst they have never had sex with a woman

301   **Facilitator** : So this supposing to do girls where is it coming from

302   **Facilitator** : ?

303   P18: from you bra

304   P16: Sex (ubulili/gender)

305   **Facilitator** : ok so you mean that it has something to do with being able to do both

306   P19: Not if you are gay

307   P19: those are forcing themselves to do it

308   P19: Its pressure

309   P18: Stigma neh

310   P19: Yah my brother

311   P18: So they do this thing

In Extract 37, the issues of sexuality were revisited by participants, where P17 argued that most MSMW were, in fact, homosexuals who were either in denial or confused about their sexuality. He argued that their relationships with women were mostly based on pretence, and that they did not enjoy these relationships (lines 275-279). These ideas of being confused by one's sexuality were rejected by P19 (age 26), and then P18 (age 32) in lines 280-284. P19 (age 26) then stated that men who felt pressured to be with women or those who were only doing it to fit in were, in fact, homosexual and not bisexual (lines 296-297). P16 (age 28) then stated that the issue of men dating women even though they were homosexual went back to the issue that as men they were supposed "*to do*" women (line 298). This might mean that because it was socially expected to have these relationships, they were then pressured into these relationships regardless of their sexuality.

When asked about where the requirement to be involved with women came from, P18 (age 32) said that it came "*from you*" (line 303). This might suggest that it was related to internal feelings or desires. P16 (age 28) answered that it came from a person's sex, but then used the Zulu word *ubulili*, which was in the context of what he had said before, and which translates better as "*gender*". His response then linked back to his initial ideas about social expectations and gender roles that were expected to be played by people of different sexes. In lines 307-311, P19 (age 26) and P18 (age 32) mentioned that the "*pressure*" (line 308) from society and the "*stigma*" (line 309) that these men might face if they were labelled as homosexual also pressured them into relationships with women.

In Section 7.3.2, I examined the multiple ways in which MSMW defined and understood their own sexuality. I then attempted to show how these different ways of understanding one's own sexuality might have had implications for how sexual activity occurred within the

relationships in which they were involved. I did this by focusing on a subset of MSMW whose same-sex sexualities were central to their self-identification. I explored how some of these men might harbour feelings of being pressured into relationships with women. I then showed that tensions regarding labelling existed within MSMW, where the legitimacy of MSMW's sexuality was scrutinised by their willingness to be in relationships and their comfort with being in relationships with women without the social pressure that existed owing to the stigma against people with same-sex sexualities.

Section 7.4 focuses on MSMW's disclosure of sexuality and/or sexual activity to sexual partners and the implications that this had for the relationship dynamics they had with partners and the sexual safety within these relationships.

7.4   Section 3: Patterns of disclosure of sexuality

Disclosure of sexuality seemed to be difficult for most participants. There were factors that seemed to facilitate disclosure of sexuality and those that limited disclosure. The findings of this study suggested that disclosure was one of the important components that affected the sexual activity of MSMW, within and outside their long-term relationships. It also played a significant role in how some of these sexual behaviours were understood and justified by MSMW. This section of the findings explored the nature of disclosure by paying attention to disclosure patterns discussed by the participants. The section also attempts to indicate what might be facilitators and barriers to disclosure, and their links to sexual safety for MSMW and their long-term partners.

7.4.1 Fear of rejection owing to sexuality disclosure as a justification for non-disclosure

The findings of this study showed that there seemed to be some fear linked to the disclosure of sexuality. In Extract 38, the participant argued that being known or seen as homosexual or exhibiting homosexual behaviour was shameful as it went against the social requirements of manhood.

Extract 38: Interview with P05, age 28

```
273    I: so you said two important things you said shaming, it would be shameful to you as a man,
274    do you want to talk me through that, why, how would it be shameful and why is it that you
275    think it would be shameful.

276    P: it is because of the stigma,

277    I: umm hmm

278    P: it's the influence at the end of the day what people are brought to up believe is good and
279    what people are brought up to believe is not good, what people are brought to believe how a
280    man is supposed to behave.

281    I: umm

282    P: yah so I wouldn't be part of the manhood structure if that was to come out.

283    I: umm

284    P: because people are made to believe you're less of a man if you partake in such

285    I: yah,

286    P: so it would shame me, as a man.
```

P05 indicated that there was some stigma in society regarding homosexual behaviour (line 276). This stigma could potentially lead to a fear of disclosing your sexuality and/or sexual activity, particularly if it went against social norms. This fear of being rejected by society and losing the masculine status seemed to make it difficult for MSMW to disclose their sexuality (lines 282-286).

Extract 39: Interview with P05, age 28

287   I: umm and, and, and this would be bad how, so how is not being part of the man structure,
288   what sort of influences or impacts do you think that would have on your life?

289   P: impact it would have on my life?

290   I: yah if this was to come out and you no longer, fit into this man structure you are talking
291   about?

292   P: I would become an island,

293   I: umm

294   P: everything would move away, besides now this affinity that I would have fallen into,
295   besides that gay men, bisexual men structure, but everything else would drift apart.

296   I: umm
297   P: and to an extent, that it could even affect my profession, because such things man the
298   society doesn't take kindly.

299   I: umm

300   P: umm so there is so much at stake.

In Extract 39, the participant indicated that he feared that disclosure of his sexuality

might lead to him becoming an "*island*" (line 292), suggesting that he would become isolated,

marginalised, and shamed (also expressed by the same participant in Extract 38, line 286). This

loss of masculine identity might even lead to him feeling less of a man (as he expressed in

Extract 38, line 284). He referred to a loss of what seemed to be an identity and stated everything

would drift apart (line 295), and the only thing left would be his affiliation with being

homosexual and/or bisexual (see Extract 39, lines 294-295). He further stated that this could also

affect him at a social level and even at career level (lines 297-298). There was a lot "at stake" for

these men and their fears of disclosing their sexuality were real as they viewed their environment

as being intolerant of people with alternative sexualities. Even though in this section I presented

an extract taken from an interview conducted with one participant, most of the study participants

carried similar fears of possible rejection by their social circles as a result of their disclosure of

same-sex sexualities.

In this section, I showed how some MSMW might choose to conceal their sexual identities, as they feared that disclosure of sexuality might lead to their being stigmatised. This suggested that MSMW were aware of the presence of homophobic attitudes that existed within the communities in which they lived. Interestingly, none of the participants in the study indicated fear of violence, but rather the fear of social exclusion. In the following section, I continue to examine the patterns of disclosure that these men might have, by exploring their disclosure of sexuality and/or sexual activity to their male sexual partners.

7.4.2 Disclosure to male partners

When it came to the disclosure of sexuality, the participants indicated that it was easier to disclose to male sexual partners than it was to disclose to anyone else. In most cases, the men disclosed their sexuality to male sexual partners with whom the participants were not in long-term relationships. The findings suggested that disclosure was not to the partner who might be threatened by the information regarding the MSMW's sexuality and other sexual activities with other partners, hence disclosure was to the one who was not considered the legitimate long-term partner. An example of this is presented in Extract 40.

Extract 40: Interview with P01, age 29

174	I: Alright I understand, now tell me, have you ever disclosed your sexuality to any of your sex partners? I
175	guess, I guess given the fact that the other guy you dated knew of your girlfriend right?
176	P: Right
177	I: So in a way you kind of did disclose to him that I am bisexual right?
178	P: (giggles)Yes
179	I: So what facilitated that disclosure, what made you able to tell him?
180	P: Ai no! I am discreet person,
181	I: umm
182	P: I hide the things I do and I make sure they don't come out and they don't leak cause I respect myself
183	I: mhm

184   P: so, and I respect other people if they tell me that they are like this and that not for me to judge them

185   I: yah

186   P: so yah bra I hide my things.

187   I: (giggles) No hear you, I get that part that no one knows about the issue that you're bisexual whatever
188   whatever but I mean if you're with a guy right you tell him that you have a girlfriend?

189   P: Yes

190   I: In a way you're disclosing to him as you will end up sleeping with him and do what you do.

191   P: Yes

192   I: So in a way he knows that you sleep with guys but he might not be aware that you also sleep with girls
193   like you said you come forward clean that actually I have the girlfriend and this is the deal,

194   P: Yah

195   I: so according to you what allows you to be able to talk to a guy about having a girlfriend?

196   P: ow about my girlfriend

197   I: Yah

198   P: no my brother isn't it that, ehh in fact to a guy its easy with a guy as you talk man to man

199   I: sure

200   P: and tell each other that I am like this like this

201   I: umm

202   P: and like that because he too have to tell me how is he and if he has another partner he should tell me "I
203   have a guy I am dating but because now that you are on the picture I will try…" and I will decide and let
204   you know you can relax I don't want to date you maybe we can have our thing called sex and it ends there

205   I: yah

206   P: not that you have to stick to me like were are dating,

207   I: sure

208   P: its not going to be like that

In Extract 40, the participant indicated that he liked to keep his sexuality private (lines

182-186). At first he argued that he did not tell anyone about his sexuality; however, as I used

more directive probing techniques, he finally indicated that it was easier to talk to another man

about his sexuality. He used the common saying "*man-to-man*" (line 198) to illustrate that with

other male sexual partners there was a sense of relational identification, where the other person

understood because he was also a sexual minority man. Linked to his argument was that he

disclosed to these other men because he did not intend to date them (line 204). They could just

184

have sex and it would end there. The risks linked to disclosure and having that ruin a long-term relationship were therefore minimal as these people were just casual partners. What was important to note was that the findings of this study suggested that, firstly, it was easier for these men to disclose to other male partners because of an implied shared sexual identity, and, secondly, that it was easier for men to disclose to other men, rather than women, that they had more than one sexual partner. In lines 202-203, the participant indicated that when he met other men, he did not mind if they told him that they were currently dating other men. These findings also suggested that some MSMW entered into agreements with their male partner early on in their interactions regarding their sexual activity. These agreements were then used as contracts that governed their sexual interactions with one another and other sexual partners. The understanding that men were permitted to and sometimes encouraged to have female partners (resulting in concurrent relationships), through entering into agreements, was shared by most participants. Another example of this is presented in Extract 41.

Extract 41: Interview with P03, age 25

194	I: Oh yeah I hear you, oh okay let's move on then. Have you ever disclose…I guess you have disclosed to
195	your partner…to your boyfriend that you have a girl and stuff like that. Why do you think it's easier to
196	tell the boyfriend that you have a girlfriend versus telling a girlfriend that you have a boyfriend? For you
197	why is that easy?
198	P: Uhm Why do I think it's easier to tell my boyfriend that i have a girlfriend versus telling my girlfriend
199	that I have a boyfriend?
200	I: Yeah
201	P: The reason is it's like a taboo bra; it's something that is surprising of which its unusual bra. A lot of
202	people know that if you're a man you expected to date a woman
203	I: umm
204	P: yeah so think it is common, that why it is easy to tell your partner of which it's the guy, so like no it
205	easy to tell an outie that you have a cherry, its not unusual
206	I: umm
207	P: unlike when you tell a cherry that I am dating another outie, I feel like ahh (deep sigh), these things
208	don't mix you see that

The participant in Extract 41 indicated that it was easier to inform a male sexual partner that one had a female partner because that was socially accepted, versus telling a female partner about his male sexual partners as there was still a social stigma against same-sex behaviour. In line 201, he called it a "*taboo*". This showed his awareness of the negative connotations of having same-sex relationships. It also suggested that this awareness might restrict the chances of disclosure of sexuality to people other than male sexual partners. What these findings seemed to suggest was that MSMW assessed the consequences linked to disclosure of their sexuality before giving out this information. Firstly, where there was a risk of threatening the main relationship, disclosure did not take place. Secondly, they might not disclose their sexuality in instances where it might threaten their heteronormative gender presentation, which involved real men being in sexual relationships exclusively with women (see Extract 42).

Extract 42: Interview with P05, age 28

```
301   I:yah, I totally get you on that one. Ahh, so have you ever disclosed your sexuality to any of
302   your sexual partners?

303   P: to any of my?

304   I: sexual partners.

305   P: you mean the guys?

306   I: yah any of your sexual partners perhaps another chick on the side, where you disclose to
307   her or the guys where you actually disclose to them.

308   P: well the guys I think its obvious, but the chick no, I can never do that.

309   I: ok, so you're saying that yes you have indeed disclosed to the guys you've been with.

310   P: umm

311   I: so what have you disclosed to them exactly, you disclose to them that yes I am in a
312   heterosexual relationship, but then again we are having this sexual whatever

313   P: you know from the guys its always about the, what's this, can we take it a step further.

314   I: umm

315   P: you see, like can we just, not be sexual partners can we be more.

316   I: umm

317   P: that is how I disclose, that you know , I think we are good as sexual partners, but if we
318   could be more, there could be complications because, I have a woman
```

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The participant in Extract 42 indicated that he would inform his male sex partners about

his girlfriend only once they wanted to take the relationship to the next level (lines 313-315).

This suggested that there were instances when disclosure did not happen instantly unless it had a

purpose to serve, like when MSMW entered into new agreements with their male partners. This

happened in instances where, for example, the two men might have agreed to have a purely

sexual relationship, but where one of them wanted to enter a more serious relationship – then

disclosure about the presence of the female partner took place. I later argue in the discussion that

it was this disclosure to male partners that facilitated and maintained multiple relationships for

MSMW. Extract 43 is a continuation of the same interview with P05, where he explained why he

found it easier to disclose his sexuality and/or sexual activity to other men instead of to his

girlfriend.

Extract 43: Interview with P05, age 28

```
332    I: yeah, so what do you think facilitates disclosure then in that sort of setting, why is it that
333    you are able to tell male sex partners that, hey this is how it is and you are not able to tell
334    your female sexual partners that this is how it is?

335    P: I guess it is how I feel about the male individual, I guess it's the lack of care if I may put it
336    in a blunt manner.

337    I: yah

338    P": if I were to compare between the two and say which one do I care the most about, it
339    would definitely be the woman, so and I wouldn't now go to the woman, and tell her that
340    because I know she would get hurt

341    I: umm

342    P: and she has been loyal, and she has been caring, you know, everything else. But with the
343    guys, I just take them as guys
```

P05 in Extract 43 stated that the reason he found it easier to disclose to his male sexual

partners was the fact that he did not care about them as much as he cared about his female

partner (lines 335-336). He further said that he took "*guys as guys*" (line 343), which might

suggest that he viewed other men (with similar forms of sexuality) as being more capable of understanding his sexuality than his girlfriend. This could be because he expected other men to be doing the same thing that he was doing – in the sense that they might also be in multiple relationships. On the other hand, disclosing to his girlfriend would disrupt their relationship, as relationships with women were often entered into on the premise that they were exclusive relationships. Hence, disclosing to the woman would mean that he had been unfaithful and had broken their relationship agreement.

In Extract 44, the participant indicated that it was easier to disclose to another man because he understood the importance of having a female partner (lines 142-145). This was linked to the social requirements of manhood. The participant further argued that if he were to disclose to his female partner that he had sexual relations with other men, she would not respect him as a man. He added that the girl might go out and disclose his sexuality to other people (lines 151-158).

Extract 44: Interview with P08, age 24

130	P: you see, not to mention that I have these sort of feelings
131	I: umm
132	P: the guy, you can tell a guy that you dating that I also love girls,
133	I: umm
134	P: it's like law, its law to share, I don't know if you get me
135	I: yeah I hear you, I hear you
136	P: So if you dating a girl she should know that you love other girls, you can't just tell a girl that you know
137	what I am like this (giggles).
138	I: umm umm, yah
139	P: With a guy it's nice because you can share, so it is very important for me to be with him, you see.
140	I: umm hmm, So...

141   P: I also tell him that

142   I: ... in a way you have answered the question I was going to ask about the disclosure of your sexuality to
143   your partner that does he know that you dating girls, so now you've sort of answered the question by
144   saying its easier to be with this guy because he knows that you sometimes need to be with woman and
145   he understands that because they are also a guy

146   P: Yah, yah

147   I: so ahh tell me, what do you think make it hard for the guys in your situation to also disclose to their
148   female sexual partners?

149   P: Ai no! bra I'd say you are scared of disgracing yourself.

150   I: umm hmm

151   P: Other people are thinking of their dignity because immediately when you have a girlfriend you should
152   love her and she will respect you...
153   I: mhm mhm

154   P: and she knows that you're her man and she has to respect you and she's scared of you,

155   I: Umm hmm

156   P: do you think a girl would be scared of you once you've told her that? No! other than that she will look
157   at you like shit, and then she will go out and tell everyone what you had told her and that's what you
158   don't want

159   I: umm

160   P: so ai!

In Extract 44, the participant's comments were linked to the issue that same-sex behaviour still carried a stigma and a level of secrecy was therefore needed by these men to maintain other good social relations. He mentioned that when it came to dating another man, it was a "*law*" to share that you also had had sexual relations with women (lines 132-134). In line 136, the participant stated that if you were in a relationship with a girl, she should know (or accept that you as a man) that you loved other girls. But, it would not be possible to "*you know just tell a girl that you know what I am like this*" (lines 136-137), meaning that he also has feelings for other men. This seemed to serve two functions. Firstly, it asserted that the other person was a man as they were able to have sex with women, in a way distancing themselves from being viewed as homosexual (line 149). This suggested that non-disclosure protected him

189

from the disgrace of being seen as homosexual. Secondly, it solidified commitment between these two men as one was expected to share such a deep secret with the other about their sexual identity (line 139). It seemed to support the idea of a shared identity, which might in turn result in a more intimate relationship between these men.

Lastly, the participant spoke about respect. He mentioned that if his girlfriend were to find out that he had sexual relationships with other men, she would not be scared of him, meaning that she would not respect him (line 154). He further said that she would look at him "*like shit*" (line 157). This suggested that disclosure to a female partner had the potential to negatively affect his masculinity, since homosexual men were viewed as less manly than men who are heterosexual.

Another example of disclosure that took place between MSMW and their male partners in order to allow them to enter into agreements about their sexual relationship is presented in Extract 45.

Extract 45: Interview with P10, age 31

120   I: ok from the men that you got involved in, did some of them knew that you sometimes have
121   relationships with girls?

122   P: no if I meet a guy I do not hide it from them. I just tell them

123   I: umm

124   P: that no I have a girlfriend, the mother of my baby.

125   I: umm

126   P: yah

127   I: ow so you have a child together?

128   P: yes we have a child

129   I: how old is the child?

130   P: 5months now

131   I: 5 months, ok so when you meet this guy where ever you meet them and then you tell them that
132   you have your baby's mother, how do they take that?

133   P: it's just that I have never met someone who doesn't want a girlfriend.

134   I: umm

135   P: I have never met them.

136   I: ok

137   P: I tell a person even before we do anything that, I have a women, if you don't like that, please tell
138   me now, so that I don't hurt you.

139   I: umm

140   P: you're not hurt, and we agree on that. And then they say that no it is ok, they don't mind.

141   I: yah, ok. Why do you think it is easier for you to come out to a guy, about the fact that in as much
142   as you want to be with them but you also have a woman on the side?

143   P: I think what makes it easy is that, when you enter into this thing called a relationship, there is this
144   thing called trust. You should just speak the truth, because now we are moving on to a new phase.

In Extract 45, P10 mentioned that he had never met anyone who did not want a girlfriend (line 133). This might be linked to the idea that men were allowed and encouraged to have girlfriends even though they entered into relationships with other men. This aided them in navigating their sexual identities in a context that was prejudiced against people with same-sex sexualities. In lines 137 and 143, the participant suggested that he entered into agreements with his male partners, so that his relationship with his male partner was based on the truth about each other's situation. This seemed to create a sense of closeness for him and his male partner as he later spoke about the importance of trust between them (line 144).

The acceptance and encouragement of the agreements between MSMW and their male partners that permitted the involvement of women within their connected sexual cluster seemed to create concurrent long-term sexual relationships. These concurrent multiple partnerships or polyamorous relationships could be a potential risk factor for these men and their partners, as the

findings of this study have already suggested that condom use was problematic for most participants in these long-term relationships with partners of either gender.

The next section examines in more detail the issue of how disclosure to male partners seemed to facilitate concurrent relationships.

7.4.2.1   *Disclosure of sexuality to male sexual partners and the resulting concurrency of relationships*

A common theme across all data was that disclosure of sexuality to male partners, either long-term or otherwise, facilitated the presence of multiple sexual relationships. Most participants indicated that they had other sexual relationships outside of their long-term relationships regardless of whether that long-term relationship was with a male or female partner. In certain cases, the participants had concurrent long-term relationships, where at least one of the partners was aware of the other (usually the long-term male partner being aware of a long-term female partner). Astonishingly, throughout the whole dataset, participants were of the opinion that none of the female partners were aware of their partner's sexuality or at least were not aware that the behaviour of having other male sexual partners was still continuing. This could be because relationships with women could be threatened by such disclosure as same-sex relationships are still not deemed socially acceptable.

This section presents a few additional issues around concurrency. It seemed that concurrency was considered to be cheating or infidelity when it was happening between men, whereas relationships with women were deemed natural and necessary.

Extract 46 is taken from a focus group discussion where the question was initially about the maintenance of relationships. The participants, however, steered the conversation and it

ended up being a discussion around how multiple partners or cheating was not unique to MSMW (see Extract 46).

Extract 46: Focus group

809   **Facilitator**: Thank you for your responses guys I have 1 last question on relationships, I just want to find
810   out how do you guys think MSMW maintain their long-term relationships? eg some of you mentioned
811   that you are married, some are currently in serious relationships with either guys or girls, how are these
812   long term serous relationships maintained given that you are MSMW or bi? I guess what I am asking is
813   that do u ignore the sexual feelings for the other sex or is there something else that you do?

814   **P18**: Well for me I guess u just don't tell your partner that there are other people on the side

815   **Facilitator** : so secrecy is usually the one thing that is used ?

816   **P18**: Yah but Sakhile its not unique to bi guys or gay or whatever and another thing that is irritating is that
817   now it as if we are the only ones doing this thing. I have tons of straight friends and some of them and
818   you find that they are sleeping with a lot of girls on the side. And you find that his wife finds that out and
819   they find but don't break up. Coz we grew up with our fathers liking girls blind and our mothers endured
820   that

821   **P18**: the problem with us sometimes is that you are doing it with another guy

822   **Facilitator** : umm. so you are saying that multiple are not unique to MSMW even heterosexual people
823   have then it's just that they are more acceptable?

824   **P19**: I agree a 100%

825   **P18**: Yes that's what I am saying

826   **P18**: This thing is hard

827   **P19**: But in my case my boyfriend knows ne so it's not a secret but then the girls don't know. I think its
828   better like that because at least one of them know and they support me and don't judge me, coz they are
829   also doing the same

830   **Facilitator** : what if he said that he wanted to date another guy since you are with a girl. how would that
831   work out

832   **P19**: It wouldn't

833   **P19**: I am here what is he not getting

834   **P18**: Don't cry man its just a question lol. No guys gtg for now.

835   **Facilitator**: so its ok if it's a girl but not another guy?

836   **Facilitator**: thanx for your contributions.

837   **P19**: No my brother I am here what is he wanting from another guy

In the focus group discussion, P18 indicated that to maintain a relationship, partners should not be told about the other sexual partners (line 814). He then argued that multiple relationships were not unique to MSMW. He stated that he had heterosexual friends who had sexual relations outside their marriages. He argued that this form of infidelity was not socially

frowned upon and that it was only a problem in their case because they were having same-sex activities (lines 816-821). According to P18, the problem was not multiple relationships but rather that the transgression was taking place between two men. For the participant, the issue was the intolerance of same-sex sexualities. He also mentioned that when they grew up, their fathers liked women "*blind*" (a colloquial term to express that their fathers liked women a lot), which suggests that their fathers cheated on their mothers and this was tolerated (lines 819-820).

P19 then stated that he had disclosed to his boyfriend and received support from him to be with women. This was related to the "*man-to-man*" identification that the other participants spoke about in the one-on-one interviews. Where the participants felt it was easier to disclose to other men, given the possibility that they were also potentially committing the same transgressions, this led to a sense of closeness owing to their taboo behaviour. However, he then stated that he would have a problem if his partner were dating another guy as he felt that he was enough for him. In line 833 he said, "*I am here what is he not getting*", and in line 837, he asked a rhetorical question, namely "*I am here, what is he wanting from another guy*". This suggested that the participant would not accept his partner to have other male sex partners as he viewed this as infidelity, and himself as being enough to satisfy his partner's sexual needs when it came to man-to-man sexual interactions.

The findings of this study seemed to suggest that disclosure of sexuality to male partners was facilitated by a number of key factors. One factor was masculinity, where the participants drew from socially accepted gender norms; for example, having multiple partners and having a woman in a man's life were an indication of manhood. The disclosure of sexuality also seemed to build a sense of trust between these men as they were able to share with each other a part of themselves that they kept secret from most people. There was also a sense that the "transgressed"

or taboo relationship was the "true" relationship, with people acting in their "real" or "hidden" identities.

In Extract 47, the participant outlined instances where he and his long-term boyfriend would go looking for women to have sex with, and how this affected their relationship with each other.

Extract 47: Interview with P08, age 24

167   I: You said mhm...what you have in common with the other guy is that sometimes you guys go out
168   drinking and you would also during that time ask girls out in the presence of the other person, why is
169   that? Why do you guys do that?

170   P: No just for the fun of it bra

171   I:umm

172   P: (laughs) and actually when we at home

173   I: yah

174   P: by ourselves, we start talking no man it means you're hot you were getting those girls it's like
175   creating that bond man you see

176   I: umm

177   P: we don't actually mean that... well there has been times where, I remember we were in Durban, and
178   we got girls we bought alcohol for them, we took them he *fucked* his and I *fucked* mine you see. And
179   when we were sitting talking about it, we were like, ai man it's just weird it's just too weird but it was
180   nice you see

181   I: so ....

182   P: But when we sit and that back that hey! remember that moment, you see

183   I: so you saying you guys went to Durban and you both slept with girls and then it's became an in thing
184   that you share together, a memory like you are saying?

185   P: Yah

186   I: Alright

187   P: yah coz, like we don't even have those girl's numbers so it meant nothing, if there was something
188   solid then one of us would still be having their numbers or even remembering their names.

189   I: umm

190   P: yah

191   I: ok

192   P: we just had too much to drink and the, you also know how its like when you are drunk like, too much
193   girls, you know things happen

194   I: umm

195   P: and we decided lets go fuck these ones (ukubashaya).

In Extract 47, the participant indicated that he and his partner sometimes had sex with women for fun, and they both accepted these sexual interactions as not being serious. In line 170, he even called these sexual interactions "*fun*". In lines 172-175, the participant discussed how their sexual interactions with women were for them to create special memories that they reminisced about in the privacy of their home, where they started complimenting each other on how good looking they were, owing to their ability to court women. In line 175, the participant indicated that this created a "*bond*" between them. This sense of intimacy seemed to discredit relationships with women, as they could not be considered as being real relationships for him and his partner. Their act of buying alcohol for some girls and having sex with them in each other's presence (lines 177-180) seemed to be a performance that sought to prove their masculinity to one another, and by doing it "*together*", they were proving to each other that the girls were irrelevant (line 187). This could be considered a display of masculinity and a demonstration of virility to each other, which also displayed their camaraderie and strengthened their own intimacy as a couple.

Up to this point, I considered the findings of this study to suggest that for some MSMW, sexual relationships with women were important for two main reasons. Firstly, for some of them, these relationships with women fulfilled parts of their sexual desires, as bisexually identifying MSMW would attest. Secondly, these relationships allowed them to align themselves with acceptable gender norms, thereby shielding them from stigma and possible homophobia. These benefits of sexual relationships were then discussed with their male partners early on in the

relationships and the acceptance of female partners became part of their relationship agreement (relationship contract). This acceptance of the female partners seemed to be common across a number of interviews, as it was also mentioned in interviews with P04 (age 24), P01 (age 29), P05 (age 28), and P11 (age 23). These data have already been presented during a discussion of issues around disclosure of sexuality. This acceptance of concurrency might also be seen as presenting a heightened risk of infection.

As with most of the findings of this study, the issue of disclosure of sexuality and/or sexual activity to one's male partner with the assumption that they would understand and accept the importance of a female partner as part of the relationship agreement was not unproblematic. Other participants indicated difficulties within their relationships, which could be as a result of their need for their male partners to understand the involvement of the female partner (see Extract 48).

Extract 48: Interview with P03, age 25

433 I: Tell…tell me this one thing before we about to finish, how is your…how does your boyfriend react to
434 the fact that you have a girlfriend? Has he not brought that up as an issue maybe?

435 P: Mhm mHm I think the reason he's not stressed it's because he found me dating her already

436 I: yah

437 P: yah that's why I don't think… Probably he has that stress cause ei…probably he has a problem but not
438 that he shows me, but then there was this other time like if my girlfriend has to come around,

439 I: umm

440 P: then he has to go home you see and when he comes back I will see him washing sheets, you see

441 I: Okay wait, so when your girlfriend visits you where you're staying with your boyfriend then he has to
442 leave?

443 P: Yeah

444 I: That's an arrangement that you guys discussed ?

445 P: Yep

446 I: And and and how did that negotiation take place?

447 P: It's like there's no issue as he found me dating her and so she also needs to be happy, you see

448 I: umm, but you are saying he leaves when you got to spend time with your girlfriend and when he comes
449 back he decides to wash the sheets?

```
450   P: Well when he comes back and his like washing the sheets bra then he says I mustn't hold him, he
451      doesn't want to be held by me obviously he knows what we were doing. Even if you didn't see the person
452      man

453   I: yah

454   P: but he thinks wherever he's at, that obviously we going to do this am I lying?

455   I: no, It's true, its true

456   P: Obviously he knows we do such things and probably he do the things he do because of my girlfriend I
457      don't know. But he should just come out and voice out his opinions if he can't stand for it you see,

458   I: umm

459   P: It's not like I am cheating on him he knows her he found me with her

460   I: umm

461   P:  and he knows her, he knows she is my girlfriend, ((inaudible 37:23)) I can't leave one for the other
462      bra, I can't.
```

In Extract 48, the participant stated that he suspected that his boyfriend had a problem with knowing that he had a girlfriend (lines 437-438). The participant indicated that even though his boyfriend initially had no problem with the arrangement of him dating his girlfriend (lines 447 and 459), he suspected that this caused emotional distress within their relationship.

This issue of the sequence of relationships where participants indicated that they had been with their female partners for a while before entering into relationships with their male partners emerged in the interviews with P01, P03, P04, P05, P07, P09, P10, and P11. This could suggest that some MSMW would enter into conventional heteronormative relationships; first to appease the accepted gender norms and express their "hidden/transgressive or true" sexual desires later by entering into sexual relationships with other men. Even at that point, they entered into agreements with these other male partners to protect their conventional relationships.

The findings of this study suggested that some relationships between MSMW and their male partners started as "affairs" and, in a way, the other male partners needed to understand the presence of the "main" female partner at the time. However, as seen in Extract 48, as the relationship between the two male partners intensified or matured, the presence of the female

partner started to create challenges in their relationship. In Extract 48, the participant first stated that the reason that his long-term male partner was not stressed by his relationship with his long-term female partner was that when they started dating, he was already in a relationship with her (line 435). He then continued by correcting himself and stated that his boyfriend was probably stressed by his relationship with his girlfriend (lines 437-438). He told a story about a time when he had spent a weekend with his girlfriend and his boyfriend left their apartment to give him and his girlfriend some space. He mentioned that when the boyfriend came back he did not want to be touched by him, and washed the sheets where he suspected that something (sexual activity) had taken place (lines 437-457). In line 459, he then stated that what he was doing with his girlfriend was not cheating as his boyfriend was aware of it. This attitude was shared by most of the participants who had long-term girlfriends who participated in the one-on-one interviews. This lack of acceptance of the female partner seemed to be present where the other male sexual partner was homosexual and as a result wanted to have an exclusive relationship with the MSMW. However, this exclusivity was problematic and difficult to achieve because of issues such as the MSMW's sexuality and normative gender norms and the presence of homophobia, to mention a few.

The following section presents findings in more detail that deal with the nature of the relationship that MSMW had with their female partners.

7.4.3   Non-disclosure to female partners to preserve heteronormativity

As discussed in Section 7.4.2, relationships with women had prospects of a future that tied in neatly with the heteronormative social requirements of manhood and family values. This might not always be the case in relationships with other men, unless an individual who identified as a homosexual man was only in relationships with women to escape the stigma. For those

MSMW who did not identify as homosexual, relationships with female partners were very important as it spoke to how they understood their sexuality and created the potential of a "normal", non-stigmatised lifestyle. An example of this is presented in Extract 49.

Extract 49: Interview with P03, age 25

161 I: (laughing) did you hear the question? How important to you that you maintain your relationship with
162 your girlfriend?

163 P: It is important because I don't see myself as a man enough (laughs), I need a woman bra, I need kids, I
164 need children, I need someone I will build a home with man.

165 I: umm

166 P: It is very much important bra, I need someone that when I grow up she will make me babies, I mean
167 without a woman in the house life is not good.

168 I: yah

169 P: I have to have someone who will clean and do woman duties...chores

170 I: sure, sure, and you don't think you can do this with male partner?

171 P: Ayi tjo, you know that sometimes as men we can do these things but we cannot do them like the
172 women can, somethings need a tender care of a woman.

173 I: umm

174 P: Like cooking some men can cook but then even if they know how to cook but sometimes there's that
175 thing that is unlike a woman's that *kororbela* (laughs)

176 I: (laughs) ai I..

177 P: (continues laughing) yah man yah

178 I: I hear you, would you say in terms of your relationship with your boyfriend where do you see it going?

179 P: I want to pay lobola for her

180 I: Huh?

181 P: I want to lobola her very soon, that's where I see this going. Yeah I just want to lobola her and have
182 children that's what I want

183 I: So what about the boyfriend, what's going to happen when now you're paying a lobola and you getting
184 children? What do you expect is going to happen?

185 P: I don't see the future there bra, we are both men and I think this thing is going to end.

186 I: umm

187 P: I don't know when but obviously one of the days it going to end.

188 I: yah

189 P: I am not wishing for it to end but then I cant be living a guy on guy marriage or guy on guy
190 relationships, I have decided its fine I am in a relationship but then ai....

In Extract 49, P03 also indicated that he did not know what the future held for him and his boyfriend since they were both men. This could also be because there was a social stigma

against homosexual sexual relations and relationships with women were therefore favoured. He mentioned that he did not feel like "*a man enough*" if he did not have a woman in his life (lines 163-164), suggesting that he was in this relationship because he needed this sense of masculinity. He further said that he needed someone to build a home with and have children. In his response, the participant mentioned gender-based housework when he stated that he needed someone to clean and cook for him (lines 164-169). This could be viewed as him maintaining his masculinity and drawing on specific gender stereotypes such as that women were "*tender*" (line 172). In this part of the interview, P03 prioritised his relationship with his female partner and even ignored a question by the interviewer (line 178) and further said that he wanted to pay *lobola* for her (line 179), meaning he wanted to maintain the traditional processes towards getting married to her. This suggested that he wanted to solidify this relationship. In contrast, participants who considered themselves to be homosexual had different relationship dynamics. They did not place importance on their relationships with women as they also had a feeling of being forced into these relationships by social pressure.

In relationships where both partners identified as bisexual and had disclosed such to each other, it seemed as if relationships with women did not affect their current courtship (see Extract 50).

Extract 50: Focus group

> 677 **Facilitator** : thank you guys so much for all this. I would like us to just go back to the issue of
> 678 relationships. What sort of relationships do men who have sex with men have?
> 679 P18: In what way Sakhile
> 680 P17: Specifically MSM or maybe bisexuals and gays?
> 681 P13: They have a partner who's main and then have a side dish and mostly it would be a female
> 682 partner the main as a protector/ shield or a front then a gay guy for casual sex
> 683 **Facilitator** : I am just looking at men who have sex with both men and women
> 684 **Facilitator** : ummm and this casual one, are they known or hidden

685   P17: They can be lovers and have that romantic relationship.. But it is common that the gay one
686   is kept a secret in order for a women to not know.
687   P19: Well for me this thing is different because the guy I am dating is also Bi so like he has his
688   girlfriend and I also have my girlfriend but we both know that we focused on us.
689   P17: Some just do fuck buddies (GOD KNOWS I HATE IT) .... Someone whom they just call if
690   they feel like they are horny.
691   P18: True coz my wife z d one who is most important
692   P13: Mostly hidden: for a gay guy you'd know you boyfriend or men you sleeping with is having
693   a girlfriend |wife or fiancée but those female partner won't know about the guy who's a side dish
694   P18: its best with a guy we do what we do then go our separate ways
695   P18: No numbers and stuff
696   P17: U just fuck and that's it.. No relationship..
697   P18: No man
698   **Facilitator** : which do you guys think is common, the thing that you find someone dating both
699   or like it's been said that you do what you do and you leave
700   P18: I don't want to complicate my life
701   P19: I also like that but if like it's a girl. Coz even if she complains ai I don't care
702   P19: but you are saying you don't care about guys
703   P18: Asking me
704   P19: Yeah
705   P13: I'd say the do what you do secretly and live different ways, thou some become sex buddies
706   with only people they know and trust won't snitch em
707   P18: Ai Mina bra I have my priorities str8
708   **Facilitator** : umm. so I guess it's complicated and that some of it happens in secret
709   P17: I think the most common one fuck and pass.. But I am in content with my guy

P13 (age 27) indicated that relationships with women were mostly used as a "*shield*" (lines 681-682). This suggested that these men used these relationships to hide their same-sex sexualities. This idea linked to how some of these men viewed their sexualities and that of other MSMW. P17 (age 19) argued that both relationships with men and/or women could be romantic, but added that the same-sex relationship were kept secret (lines 685-686). P19 (age 26) argued that his case was different because he and his boyfriend were both bisexual and they both had relationships with women outside their current relationship. He added, however, that they both

knew that they were focused on each other (lines 687-688). In a way, this linked to the idea of a common shared sexual identity, which in this case solidified commitment between him and his boyfriend. P18 (age 26) stated that his wife was the most important person to him, and therefore, with other men, they just had sex and it ended there – nothing was romantic or long term (lines 695-696). All this revealed the diversities of the sexual interactions that existed, and how complicated they all were, because in as much as they might be influenced by societal factors and identity issues, some were based on a matter of preference.

There were a number of reasons why MSMW might choose not to disclose their sexuality to either their female partners or other people in their social circles. These seemed to be rooted in the social stigma against any sexual behaviour that is not purely heterosexual. This stigma might then result in fear of disclosure of sexuality to people in close relationships such as partners, family, and sometimes friends. This non-disclosure then affected the way in which they viewed the relationships they had with their female partners.

7.5   Section 4: Discussion of issues related to gender constructions

The findings of this study seemed to suggest that there were a number of issues around how gender norms were constructed, which impacted on the sexual safety of MSMW and their partners. Responses to these gender norms were considered as being present even when MSMW were within long-term relationships that were framed within the concepts of trust, commitment, and love, as outlined in Chapter 6. To understand how these gender constructions affected safe sex in long-term relationships for MSMW, it was important to first explore their understanding of manhood.

7.5.1 The participants' understanding of manhood in relation to same-sex sexuality stigma

Similar to Hunter (2005), the findings of this study suggested that MSMW drew their knowledge of what it meant to be a man from the traditional normative definitions of manhood, where men are seen as providers and protectors of their families. Hunter (2005) argues that men are usually regarded as carrying forward their family legacy. The definitions of manhood provided by the participants in this study were in line with Hunter (2005), as these definitions usually place men in significant positions within their family structures where traditionally they are seen as heirs to their family's estate, and within some South African cultures, they are seen as carrying forward their family name. Men are supposed to father children and be responsible for their families with regard to financial and other significant cultural practices. The MSMW in this study also took these traditional duties upon themselves by taking up such responsibilities. For the participants, drawing on this conventional definition of manhood was not problematic; however, the problem lies with the fact that this framing of masculinity underpinned risk and unsafe sex for these men. It had implications for how MSMW both understood and engaged with their sexuality and those aspects of their sexuality that involved same-sex behaviour, together with the inherent risks related to such understandings and sexual engagements, which for the most part remained hidden.

The findings of this study seemed to suggest that since family and family responsibility were at the core of how MSMW understood their manhood, they might find it difficult to disclose their sexuality to their family members and those closest to them. These findings were in line with research that has investigated disclosure of same-sex behaviours, and found that disclosure of sexuality was affected by the presence of stigma against same-sex sexualities

(Murray et al., 2018; Mustanski et al., 2011). The presence of this stigma within the communities in which these men lived meant that coming out as a homosexual or bisexual man had the potential to lead to discrimination by their communities. This also had the potential to bring shame onto the family and those closest to them as same-sex sexualities are still viewed as un-African, ungodly, and not part of what it means to be a man.

The findings where some participants indicated that they could be isolated and become "islands" if they were to disclose their sexuality are also supported by research that showed that fear of rejection by loved ones made the coming-out process difficult for individuals with same-sex sexualities (Schrimshaw et al., 2018).

In South Africa, this disclosure of sexuality might be made even more difficult for them as there is still a level of stigma about same-sex relations, where most members of the LGBTI community still report high levels of homophobia within their communities (Hassan et al., 2018). Given these homophobic attitudes, MSMW might conceal their sexual identity to protect both themselves and their families (family honour) (Hassan et al., 2018). In this study, the participants spoke about their sexual activities as being shameful, and I argued that non-disclosure to family and anyone else other than other MSMW became a way for them to protect their family from their *transgressed* identity. This then meant that most of their same-sex activities took place in secrecy, without the knowledge of significant others. This secretive nature of their same-sex behaviours had the potential to hinder service providers from being able to tailor appropriate health-related messages as these men are often an understudied and hidden population whose sexual patterns are not sufficiently understood within health-related research, as highlighted by Shisana et al. (2014) and Hassan et al. (2018).

The participants of this study were all cis-gendered men, who aligned themselves with traditional heteronormative gender norms of self-presentation. Their understanding and in-part enlisting of the socially constructed and socially accepted gender norms were pivotal for them if they were to pass as "real" men within their social context. In the next section, I consider how social constructions of gender norms mediated safe sex for MSMW in this study, who were in long-term relationships. Also, important to note as I present this section is the intersectionality between gender norms, race, and culture. All my participants were African men, belonging to the Zulu culture, where an understanding of manhood is underpinned by duty to the family and carrying forward the family name and needs ahead of one's own personal needs or desires. This is important to note as individuals would often sacrifice their personal needs in honour of their family, suggesting that MSMW may align themselves with these cultural demands of the gender roles, whilst finding creative way of navigating their sexual identities.

7.5.2 Socially constructed gender norms as safe-sex mediators for MSMW in long-term relationships

Gender norms are ways in which men and women are socialised within their respective social roles based on their gender (Wiederman, 2005). In this study, gender norms were seen as ways in which MSMW navigated their sexualities while still maintaining their long-term relationships. These different sets of norms, which seemed to function outside the long-term relationship, were based on societal expectations of masculinity/heteronormativity of men's sexuality. The findings of this study suggested that the positions that MSMW took up with regard to these socially constructed gender norms mediated sexual safety within their long-term relationships in different ways and to varying degrees. I identified two broad themes around gender norms for the purposes of this study: firstly, participants' understanding of their

bisexuality and inherent difficulties with monogamy; and secondly, issues with aligning with heteronormativity. These are discussed in the next section in relation to the findings of this study.

7.5.2.1 *The participants' understandings of bisexuality and difficulties with monogamy*

The participants' understandings of their sexual orientation had an impact on how they made meaning of their relationships. Some participants who identified as bisexual seemed to have difficulties with monogamy, as having a partner of either sex would often be limiting in satisfying their sexual desires. This understanding was present amongst participants who identified as being bisexual or sexually fluid. It was evident in statements such as "*lusting for both guys and girls*" (P03, age 25), and terms like "*sexual fluency*" (P08, age 24), and "*sexual fluidity*" (P15, age 25). What this seemed to suggest was that these men therefore required at least two sexual relationships with partners of both genders, as this would supposedly satisfy their sexual needs or desires. Literature that focuses on the impact of bisexuality or bisexual activity on long-term relationships has problematised the notion that bisexual individuals cannot be in long-term monogamous relationships (Labriola, 1999; Mint, 2004). Similar to this body of literature, the findings of this study support the argument that bisexuality and monogamy were problematic, as argued in the literature (Labriola, 1999; Mint, 2004; Haritaworn et al., 2006; Sheff, 2006). The findings of this study suggested that the participants who identified as being bisexual (and not monosexual) needed to be involved in multiple relationships with partners of different genders concurrently for their sexual needs to be satisfied, even though they might be involved in long-term relationships.

The participants' construction of their sexuality in this way seemed to suggest that a particular subgroup of MSMW might hold the belief that they need multiple sexual relationships

with people of both sexes for their sexual needs to be fully satisfied. This idea of non-monogamy, owing in part to the need to explore sexual relationships with both men and women, has been discussed in studies that focused on bisexuality and romantic relationships (Mint, 2004; Haritaworn et al., 2006). Similar to those studies, the findings of this study showed that although some MSMW who identify as bisexual might understand their sexuality to mean that they needed both male and female partners, this construction of bisexuality is not exhaustive (Labriola, 1999). This suggested that there were those who favoured monogamy, and would stay in long-term relationships with a partner of either sex, but might, in turn, be involved in multiple sexual relationships for different reasons other than their construction or understanding of their sexuality (Duncan et al., 2015).

Research has shown that multiple sexual partnerships increase the risk of HIV infection for people who participate in these experiences (Shisana et al., 2014). If MSMW drew on the construction of bisexuality as meaning that one could not be monogamous, they might enter into concurrent and multiple relationships with people of different sexes. These relationships might range from being long-term relationships, no-strings-attached sexual encounters, or even friends-with-benefits relationships, as found in other studies (Dangerfield et al., 2017; Rhodes et al., 2011; Wilkerson et al., 2012). All these types of relationships and their frequency had varying degrees of perceived risk as shown by the findings of this study and the literature (Wilkerson et al., 2012). Studies with MSM samples showed that participants viewed no-strings-attached relationships as being riskier as they involved having sex with strangers (Wilkerson et al., 2012). Some participants of this study viewed random sexual encounters as being riskier than sex with known sexual partners. This suggested that MSMW might view their long-term sexual partners as being safer in comparison to those with whom they were not in relationships. The findings of

this study were also in agreement with studies that showed that people viewed long-term relationships as being tricky since there might be a need for more intimacy expressed through condomless sex (Campbell et al., 2014). Given the fact that when entering into a sexual relationship, the participants were exposed to a host of possibilities and scenarios where HIV infection could take place, the construction of bisexuality as resulting in non-monogamy was problematic for the sexual safety of MSMW and their partners in long-term relationships, where consistent condom use was shown to be limited.

7.5.2.1.1 *Sexual script embedded in bisexuality construction as resulting from non-monogamy: The desire script*

The findings of this study suggested that owing to bisexuality being constructed as leading to difficulties with monogamy, some MSMW who identify as bisexual wanted partners of different sexes. This was rationalised by their sexual desires for both men and women. The findings showed that for some men, the sexual experiences that they had with their male sexual partners were different from those they had with female sexual partners. Mutchler (2000) conceptualised this script as an adventure script found within the stories of gay men. According to Mutchler (2000), the adventure script involved sex with casual or anonymous partners in seeking pleasure. For men in this study, this desire script involved having no-strings-attached sexual encounters and/or casual sex with non-romantic partners and, in most instances, these sexual encounters would be with other men. Examples of this script were seen in statements made by the participants when they spoke about sex with men as just "*doing this thing*" (P01), while P05 said that he was sure that his male sex partners were also having sex with other men, and P03 argued that he felt the same way about men and women. Although the desire script

incorporated elements of sexual desire and pleasure, it can also sometimes include a need for emotional closeness. An example of this script came from an interview with P04, who stated that "*I love girls and boys*" (Extract 29). This might suggest that MSMW who identify as bisexual might long for close intimate relationships with people of both sexes and/or genders as these could provide different emotional, social, and sexual benefits for them.

Using the desire script seemed to present itself at an intra-psychic level of scripting, although it was aligned and justified by social-level gender norms regarding the nature of male sexuality. As a result, for MSMW, it involved a level of self-negotiation, where actors had to make sense of their innate sexual desires in a social context that might reject them, given social attitudes towards same-sex behaviours. This desire script was understood as being closely related to the passion component of love as described by Sternberg (1997). I argue that, based on this, MSMW in long-term relationships might start developing infatuated love for their male sex partners, which is a type of love that "results from the experiencing of the passion component in the absence of the other components of love", as described by Sternberg (1997, p. 316). As a result of experiencing the passion component of love, these men might then start experiencing one of the other components, such as intimacy, over time, and, depending on how they negotiated their relationship contract, they might even decide to commit to each other within the boundaries of their sexual agreement. This then has the potential to lead to concurrent long-term relationships.

It is important to note that, in this study, this script seemed to be more evident in the narratives of those participants who self-identified as bisexual, and as a justification for why they wanted to be involved in multiple and often concurrent relationships. In the context of long-term relationships and safe sex within these relationships, the desire script could be seen as being

problematic. This was because it justified the exploration of sexual activities outside of long-term relationships; hence increasing the chances of HIV infection as new sexual partners created risks for people within an already existing sexual network (LaSala, 2004). This was a particular problem because participants who took up this script might also take up the trusted partner is a safe partner script, which is based on the assumption that a committed partner is a safer partner within their long-term relationship, which might result in decreased condom use within that relationship. Based on the findings from this study, which highlighted that condom use was not always a possibility, even with sexual encounters with new partners, the participants who took up both these scripts ended up placing themselves and their long-term partners at a heightened risk of HIV infection.

The following section discusses other issues that were part of gender-norm constructions and the ways in which they could be seen as affecting sexual safety for MSMW and their partners in long-term relationships

7.5.2.2 *Issues aligning with heteronormativity*

Constructions of heteronormativity by MSMW were complicated and affected by different factors. They were attempts by MSMW to align themselves with gender roles in society, where heterosexuality is assumed and same-sex behaviours are frowned upon. MSMW were required to understand constructions of heteronormativity, and then position themselves in relation to what is socially acceptable behaviour, which, for several reasons, might involve avoiding stigma. These constructions of heteronormativity coexist with the constructions of bisexuality as resulting from monogamy and constructions of trust within this context of sexual safety in long-term relationships. It is the interplay of these constructions and the sex scripts

embedded in them that usually place MSMW in dilemmas when it came to practising sexual safety.

What is discussed in this section is an oversimplification of a complicated and interconnected system of beliefs and behaviours. Based on the study's findings, constructions of heteronormativity seemed to be primarily evident in two forms when it came to the sexual safety of these men and their long-term partners. The first form identified was the acceptance of infidelity by male partners, and the second form was that of non-disclosure of sexual identity to female partners. The first form, which was the acceptance of infidelity by male partners, was affected by two factors, namely the importance of family, and the pressure to be with women. These factors were expressed in different ways, but they came to a similar endpoint, namely an expectation for MSMW to have women in their lives if they were to avoid disclosure of their same-sex sexualities, and uphold their culturally and socially constructed gender norm of manhood. In the following section, I present issues surrounding the acceptance of infidelity by male partners, as a way of navigating their sexual identities.

7.5.2.2.1 *Acceptance of infidelity by male partners*

The findings of this study seemed to suggest that MSMW entered into agreements with their male partners to allow them to fulfil their expected gender roles. Some of these agreements might involve having a stable girlfriend while still being involved with the main male partner. These kinds of agreements that MSMW enter into were also reported in various studies where the expectation was that sexual safety in the main relationship would resemble something different from sexual safety outside the main long-term relationship (Darbes et al., 2013; LaSala, 2004; Mitchell, 2014; Starks et al., 2017; Rubel & Bogaert, 2015; Purcell et al., 2014). Greene et

al. (2014), Wilkerson et al. (2012), and Darbes et al. (2013) found that some men would agree not to use condoms within their main relationship because of issues of intimacy, while the expectation was that condoms were to be used with partners outside this main relationship. This literature also highlighted that such agreements were sometimes explicit or implicit; meaning that they were not discussed, but that each partner was assumed to know what was expected within man-to-man relationships (Rubel & Bogaert, 2015; Whitton et al., 2015). The findings of this study implied that for this group of MSMW, these agreements were embedded in their attempts to align themselves with heteronormative expressions or displays of manhood. The two factors aided these men in aligning with a heteronormative sexual identity presentation, namely the need for a family, and pressure to be with women.

The following section discusses the need for a family as an expression of heteronormativity that aids MSMW in their gender presentation.

(a)   The need for a family

As presented in the findings of this study, MSMW might enter into relationships with women as this allowed them to marry a woman, have children, and start a family. This prospect of a "normal life" seemed to link directly with their understanding of manhood that is centred on family and duty. MSMW might perceive an alternative family model as being threatening, unfamiliar, and, moreover, shameful if it involved another man. This might be explained by the fact that most of the participants viewed their social settings as not being accepting of homosexuality, and this seemed to have also supported their negative views of themselves, as evident in some of their statements where they said that they felt ashamed and guilty for sleeping with other men. Based on this negative self-image, some might not even view themselves as real men if they did not have a woman in their lives (Rhodes et al., 2011). This also suggested that

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they might also not view a male partner as a man if he were not involved with women, as this would suggest that he was gay, and hence less desirable. With this consideration, it might be easier for MSMW to enter into agreements with their male partners that allowed for both of them to have girlfriends/wives and/or children as this helped further distance them from being labelled as homosexual by enabling them to fulfil their gender-role, as discussed by Carrillo and Hoffman (2018).

In this study, some participants indicated that they did not use condoms with their female partners as they were trying to start a family. These agreements did not, however, involve a reintroduction of condom use in the man-to-man relationship. This lack of condom use across multiple relationships is a potential risk factor for HIV infection because as their sexual network increases, more and more people start having unprotected sex, under the premise of love and trust.

(b)   Pressure to be with women

The findings of this study showed that some MSMW might feel pressured to be with women to uphold their heteronormative gender roles, as also found in other studies (Rhodes et al., 2011). What these findings suggest is that this subset of men who reported this pressure was most likely to self-identify as homosexual in the screening phase of data collection. In the focus group discussions, other participants indicated that these men who felt pressured to be with women were homosexual, and were only doing it to fit in with community norms and that they were not bisexual. What these findings indicated was that the pressure to be with women seemed to stem from a fear of perceived homophobia that existed within these men's communities. To avoid negative reactions from communities and possibly family, these men entered into

relationships with women, as also found in other studies (Hassan et al., 2018; Murray et al., 2018; Schrimshaw et al., 2018).

In the context of long-term relationships between men, what the presence of homophobia and the pressure to be with women did was that they allowed for the male partners to enter into agreements that would facilitate them in upholding their heteronormative gender roles (Carrilo & Hoffman, 2018). This meant that either one or both of the partners were allowed to be with women outside their men-to-men relationships. This agreement created a fraternity of some sort between the partners through their demonstration of masculinity and virility to each other. This display of masculinity then strengthened their intimacy, as it created a sense that they were in a safe space within their relationship. These displays led to an acceptance of infidelity, which in and of itself creates a heightened risk of HIV infection as condom use with these other sexual partners was not guaranteed. This was particularly true as the findings of this study also indicated that safe sex was not always a possibility, even outside serious relationships because of the spontaneity of sex.

This spontaneity of sex was also reported by studies that showed that sex was not always planned and condoms might not be available when sex availed itself (Greene et al., 2014; Starks et al., 2017). The findings of this study showed that MSMW would sometimes engage in sexual encounters in situations that were not planned, and examples of these involved instances where alcohol was used and they ended up meeting new sexual partners. Alcohol use for MSM has been shown to facilitate meeting new sexual partners (Reddy & Louw, 2002; MacKenzie, 2018; Ravenhill & De Visser, 2017). This study also reported less condom use, and increased chances of engaging in risky sexual encounters (see also Reddy & Louw, 2002; MacKenzie, 2018; Ravenhill & De Visser, 2017).

This was problematic for MSMW in long-term relationships, especially because the reintroduction of condom use within these relationships was difficult. The findings of this study suggested that this spontaneity of sex could happen with both male and female partners outside their long-term relationships. This meant that even though these men entered into agreements with their male partners that allowed them to have relationships with women, the possibility of them engaging in risky sexual behaviours was a risk factor for them and their long-term sexual partners.

7.5.2.3   *Non-disclosure of sexual identity to female partners*

The findings of this study indicated that there was no disclosure of sexuality or sexual activity by MSMW to their female partners. This was because they still viewed their sexual activities with other men as being unacceptable, with some participants mentioning that their same-sex behaviours were shameful. These men suggested that the disclosure of their sexual activity with other men to their female partners would discredit them as men within these relationships. All the participants indicated that they would never attempt to disclose this part of who they were to their female partners. This was because homosexual behaviour was seen as falling outside of the definitions of manhood (Carrillo & Hoffman, 2018). Most of the sexual activities in man-to-man relationships happened in secret, without the female partner's involvement or knowledge. The findings of this study seemed to suggest that, even though infidelity was expected in long-term relationships, it is not generally discussed between partners, and the transgression, in this case, was because it took place between two men. These men who engage in these secretive same-sex sexual activities have been referred to as "down-low" in the literature (Phillips, 2005), and "After 9" in the South African popular media, after the popular television show of the same title.

Being on the down-low means that a man still dates women and usually has a stable relationship with a female partner who is unaware of his sexual explorations with other men outside their relationship. This body of literature, which comes predominantly from research in the USA conducted among African-American men, has argued that this population is a bridge of HIV infections between heterosexual and homosexual populations (Carrillo & Hoffman, 2016). This is argued to be the case as their female partners are usually unaware of their men's sexual exploits with other men. Based on the findings of this study, and studies that have investigated the nature of safe sex among heterosexual samples (Shisana et al., 2014) and showed low levels of consistent condom use, it could be argued that HIV infection risk was inherent in these relationships, particularly since the intention that some of these men had was to uphold their heteronormative gender roles and start families. This on its own could mean decreased condom use in relationships with their female partners, which then posed a risk for both them and their partners. It could also be said that this lack of disclosure to a female partner also mediated their decision around condom use and safe sex, which, in a way, could be seen as decreasing the woman's agency around negotiation of condom use within these relationships.

In the following section, two sex scripts are discussed that I identified as being embedded in issues related to how MSMW align themselves with heteronormativity. These two sex scripts seemed to be embedded in the constructions of heteronormativity for MSMW. This could be because the nature of the relationship they had with their male partners was different from that which they had with their female partners. The two scripts identified in the analysis of the data were, firstly, the understanding male partner script, and, secondly, the redefining the traditional sex script. The findings of this study seemed to indicate that MSMW might enact scripts depending on a variety of reasons and justifications; however, both these scripts could be seen as

aligning these men with their socially expected heteronormative gender and sexual identity performances.

7.5.2.4   Sexual scripts embedded in constructions of heteronormativity

7.5.2.4.1   The understanding male partner script

The understanding male partner script was seen as functioning at an interpersonal level of scripting. This script was an interpersonal-level script as its successful utilisation by MSMW was dependent on it being shared between them and their male partners. It was in their interaction that this script could be evoked and enacted by either one or both of them. The understanding male partner script entailed that both men understood and accepted the importance of women in their navigation of sexual identities. This was embedded in the need for a family and pressure to be with women. MSMW who took up this script usually entered into agreements with their male partners (either long-term or casual) that allowed for them to have female partners outside their man-to-man relationship. The findings of this study suggested that this was done so that these men could avoid homophobia and fit into their heteronormative understanding of manhood. Some of the participants felt that it was their duty to protect their family name (clan), and make sure that they had children. Others felt that having a female partner protected their image as they would not be seen as being homosexual, which, according to them, was something that was shameful. Against this shared understanding of gendered social requirements from these men, they entered into agreements with their male partners that allowed them to fulfil their gender roles, while still enjoying the emotional and sexual benefits of being with other men. In studies conducted mostly in the USA, these agreements would also involve sexual contact with other men outside of their man-to-man relationships (Darbes et al., 2013; Purcell et al., 2014; Starks et

al., 2017). The findings of this study did not fully support this body of literature, since some of the men in this study preferred being the only male partner in their boyfriends' sexual lives, and the only justifiable "other" partner would be a woman.

The enactment of the understanding male partner script was, however, different for most men. Some understood this script as meaning that they could not have emotional connections or relations with other men, and that only casual no-strings-attached sex was permissible in men-to-men relationships, and that male sexual partners needed to understand that it was unmanly and problematic to have emotional relations with other men. This finding was in line with the literature, which suggested that heterosexual-identifying MSMW could stretch the definitions of heterosexuality to accommodate their same-sex behaviours without threatening their heterosexual identification (Carrillo & Hoffman, 2018; Silva, 2017). This understanding allowed these men to reject a homosexual identity since this same-sex behaviour that they participated in was constructed as something that was under their control, and was not central to their identity as men (Carrillo & Hoffman, 2018; Silva, 2017). Some participants also seemed to take up this position as they would mention that same-sex sexual activity was something that they engaged in "when they felt like it", and that they did not see themselves as "being" homosexual.

The understanding male partner script enabled the existence of multiple sexual partners; be it that these multiple partnerships were long term in the case of concurrent relationships or more informal and casual, in the case of "friends-with-benefits" or "no-strings-attached" sexual encounters. These scripts presented HIV infection risks for these men and their long-term sexual partners as enacting this script did not mean that they rejected the trusted partner is a safe partner script. This meant that they might not be using condoms within their long-term relationships, while they were concurrently sleeping with other people outside these relationships. Even though

these men might be more cautious and concerned with safe sex when it came to new sexual interactions, condom use was not always guaranteed owing to the spontaneity of sex in high-risk situations; for example after alcohol consumption, which has been shown in the literature to increase the chances of risky sexual behaviour.

7.5.2.4.2   Redefined traditional sex script

Another sexual script that was identified as embedded in heteronormativity by MSMW in long-term relationships was the redefined traditional sex script. Research that focused on the nature of relationships between women and men has identified what is called the traditional sexual script, with some authors referring to this script as the traditional heterosexual script (Byers, 1996; Mutchler, 2000; Sanders, 2008; Seal & Ehrhardt, 2003). Byers (1996, p. 11) summarised the traditional sexual script as describing "the oversexed, aggressive, emotionally insensitive male initiator who is enhanced by each sexual conquest and taught not to accept 'no' for an answer against the unassertive, passive woman". This script exists at a social level of scripting, meaning that the nature of a masculine sexuality is understood to be this way at a social level. It functions as an expression of manhood over the female body or other feminine bodies. This script was reconceptualised in this study as a "redefined" traditional sex script because the study findings suggested that the "more masculine" men (those with girlfriends and/or possibly children) might enact this script when they were with more feminine male partners, who might, according to them, appear "more homosexual" than themselves. In the focus group discussion, there were instances where the participants referred to the more feminine men as *osisi*, which translates as "*sissies*", which in most instances was seen as derogatory and most of these men positioned themselves against this identification.

The script resembled the traditional sex script in that MSMW who took up this script still enacted their oversexed, aggressive, emotionally insensitive male initiator behaviour (Byers, 1996). This was evident in the language used by some participants, such as the use of the phrase "*fuck them*", when referring to women with whom they had had sexual intercourse. This script was seen as being related to a display of masculinity and power in sexual relationships between these men and predominantly their female partners. The participants spoke about not wanting to disclose their sexuality to their female partners as they felt that these women would not respect them as men; therefore, their masculinity would be challenged. Although not explicitly expressed in the data, their same-sex sexuality implied a "*weaker*" man, who was not "*man enough*", as their self-presentation failed to uphold the heteronormative gender requirements of manhood. In the context of safe sex, men who take up this script might make it difficult for both their female and feminine male partners to negotiate safe sex.

7.5.3   Brief summation

Chapter 7 commenced by exploring how the participants understood manhood. The findings showed that although these men drew on inclusive definitions of manhood, these definitions were in line with the existing dominant masculine definitions of manhood. The findings considered the issues of sexual orientation, which showed that MSMW's self-identification was complicated as some of these men viewed themselves as being homosexual, while others viewed themselves as being bisexual and even heterosexual, and still others did not want to use general categories as they found them problematic. Lastly, the chapter presented findings on disclosure of sexuality by considering patterns of disclosure between male and female partners, with a special focus on facilitators and barriers to disclosure, as well as the implications of such disclosure to safe sex within the long-term relationships that these men had

with their partners. Chapter 8 provides an overview of this study by drawing connections

between the research questions and the findings of the study.

Chapter 8:

Final discussion and conclusion

8.1   Introduction

Studying human behaviour is difficult, particularly when the study is concerned with people's understanding of their own lives and actions. Such studies run the risk of oversimplifying the human experience or undermining meaning attached to certain reported behaviours. In this study, I wanted to identify challenges to safe sex in long-term relationships for MSMW living in KwaZulu-Natal. I also aimed to explore how different constructions of different types of relationships affected MSMW's understanding of sexual risk. As a result, in this study, I investigated how different constructions of relationship dynamics, gender, and sexual identity might present a risk of HIV infection in long-term relationships for MSMW and their partners. In attempting to understand the interplay between the constructions that place MSMW and their partners at risk, I enlisted the sex script theory. I wanted to explore how sexual scripts could mitigate safe sex for these men within the context of long-term relationships.

This chapter is divided into three sections. In the first section, I give an overview of the study by highlighting the research problem and the research aims of the study, as well as the methods utilised in the investigation of the research problem. In Section 2, I highlight and discuss some of the key findings of the study in an attempt to answer the research questions asked in the conceptualisation of this research. This is done in an attempt to demonstrate how different constructions and sex scripts could cause dilemmas for MSMW, and how these could result in the presence of HIV risk infection for these men and their partners. The third and final section of the chapter discusses the study's contributions and limitations and suggests

recommendations for future research, together with my personal reflections on the research process.

8.2   Section 1: Study overview

Research continues to show that sub-Saharan Africa carries the majority of the burden of HIV/AIDS in the world (Simbayi et al., 2019). Although black women in South Africa are disproportionally more affected by HIV than men, there is reason to believe that MSM could be at a heightened risk of infection within the region (Cloete et al., 2014). Studies that have investigated HIV risk among MSM report inconsistent condom use and multiple partnerships as some of the reasons why these individuals are at risk. Other studies argue that the presence of homophobic attitudes within communities necessitates that MSM enter into relationships with women, even though they may still continue to have sexual relationships with other men (Cloete et al., 2014; Hassan et al., 2018). This became the focal point of this study, and, as a result, I focused on a subset of MSM called MSMW. This study set out to investigate barriers to safe sex for MSMW in long-term relationships.

In this study, I relied heavily on social constructionist underpinnings in attempting to understand the key concepts that were investigated. Social constructionism was adopted as it assisted with an understanding of how MSMW made meaning of their sexual identities, sexual interactions, and sexual relationships in relation to safe sex. This study adopted a qualitative research design, which, according to Terre Blanche et al. (2006), allows for an in-depth exploration of phenomena. This in-depth exploration was important for this study as it helped to uncover how different constructions of sexual relationships and sexuality intersected with one another and how, through those intersections, MSMW and their partners could be exposed to the

risk of HIV infection. I attempted to present this risk by identifying the sex scripts that were at play when these men made decisions around sexual activities and sexual safety.

This study sampled 19 MSMW. Twelve participants participated in one-on-one telephonic interviews and the remaining seven participated in an online focus group discussion. Owing to the open-ended nature of the interviews, the participants were able to both construct and interrogate their constructions within the interview setting. For example, a participant would say that he was bisexual, however, upon further probing, he would say because of the environment he lived in that he was forced to live a heterosexual life. This self-reflectiveness allowed for an understanding of the types of constructions that MSMW drew from and internalised in their attempts to make sense of their sexual lives.

A sex script theoretical framework was adopted for the data analysis to make sense of the findings. This was helpful as it allowed for an understanding of how most behaviours around sex were scripted and automated in nature. Although people often do not think critically and rationally when it comes to sexual encounters within the context of long-term relationships, their behaviour seems to follow a scripted understanding of appropriate sexual interactions within these relationships. The findings of this study were presented in Chapters 5, 6, and 7, and each of these chapters provided a self-contained discussion of the main findings within the chapter.

In Section 2 of this chapter, I highlight how the intersections between the different constructions that were at play when it came to sexual relationships for MSMW and their resulting sex scripts could be seen as placing these men and their partners at the risk of infection.

8.3   Section 2: Responding to the Study's Research Questions and Final Discussion

This study had four research questions, and this section of this chapter highlights how this study attempted to answer these questions. The answers to these research questions were

often cross-cutting and they were neither mutually exclusive nor exhaustive. In this section, I show how the different social constructions, and the sex scripts underpinned by them, could be understood as presenting risk to MSMW and their partners in the context of long-term relationships. This section presents a simplistic representation of the interaction between these issues and concepts. The four research questions of this study were as follows:

1) What are barriers to safe sex for MSMW in long-term relationships?

2) What are the dominant social constructions that can be seen as resulting in sex scripts that mitigate safe sex for MSMW within long-term relationships?

3) What are some of the characteristics of long-term relationships that may be understood as mediating safe sex for MSMW and their partners?

4) How are different constructions of gender and sexual identity linked to increased risk of HIV infection in long-term relationships for MSMW and their partners?

Final discussions of the issues brought forward in this thesis are presented for each of the research questions in this section. I respond to each research question while showing the interconnectedness of the main study findings.

*1)   What are the barriers to safe sex for MSMW in long-term relationships?*

To understand the barriers to safe sex within long-term relationships, it was imperative for this study to explore the importance of these relationships in the participants' lives as a point of departure. In Chapter 5, I discussed why romantic relationships were important for MSMW, and I presented the findings and a discussion that highlighted the emotional and social benefits of romantic relationships for MSMW. They invested feelings in the relationships and, as a result, they would go to extreme lengths to protect their relationships. Chapter 5 also highlighted that

there was a difference between the relationships that MSMW had with their female and male partners. The chapter showed how relationships between MSMW and their female partners were in line with the expected gender roles for them and provided them with an opportunity to live a heteronormative lifestyle, which often diverted stigma linked with their same-sex sexualities. Given the importance of these relationships, it was not difficult to see how the understanding of safe sex and the navigations of safe sex within the context of long-term relationships were difficult for African MSMW from KwaZulu-Natal who were in long-term relationships.

The findings also showed that African MSMW's understanding of safe sex was based mostly on their understanding of earlier prevention messages that focused on abstinence, being faithful to one partner, and condomising (ABC). The findings of this study indicated that even though these men knew these messages, they were, however, difficult to incorporate into their sexual practices for various reasons. The findings highlighted that condom use was the most viable prevention strategy for these men; however, condom use was problematic.

Condom use was affected by a number of issues that mostly stemmed from two broad issues, namely the construction of trust within the context of long-term relationships, and the construction of gender norms. Both constructions mediated condom use, which was the primary safe-sex practice that was available for MSMW in long-term relationships and their partners. The relationships between these constructions and sex scripts embedded in them were confusing and complicated at best. Figure 8.1 presents a simple visual representation of the relationship between the two constructions I identified as being problematic, as well as their related sex scripts. It should be noted that these do not follow in sequence and that the participants might have drawn their understanding and justifications from different constructions and scripts at any given time, and that not all scripts hold the same salience to all actors.

Figure 8.1: Visual representation of two constructions that impact on condom use and related sex scripts
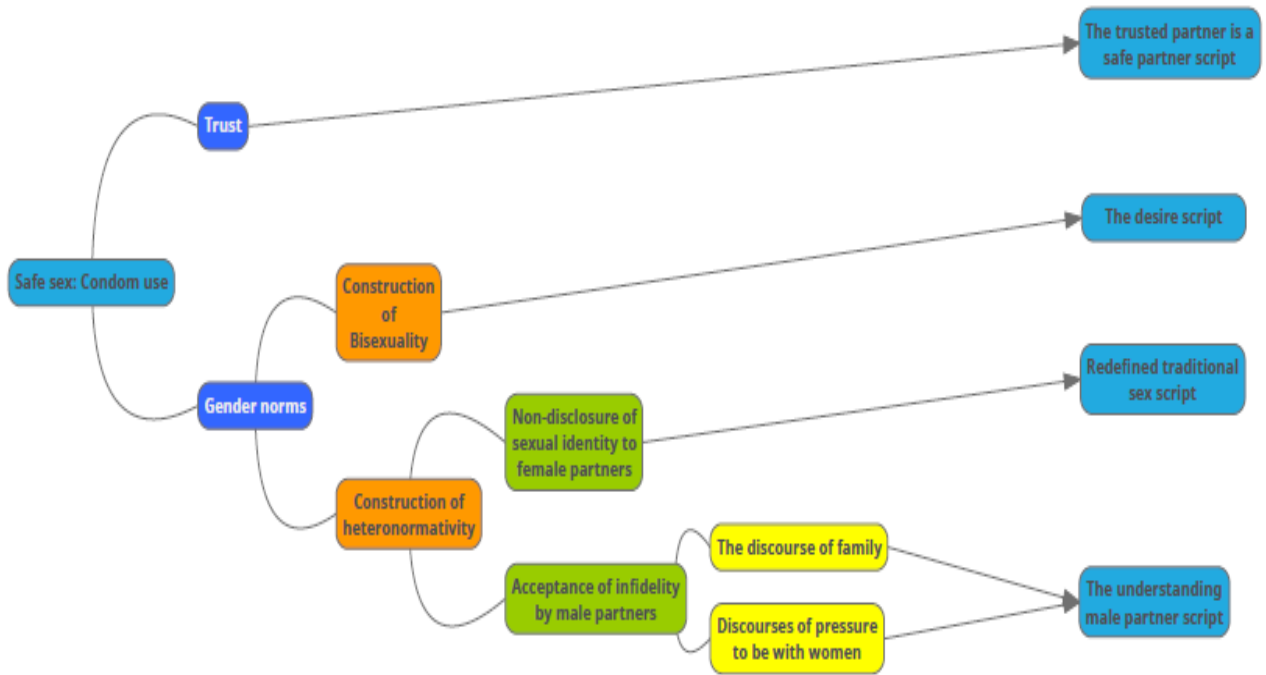
The visual representation in Figure 8.1 demonstrates that safe sex in the form of condom use within long-term relationships for MSMW is affected by two broad constructions.

Constructions of gender norms are further stratified into different expressions of norms around gender, which could be seen as having an impact on condom use within these relationships. The boxes on the far right indicate that sex scripts are embedded in their respective constructions. My response to the second research question explains the conceptual links that I identified between the two constructions that can be seen as mediating safe sex for MSMW, and the sex scripts that they underpin as displayed in the figure above.

2)   *What are the dominant social constructions that can be seen as resulting in sex scripts that mitigate safe sex for MSMW within long-term relationships?*

This research argued that there are two broad dominant social constructions that seemed to affect safe sex for MSMW within the context of long-term relationships, namely the construction of trust within long-term relationship, and the construction of gender norms. Four sex scripts were identified that seemed to be embedded in these two broad social constructions, which tended to mitigate safe sex for MSMW within the context of long-term relationships in KwaZulu-Natal. The first sex script was the trusted partner is a safe partner script and it was embedded in the construction of trust. The three scripts embedded in the constructions of gender norms were the desire script, the redefined traditional script, and the understanding male partner script.

The trusted partner is a safe partner script was the most enacted script among the participants. The enactment of this script meant that when they trusted their sexual partners, they viewed them as being less likely to infect them with HIV. The problem with this script was that its enactment was not only limited to one partner. The findings of this study indicated that the scripts could be drawn upon in different sexual situations; for example, it was enacted with both male and female partners in some of the instances where the participant was in concurrent relationships. This presented risks for MSMW and their partners as they might enact this script and forego condom use within these multiple-partner relationships. Another important finding around this script was that once it has been enacted, it became difficult for these men to renegotiate condom use within their relationships, because this would potentially disrupt an otherwise peaceful relationship between them and their partners as it could raise concerns of infidelity.

The desire script was another script identified as being embedded in the two broad constructions. This script was embedded in MSMW's constructions of their gender identity and their understanding of their sexuality. The men who enacted this script saw their ability to desire both men and women as meaning that they needed to be in relationships with both male and female partners. Some men enacting this script indicated their difficulties with being in love with two people. They indicated that they would often feel as though they were letting down one of their partners, which in most cases were the women. This script presented a risk of HIV infection for these men and their partners in the context of long-term relationships as it justified multiple relationships in a context where condom use was limited owing to trust. This was a particular problem because there was inconsistent condom use outside of these serious relationships.

Similar to the desire script, the understanding male partner script was embedded in the social constructions of gender norms. The men who enacted this script indicated that they disclosed their sexuality to their male partners. What this disclosure allowed for was the negotiation of agreements between MSMW and their male partners, which permitted the involvement of women in their sexual lives. This created a certain type of polyamorous relationship agreement where the two male partners could be in a relationship with each other while they still maintained the relationships with their female partners, allowing them to align themselves with heteronormative gender-norms like fathering children. This was not considered as cheating and the trusting bond between the two male partners was therefore not broken or challenged. It was argued in Chapter 7 that there were instances where this arrangement became problematic and one of the partners started becoming uncomfortable with the knowledge that their lover had other sexual partners. In the context of safe sex, the enactment of this script was

problematic as it also facilitated multiple sexual partnerships, in a space where condom use was limited.

The last script identified was the redefined traditional script. This script was embedded in the constructions of gender norms. This was the least-pronounced script in the data. Men who enacted this script did so in an attempt to display their masculinity to their sexual partners. This script justified the non-disclosure of sexuality to their female partners as they feared that they would lose the respect of these women. Men who enlisted this script also indicated some hyper-masculinity, where they used language that was derogatory and harsh when they talked about sexual interactions with their female and more feminine male partners. In the context of sexual safety, this script was problematic as it could result in men who were enacting it engaging in risky sexual interactions with multiple partners. The sex scripts I identified in this study were in and of themselves not problematic; however, the issue lay in how they were utilised. The issue with the sex scripts identified in this study was that they all coexisted in the context of long-term relationships, where there was limited condom use. The issue with this coexistence was that the scripts were not mutually exclusive, nor were they exhaustive as the same person could enact multiple scripts within the same relationship or across all their sexual relationships. This presented the risk of HIV infection; for example, a person enacting the desire script together with the redefined traditional script might engage in sexual activities with multiple women as a display of his masculinity, while still having sex with other men owing to his understanding of his sexuality as a bisexual individual. A person like this might still seek the emotional benefit of a long-term relationship and therefore forego condom use within this relationship as a display of commitment to their long-term partner. In conclusion, safe sex remained a serious problem in the

context of long-term relationships, as also found in other studies (Mustanski & Parsons, 2014; Newcomb & Mustanski, 2016).

Research Question 3 began by considering how trust mediates condom use for MSMW and their partners in long-term relationships.

3)   *What are some of the characteristics of long-term relationships that may be understood as mediating safe sex for MSMW and their partners?*

Chapters 5 and 6 indicated that long-term relationships were characterised by love and commitment. The MSMW in long-term relationships used aspects such as the duration of the relationship to demonstrate their commitment to each other. As discussed in Chapter 6, MSMW in long-term relationships often indicated that they did not use condoms as they trusted their partners. This created a barrier to safe sex as it exposed these participants and their partners to HIV infection risk since it rendered condom use unjustifiable within these long-term relationships.

4)   *How are different constructions of gender and sexual identity linked to increased risk of HIV infection in long-term relationships for MSMW and their partners?*

Chapter 7 indicated that different constructions of gender norms affected the sexual safety of MSMW in the context of long-term relationships. MSMW who self-identified as bisexual indicated that they had sexual interest in both men and women, and some even mentioned that they loved people of both sexes. This construction of gender identity was argued as introducing risk for these men and their partners since it justified multiple or concurrent sexual relationships. Chapter 7 also highlighted that linked to these men's understanding of manhood and living in a space where same-sex sexualities were shunned, they entered into agreements with their male partners that allowed the involvement of women in their lives. This

seemed to function to align themselves with heteronormative gender norms that guided people's

gender expressions within their communities. The issue was that this resulted in limited condom

use between these men and their long-term male partners as they also drew from the

constructions of trust within these relationships.

8.4 Contributions of the current study

This study has added to the existing body of knowledge that showed limited condom use

within established relationships. This particular study identified the personal dilemmas that

MSMW faced within their long-term relationships as they navigated sexual safety and attempted

to maintain good romantic relationships.

The study also highlighted the diverse ways in which MSMW understood their sexual

identities and the implications that these constructions had for their sexual behaviours. This study

further problematised the relationship between sexual identity and sexual behaviour. It indicated

that sexual identity and sexual behaviour were not always congruent. This meant that part of

people's sexual behaviours was governed by the social norms of the time, and not personal

identification alone.

The study highlighted the need for a better understanding of the sexual agreements that

MSMW entered into with their male partners and how these served the emotional and sexual

needs of each partner. This assisted in having a better understanding of the protective and risk

factors linked to these agreements.

The study also demonstrated the utility of WhatsApp as a medium of conducting focus

group discussions. This technology secured both anonymity and confidentiality, as well as

accessing an otherwise hard-to-reach population. It also allowed for a longer period of time to be

spent with the participants, allowing for better reflectivity for both the participants and myself as

the researcher. The online medium also allowed for more interrogation of the data by the participants and the researcher as the participants were able to go back to texts sent in earlier interactions to prove or support their points or to state a case for what was discussed.

8.5   Study strengths and limitations

This research had some strengths, like the use of a qualitative design which yielded an in-depth understanding of challenges to safe sex for MSMW in long-term relationships. The use of different sampling techniques was also a strength of this study as it allowed me to reach the otherwise hidden and difficult to reach population.

One of the major strengths of this study was the utilization of technology during the data collection stage, for example, telephonic interviews that allowed the participants to be part of the study at a time that was convenient for them and also assured them of both confidentiality and anonymity, which are usually limited in qualitative research. The utility of WhatsApp as a medium of conducting focus group discussions, also secured both anonymity and confidentiality, and also allowed for a longer period of time to be spent with the participants, allowing for better reflectivity for both the participants and myself as the researcher. The online medium also allowed for more interrogation of the data by the participants and the researcher as the participants were able to go back to texts sent in earlier interactions to prove or support their points or to state a case for what was discussed. This had the potential to add to the credibility of the conclusions made in the analysis and presentation of findings as proposed by Silverman (2005). Finally the use of social constructionism as a theoretical framework, enriched our understanding of safe sex for MSMW who are in long-term relationships.

One of the limitations of this study was that most of the important HIV prevalence statistics were inferred to the study population as there were no surveillance studies conducted

with a particular focus on MSMW in South Africa at the time the research was conducted. Important statistics were inferred from the general public and studies that treated MSM as a homogenous group. This means that there is still a big gap in our HIV/AIDS knowledge regarding the impact of HIV on this particular group of men. This means that although I had framed HIV as burden in Chapter 3 of this thesis, the extent of this epidemic for MSMW remains elusive.

One of the other limitations to the study was the participants' skepticism and unwillingness to take part in the study, due to some fears of their sexual identities being directly disclosed as a result of their involvement in the study. It should be noted however, that research shows that men from KwaZulu-Natal are generally reluctant to participate in research (Van Heerden, Msweli & Van Rooyen, 2015). This resulted in difficulties with keeping up with the proposed timeline of the study. The delays in recruitment and sampling did however, result in the diversification of sampling techniques that I utilized in the study, potentially aiding the credibility of the study as proposed by Silverman (2005).

Another limitation of this study was that the one-on-one interviews were conducted telephonically, which meant that it was difficult to build rapport with the participants as there was no eye contact. However, the majority of the participants indicated that they preferred this form of interview as they did not want to disclose themselves.

Another limitation of the study is that since data collection took place between the years 2016 -2017 the roll out of HIV prevention interventions like pre-exposure prophylaxis had not yet become part of the participants' narratives around sexual safety. It is only in the recent years that the uptake of such interventions seems to be on the rise. This means that the impact of these latest safe sex interventions geared towards MSM was not explored in this study.

Perhaps the main difficulty I encountered throughout the research process was the dichotomization of sex/gender (and also feminine/masculine, female/male, heterosexual/homosexual), which created categorical limitations that my participants and I struggled with during interviews, and that I further struggled with throughout the write-up process. Similar to what Pennington (2009) expressed as her difficulties in researching fluid sexualities, which is that it was often impossible to avoid the utilization of dualistic language when discussing gender and sexuality. This meant that even though in this research I attempted to avoid dualism of female/male, feminine/masculine, and in some ways heterosexual/homosexual, due to my inability to formulate questions or statements in the write-up process that were outside of these traditional dichotomies.

8.6   Study recommendations

I propose various recommendations for future research policy and practice.

8.6.1   Recommendations for future research

This recommendation relates to the need for qualitative research methods to remain innovative, to allow for the study of sensitive topics or access to hidden populations. In Chapter 1 of this thesis, I made a case for the presence of homophobia in South Africa today. The use of WhatsApp as a modern online platform, which allowed my study participants to interact in a modified form of a focus group discussion in that they were not physically present, allowed for the collection of stories and insights that would have otherwise been difficult to access in the traditional face-to-face focus group. It also allowed for the protection of the participants' identities. Based on this, I recommend that more qualitative studies should consider using advances made in technology for the study of human behaviour as this has the potential to

promote the participation of populations that would otherwise find it difficult to contribute to research if they feel threatened by face-to-face interactions.

8.6.2 Recommendations for interventions

To add towards the growing body of research and interventions that target the reduction of HIV infection rates and their impact in KwaZulu-Natal, studies need to consider the social contexts in which sexual behaviour takes place. This is to say that research needs to be sensitive to the nuances of intersectionalities encompass their study populations such as race, gender, sexuality, nature of sexual their relationships, amongst others. Understanding such contexts will aid in identifying social constructions of risk, and behaviours related to the navigation of such risks.

This research identified the need for an exploration of the sexual agreements that MSMW enter into in their sexual relationships, which were argued to pose a risk to them and their partners. This is because there is need for a nuanced understanding of how these men enter into these sexual agreements and what these agreements entail with regard to safe sex with their long-term partners, as well as the extent to which these men adhere to those agreements. This is because much of the sexual behaviours of MSMW still remain hidden because of existing social attitudes towards same-sex sexualities.

It is also recommended that future work in this area involves a larger sample and includes an intervention to deliver PrEP to HIV negative MSMW and their partners.

8.6.3 Recommendations for policy and practice

Programmes that target safe sex should also consider the diverse needs of this population so as to tailor prevention programmes that both cater to the needs of this population and are accessible to them. For example, pre-exposure prophylaxis should be advised for MSMW in

long-term relationships, or those who are intending to enter into serious romantic relationships, in ways that will uphold the principles of anonymity and confidentiality This is because this study has shown that condom use was problematic within this sexual context.

There is a call for more and diversified presentation of MSM, particularly MSMW, so as to provide psycho-education to the general public, and to desensitise and conscientise the general public, and, more specifically, healthcare practitioners.

8.7 Personal reflection

I wanted to end this piece of writing by stating my personal reflections of the whole research process. This has not been an easy journey to walk and there have been a number of occasions that it felt and seemed impossible. My objectives were to identify challenges to safe sex in long-term relationships for MSMW; to explore how different constructions of sexual identity may present the risk of HIV infection in long-term relationships for MSMW, as well as for their partners; to explore how different social norms around different types of relationships affect MSMW's understanding of risk; and to explore social norms that MSMW draw from to justify their sexual activities and how this results in sexual scripts, and in doing so, I soon realised the impact that social context (that is social beliefs and attitudes), impact on the personal needs of all people within a given space. I realised during the process that sexual minorities in our country continue to live under untold amounts of fear, prejudice, and marginalisation. It is from this position that I realised the importance for research to advocate and serve the populations it seeks to study.

It is therefore my hope that this work is considered as a step towards understanding and inclusivity of African diverse sexual minorities into the scholarship and broader healthcare

initiatives and research. I hope it is not viewed from the position of "naming and shaming" an already stigmatised and marginalised group of people. Although others may argue that MSMW are privileged by their many positions within the broader LGBTI+ community in comparison to gender non-conforming or gender non-binary persons, because of their ability to insulate themselves from overt forms of violence by passing as heterosexual (by being cisgender, cis-normative, and/or heteronormative). I hope my work creates a bit more an understanding, particularly when it comes to issues of emotional and psychological wellbeing for MSMW, by highlighting some of the internalised processes that they are constantly navigating in their lives. It is my hope that this work inspires compassion for all members of the community, particularly for and within members of the LGBTI+ community.

My growth in the process has been exponential, and so too my awareness of continued capacity development as a researcher. My awareness of the different layers of intolerance, based on race, gender, sexuality, and monosexism, to mention a few, have made me a more open and sensitive individual overall, and I am forever indebted to the men who shared their personal stories with me. To my participants, thank you again and may God bless you.

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Appendices

Appendix 1: Ethical Clearance

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KWAZULU-NATAL

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YAKWAZULU-NATALI

14 November 2019

Mr Sakhile Msweli (208510269)
School of Applied Human Sciences
Pietgermaritzburg Campus

Dear Mr Msweli,

Protocol reference number: HSS/0155/016D
New project title: Exploring challenges to safe sex for men in long-term relationships living in KwaZulu-Natal, who have sex with both men and women

Approval Notification – Amendment Application

This letter serves to notify you that your application and request for an amendment received on 11 November 2019 has now been approved as follows:

- Change in Title

Any alterations to the approved research protocol i.e. Questionnaire/Interview Schedule, Informed Consent Form; Title of the Project, Location of the Study must be reviewed and approved through an amendment /modification prior to its implementation. In case you have further queries, please quote the above reference number.

PLEASE NOTE: Research data should be securely stored in the discipline/department for a period of 5 years.

Best wishes for the successful completion of your research protocol.

Yours faithfully

....
Professor Urmilla Bob
University Dean of Research

/ms

Cc Supervisor: Dr Mary van der Riet
Cc Academic Leader Research: Professor D Wassenaar
Cc School Administrator: Ms Priya Konan

Appendix 2: Information Sheet

Who am I?
Hello, I am Sakhile Msweli. I am a PhD student at the University of KwaZulu-Natal.

What am I doing?
I am doing research on Exploring challenges to safe sex for men in long-term relationships living in KwaZulu-Natal who have sex with both men and women

Your participation
I would like to talk to people like you and ask you a few questions. I would like to ask you some questions about your behaviour and your sexual behaviour; the interview should take between 20 and 40 minutes. I will not record your name or any identifying information.

Some people feel anxious or embarrassed when asked questions about their sexual behaviour. Please understand that **your participation is completely voluntary** and you are not being forced to take part in this study. The choice of whether to participate or not, is yours alone. If you choose not to take part, you will not be affected in any way whatsoever. If you agree to participate, you may stop participating in the research at any time and tell me that you don't want to go continue. If you do this, there will be no penalties and you will not be prejudiced in any way.

Confidentiality
Your answers will be stored in a Mass storage device which will be kept in a secure in a lockable drawer in my supervisor's office and used for academic and research purposes now or at a later date in ways that will not reveal who you are.

I will not record your name anywhere and no one will be able to connect you to the answers you give. Your answers will be linked to a fictitious code number or a pseudonym (another name) and I will refer to you in this way in the data, any publication, report or other research output.

You have two options of giving consent; you can either give verbal consent or written consent. You are not forced to give one form of consent over the other. Both forms of consent are valid and carry the same weight.

Risks/discomforts

At the present time, I do not see any risk or harm from your participation. The risks associated with participation in this study are no greater than those encountered in daily life. However you may feel distressed after discussing personal issues about your sexual life. You will be given a voucher that you can use to visit a psychologist if you are left feeling distressed due to your participation in the study for psychological support You may feel embarrassed or uncomfortable

to answer some of the questions. After your participation you will also be provided with a list of organisations that you can call for psychosocial support on their toll-free numbers.

Benefits
There are no direct benefits to you from participating in this study. However this information has the potential to influence policies that might better peoples' lives in the future. You may request the research findings from me and they will be shared with you upon completion of my Doctoral studies.

Who to contact if you have been harmed or have any concerns.
If you have any complaints about ethical aspects of the research or feel that you have been harmed in any way by participating in this study, please feel free to call me on number hidden, or my supervisor Dr. Mary van der Riet on number hidden. You may also contact the ethics committee, on number hidden.

Verbal consent

I hereby agree to participate in research on unpacking challenges to safe sex in long-term relationships for men who have sex with men and women [MSMW] in KwaZulu-Natal.

I understand that I am participating freely and without being forced in any way to do so.

I also understand that I can stop participating at any point should I not want to continue and that this decision will not in any way affect me negatively.

I understand that this is a research project whose purpose is not necessarily to benefit me personally in the immediate or short term.

I understand that my participation will remain confidential.

1. Has the participant given verbal consent: 1 YES   2. NO

Written consent

I hereby agree to participate in research on unpacking challenges to safe sex in long-term relationships for men who have sex with men and women [MSMW] in KwaZulu-Natal.

I understand that I am participating freely and without being forced in any way to do so.

I also understand that I can stop participating at any point should I not want to continue and that this decision will not in any way affect me negatively.

I understand that this is a research project whose purpose is not necessarily to benefit me personally in the immediate or short term.

I understand that my participation will remain confidential.

……………………………..

Signature of participant   **Date**:…………………..

I understand that the information that I provide will be stored safely and will be used for research purposes now or at a later stage.

……………………………..

Signature of participant   **Date**:…………………..

(For one-on-one interviews only)

Audio recording

I hereby agree to be audio recorded for the purposes of this research project.

1. Has the participant given verbal consent: 1 YES   2. NO

2. For participant's written consent:

…………………………..

Signature of participant   **Date**:…………………..

Who am I?

Hello, I am Sakhile Msweli. I am a PhD student at the University of KwaZulu-Natal.

What am I doing?

I am doing research on Exploring challenges to safe sex for men in long-term relationships living in KwaZulu-Natal who have sex with both men and women.

Your participation

I would like to talk to people like you, and ask you a few questions. I would like to ask you some questions about your behaviour and your sexual behaviour; the online focus group discussions should take 20 minutes for 4 days a week for 4 weeks. I will not record your name or any identifying information. You will be given a cell phone with a sim card to use for the duration of the data collection. The online focus group discussion will take place on WhatsApp, with nine other men.

Some people feel anxious or embarrassed when asked questions about their sexual behaviour. Please understand that **your participation is completely voluntary** and you are not being forced to take part in this study. The choice of whether to participate or not, is yours alone. If you choose not to take part, you will not be affected in any way whatsoever. If you agree to participate, you may stop participating in the research at any time and tell me that you don't want to go continue. If you do this, there will be no penalties and you will not be prejudiced in any way.

Confidentiality

Your answers will be stored in a Mass storage device which will be kept in a secure in a lockable drawer in my supervisor's office and used for academic and research purposes now or at a later date in ways that will not reveal who you are.

I will not record your name anywhere and no one will be able to connect you to the answers you give. Your answers will be linked to a fictitious code number or a pseudonym (another name) and I will refer to you in this way in the data, any publication, report or other research output.

There is a limit to confidentiality in focus group discussions, as participants can share some information with other persons outside our group discussion, even though you will not be sitting

together in one room and the other participants will not know who you are, please remember that some of this information could be shown to other persons.

You have two options of giving consent; you can either give verbal consent or written consent. You are not forced to give one form of consent over the other. Both forms of consent are valid and carry the same weight.

Risks/discomforts

At the present time, I do not see any risk or harm from your participation. The risks associated with participation in this study are no greater than those encountered in daily life. However, you may feel distressed after discussing personal issues about your sexual life. You will be given a voucher that you can use to visit a psychologist if you are left feeling distressed due to your participation in the study for psychological support You may feel embarrassed or uncomfortable to answer some of the questions. After your participation on the study you will also be provided a list of organisations that you can call for psychosocial support on their toll-free numbers.

Focus group rules

Any participant that does not comply with any of the rules that will be removed from the group forum and hence removed from the study.

- Sharing of personal information, for example, physical location, cell phone numbers, or any other online accounts like Facebook, twitter, grinder, Black Berry Massager ID's or Instagram on this online group chat forum is prohibited.
- The use of language that is derogatory and which might cause other participants to feel uncomfortable will not be tolerated during the focus group chats.
- Any direct personal attacks or comments made with an intention to offend any of the participants in the group chat are strictly prohibited.
- The cellphones will be collected by me directly from you at the end of data collection.

Benefits

There are no direct benefits to you from participating in this study. There is a possibility that you might benefit from talking to other men who are in the same position as you. However, this information has the potential to influence policies that might better peoples' lives in the future. You may request the research findings from me and they will be shared with you upon completion of my Doctoral studies.

Whom to contact if you have been harmed or have any concerns

If you have any complaints about ethical aspects of the research or feel that you have been harmed in any way by participating in this study, please feel free to call me on number hidden, or my supervisor Dr. Mary van der Riet on number hidden. You may also contact the ethics committee on number hidden.

Appendix 5: Confidentiality Pledge

Confidentiality Pledge

As a member of this Focus Group, I promise not to repeat what was discussed in this focus group with any person outside of the focus group. This means that I will not tell anyone what was said in this group.

By doing this I am promising to keep the comments made by the other focus group members confidential.

Signed _____   Date: _____

Introduction of the research process

Signing of consent documents

Obtain permission for audio-recording

1. Age:
2. Education level:
3. How do you describe your sexuality? [Probe: why do you describe your sexuality in this way?]
4. What does being a man means to you? [probe: for contradictions with traditional understanding of manhood/ Probe for whether or not the participant feels that their definition of manhood fits into the traditional definitions of manhood and their feelings towards this]
5. Are you currently dating a male or female or both? [if both, repeat questions 6 for both partners 9]
6. Can you tell me more about your current relationship? [Probe: duration of relationship; reason for being in the relationship with partner]
7. How important is it to you to maintain this relationship? [Probe: seriousness of relationship; emotional connections towards partner; disclosure of sexuality]
8. Have you ever disclosed your sexuality to any of your sexual partners? [if yes; what facilitated disclosure; why were you able to disclose to this person?] [if no, why not, what would make you disclose; who are you most likely to disclose to and why this person]
9. Can you tell me if safe sex is a concern for you and your partner? [if Yes, probe for why it is so; how do you negotiate safe sex with your partner; issues of condom use (access, consistency)]. [If No, probe for why it is so; negotiation of safe sex; trust; and testing]
10. Do you drink alcohol? [Probe: Under what conditions would you say you are most likely to consume alcohol?/ How much do you drink?/ How do you act around other men when you've consumed alcohol?/ Have you ever meet a new male or female sexual partner after you have been consuming alcohol?]
11. Do you take any other drugs besides alcohol? [Probe: How would you say they affect your sexuality/ do they make you want to meet new sexual partners; do they increase your sexual activity]
12. Can you tell me about your sexual activity outside your current long-term relationship? [probe: for who are they most likely to have sex with (men or women); how they meet with these new sex partners; how sex is negotiated]

13. Can you tell me how these relationships differ from the one you have with your long-term partner? [Probe: safe sex negotiations; disclosure; feelings of love, guilt, satisfaction (how do they relate to these sexual partners)]

Appendix 6b: Interview Schedule (IsiZulu)

Introduction of the research process

Signing of consent documents

Obtain permission for audio-recording

1. *Iminyaka:*
2. *Ibanga lokufunda eliphezulu:*
3. *Ungayichaza kanjani ubulili bakho?*
4. *Kusho ukuthini ukuba yindoda kuwe? [buzisiza: ukuthi ngabe lezincazelo zobudoda ziyahambisana na nezincazelo ezijwayelekile zobudoda/ kungabe kukwenza uzizwe kanjani loku]*
5. *Kungabe uthandana nomuntu wesilisa okanye nowesifazane noma uthandana nabantu abanobulili obuhlukene njengamanje? [if both, repeat questions 6 to 9 for both partners]*
6. *Ungangichazela kabanzi ngobudlelwane bakho? [Probe: ninesikhathi esingakanani nithandana; kungani uthandana nalomuntu]*
7. *Kubaluleke kangakanani kuwe ukuba ugcine lobudlelwane? [Buzisiza: ukubaluleka kobudlelwane; imizwa ehambisana nothando ebhekiswe kumlingani; ukuphumela obala ngobulili]*
8. *Wake waphumela obala ngobulili bakho kubantu oyanabo ocansini? [uma kungu yebo, yini eyenza kwenzeke loku; kungani wakwazi ukuphumela obala kulomuntu?] [Uma kungu cha, yini engakwenza uphumele obala; ubani ongaphumela kuyena obala; kungani kungaba ilomuntu]*
9. *Ngokwakho ungathi ukuvikeleka ocansi kuyinto ebalulekile phakathi kwakho nomlingani wakho? [Uma kubalulekile, kungani kunjalo; nixoxisana kanjani ngokuvikelana nomlingani wakho; okumayelana nokusetshenziswa kwamakhondomu (ukutholakala kwawo; nokusetshenziswa kwawo ngasosonke isikhathi)]. [Uma kungabalulekile kungani; izinxoxo sokuvikeleka; ukuthembana; Kanye nokuhlola]*
10. *Ngabe uyaluphuza uphuzo oludakayo? [Buzisisa: uphuza uma kusuke kwenzenjani; uyaye uphuze okungakanani; uyaye ubengumuntu onjani phakathi kwamanye amadoda uma usuphuzile; wake wahlangana nomuntu enagcina nilala nayee ngenkathi uphuzile?]*
11. *Ngabe uyazithatha ezinye izidakamizwa ngaphandle kotshwala? [Buzisisa: ungathi zikwenza ube umuntu onjani uma kuza ngokwezocansi; kungabe zikwenza uzizwe ufuna ucansi; okanye zinyusa izinga osuke usuthungatha ngalo ucansi]*
12. *Ungangichazela ngemidlelwane yakho yezocansi engaphandle kobudlelwane bakho lobu osebuqhube isikhath? [Buzisisa: amathuba okulala nowesilisa noma owesifazane; kuhlanwa kuphi nabantu abasha okwenziwa nabo ucansi; kuxoxiswana kanjani ngocansi]*
13. *Ungangichazela ukuthi lemidlelwane ihluke kanjani, nobudlelwane lobu osube nabo isikhathi eside? [Buzisisa: izinxoxo zokuvikeleka ocansini; ukuphumela obala nge-sexuality; imizwa yothando; ukuzisola; Kanye nokugculiseka.*

Appendix 7: Verbatim Transcription Conventions

Retrieved from: http://homepages.lboro.ac.uk/~ssca1/notation.htm

	(.)	**Just noticeable pause**
	(.3), (2.6)	Examples of timed pauses
	↑word, ↓word	Onset of noticeable pitch rise or fall *(can be difficult to use reliably)*
A: B:	word [word [word	Square brackets aligned across adjacent lines denote the start of overlapping talk. Some transcribers also use "]" brackets to show where the overlap stops
	.hh, hh	in-breath (note the preceding fullstop) and out-breath respectively.
	wo(h)rd	(h) is a try at showing that the word has "laughter" bubbling within it
	wor-	A dash shows a sharp cut-off
	wo:rd	Colons show that the speaker has stretched the preceding sound.
	(words)	A guess at what might have been said if unclear
	( )	Unclear talk. Some transcribers like to represent each syllable of unclear talk with a dash
A: B:	word= =word	The equals sign shows that there is no discernible pause between two speakers' turns or, if put between two sounds within a single speaker's turn, shows that they run together
	word, WORD	Underlined sounds are louder, capitals louder still
	°word°	material between "degree signs" is quiet
	>word word<<word word>	Inwards arrows show faster speech, outward slower
	→	Analyst's signal of a significant line
	((sniff))	Transcriber's effort at representing something hard, or impossible, to write phonetically

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Focus group topic plan

Day	Topic to be discussed
Day 1	**Introductions**: expectations and participation issues
Day 2	**Sexuality**: How do MSMWs define their sexuality?
Day 3	**Relationships**: How do MSMWs manage relationships?
Day 4	**Safe sex:** What are the perceptions of sexual risk and condom use? Use
Day 5	**Issues of disclosure**: what are facilitators or barriers of disclosure?
Day 6	**Revisiting sexuality:** What are some of the issues of concern around masculinity; homophobia and stigma?
Day 7	**Alcohol consumption and/or substance abuse**: What are the reported Risky sexual behaviours?
Day 8	**Meeting of new sexual partners:** Where and how do MSMW meet new sexual partners?
Day 9	**Suggestions**: Open discussions and A way forward
Day 10	Reflections and discussion of the whole process.

Focus group interview guide

Sexuality

- How do men who have sex with men and women understand their sexuality?
- How do these understandings of sexuality relate to the traditional definitions of sexuality? [Probe for: is there an overlap or contradiction between traditional definitions and the definitions that MSMW attach to sexuality: Homosexuality; Bisexuality; and Heterosexual]
- Do contradictions or similarities in how sexuality is defined traditionally affect how MSMW, define their sexuality?
- Do contradictions or similarities in how sexuality is defined traditionally affect how MSMW, display their sexuality within their communities?

Relationships

- What sort of relationships do MSMW have? [Probe for romantic or stable relationships]
- Who are MSMW most likely to have relationships with? And why? [probe for social acceptability; personal sexual satisfaction]
- Are MSMW able to maintain long-term relationships? [If **YES**: probe for how they do this? if **NO:** why are they not able to do this?]

Safe sex

- How do MSMW understand risk?
- What affects safe sex for MSMW and their partners?
- Do you think MSMWs in long-term relationships are concerned with these risks in sex? [Probe for why, regardless of whether or not the answer is yes or no]
- Do you think they should be concerned? [if YES, prove for why and if NO, also probe for why]
- Do MSMWs in relationships discuss the risks in sex? [If yes, probe for how?/ if No, probe for why not]
- How do MSMWs who are sexually active protect themselves from these risks?
- Do MSMWs use condoms? If they don't use condoms, why not? If they use condoms: When do condoms get used? How is condom use negotiated? Why this person?

Issues of disclosure

- Under what conditions would MSMW disclose their sexual activity?
- Who are they most likely to disclose to? [Probe: disclosure with male partners; disclosure with female partners; friends; and family; what facilitates disclosure; what limits disclosure]
- What are possible benefits of disclosure?
- What are possible disadvantages of disclosure?

Revisiting sexuality

- How does being MSMW affect your understanding of what it means to be a man? [Probe: internalized homophobia and stigma]
- Do you think stigma affects how MSMW construct their sexual identity? If **Yes,** how? If **No,** why do you think so? And is this the same for all MSMW?

Alcohol consumption and/or substance abuse

- Would you say drug use is a problem amongst MSMW? If **yes,** why is that so? What do you think this is happening? How does alcohol use facilitate sexual activity for MSMW? / If **NO,** why do you think so?
- Would you say drug use is a problem amongst MSMW? If **yes,** why is that so? What do you think this is happening? How does use of drugs facilitate sexual activity for MSMW? What sort of drugs do these men use? / If **NO,** why do you think so?

Meeting of new sexual partners

- Where do MSMW meet new sexual partners? [Probe for setting: bars; internet, etc.]
- Under what conditions do MSMW meet new sexual partners? [Probe: during night outs with gay friends; during night outs with heterosexual friends; drug and alcohol use before sexual activity, etc.]

Suggestions

What are some of the services that the health care sector could provide the sexual health needs of men who have sex with me?

[This guide was adopted according to participant's responses for each topic]

Appendix 8b: Semi-Structured Focus Group Guide (IsiZulu)

Focus group topic plan

Day	Topic to be discussed
Day 1	**Introductions**: expectations and participation issues
Day 2	**Sexuality**: How do MSMWs define their sexuality?
Day 3	**Relationships**: How do MSMWs manage relationships?
Day 4	**Safe sex:** What are the perceptions of sexual risk and condom use? Use
Day 5	**Issues of disclosure**: what are facilitators or barriers of disclosure?
Day 6	**Revisiting sexuality:** What are some of the issues of concern around masculinity; homophobia and stigma?
Day 7	**Alcohol consumption and/or substance abuse**: What are the reported Risky sexual behaviours?
Day 8	**Meeting of new sexual partners:** Where and how do MSMW meet new sexual partners?
Day 9	**Suggestions**: Open discussions and A way forward
Day 10	Reflections and discussion of the whole process.

Focus group interview guide (IsiZulu)

Sexuality

- *Kungabe babuqonda kanjani ubulili babo abantu besilisa, abalala nabanye abantu besilisa kanye nabantu besifazane?*
- *Kungabe bukhona ubudlelwane phakathi kwezindlela amaMSMW aqonda ngabo ubulili babo, kanye nezindlela ezijwayelekile zokuqonda ubulili? [Buzisiza: okufanayo nokushayisanayo phakathi kwezindlela ezijwayelekile kanye nezindlela ama MSMW aqonda ngayo isexuality yabo; Ubunkonkoni; ububhaxambili ngokwezocansi; kanye nokujwayelekile]*
- *Kungabe izindlela okuqodwa ngazo ubulili ngokwesintu ziyayithinta na indlela ama MSMW, achaza ngakhona ubulili bawo?*

- *Kungabe izindlela okuqodwa ngazo ubulili ngokwesintu ziyayithinta na indlela ama MSMW, aveza ngazo ubilili bawo emiphakathini?*

Relationships

- *Kungabe amaMSMW anabuphi ubudlelwane? [Buzisisa ukuthanda kanye nokujola]*
- *Ngabe kujwayeleke ukuthi amaMSMW abenobudlelwane nobani? Ngobani? [Buzisiza: ukuvumeleka emphakathini; ukugculisekha ngokocansi]*
- *Kungabe amaMSMW ayakwazi yini ukugcina ubudlelwane isikhathi eside? [uma yebo: Buzisiza ukuthi kanjani] uma cha, [Buzisisa ukuthi kungani loku kungenzeki]*

Safe sex

- *Kungabe amaMSMW abuqonda incuphe yocansi?*
- *Yini eyaye ithinte ukuvikeleka ocansini kumaMSMW nabalingani babo?*
- *Kungabe amaMSMW asebudlelwaneni osebuthathe isikhathi ayazihlupha na ngicuphe etholakala ocansini?*
- *Kungabe kufanele ngabe ayazihlupha? [Buzisisa ukuthi kungani]*
- *Kungabe amaMSMW ayakhuluma ngencuphe yocansi ebudlelwaneni babo?*
- *Kungabe amaMSMW azibandakanya ocansini azivikela kanjani ekutheni angasuleleki ngegciwane?*
- *Kungabe amaMSMW ayawasebenzisa amakhondomu? [uma yebo asetshenziswa uma kunjani? Kuxoxisanwa kanjani ngokusetshenziswa kwamakhondomu? Kungani bawasebenzise nalomuntu?]*

Issues of disclosure

- *Kungaphe amaMSMW angaphumela nini obala ngobulili bawo?*
- *kungabe ubani abanamathuba amaningi ukuphumela kuye? [buzisisa: ukuphumela obala kubalingani besilisa; ukuphumela obala kubalingani besifazane; abangani; umndeni; yini egqugquzela ukuphumela obala; yini ekuvimbayo]*
- *Bangatholani ngokuphumela obala*
- *Yini engababeka encupheni ngokuphumela obala?*

Revisiting sexuality

- *Kungane ukuba yiMSMW kukuthinta kanjani ukuqoda kwakho, okumayelana nokuthi kusho ukuthini ukuba indoda? [buzisiza: ukuzizonda, kanye nawukuzondwa abanye]*

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- *Kungabe inzondo inawo yini umthelela ekutheni amaMSMW, abuqonda kanjani ubulili bawo? [uma yebo kanjani?/ uma cha kungani uchabanga kanjalo? Kungabe loku kuyefana kuwowonke* amaMSMW?

Alcohol consumption and/or substance abuse

- *Ungathi ukusetshenziswa kophuzo oludakayo kuyinkinga kumaMSMW? Uma Yebo, kungani usho njalo? Kungani loku kwenzeka? Kungabe uphuzo oludakayo likugqhugqhuzela kanjani ucansi? Uma uthi cha, kungani ushonjalo?*
- *Ungathi ukusebenziswa kwezidakamizwa kuyinkinga kumaMSMW? Uma Yebo, kungani usho njalo? Kungani loku kwenzeka? Kungabe izidakamizwa zikugqhugqhuzela kanjani ucansi? Uma uthi cha, kungani ushonjalo?*

Meeting of new sexual partners

- *Kungabe amaMSMW ahlanganaphi nabantu abasha abenza nabo ucansi? [Buzisisa: izipoti; i-internet, nokunye]*
- *Kungaba amaMSMW ahlangana uma kusuke kunjani nabantu abasha abenza nabo ucansi? [Buzisisa: umabezikhiphile nabangani abayizitabane; uma bezikhiphile nabangani bathanda ubulili obuhlukene; umabephuzile okane bethathe izidakamizwa nokunye]*

Suggestions

Yiziphi izinsiza ezinganikezelwa umnyakho wezemphilo ezinginga bhekana nezidingo zamaMSMW?

[This guide was adopted according to participant's responses for each topic]

Appendix 9: Voucher for Psychological Support

Talking about sexuality and sexual behaviour may be difficult and may cause discomfort. If you have been left feeling distressed because of your participation on my study titled "Unpacking challenges to safe sex in long-term relationships for men who have sex with men and women [MSMW], please do not hesitate to seek psychological support.

Due to the unforeseeable distress that my participants may suffer from, I have set up a referral with a counselling Psychologist, who will consult with you at no expense to you.

If you have been left feeling distressed please call me on number hidden so that I can set up an appointment for you with the psychologist, who has agreed to assist should any of my participants require psychological support.

Upon arranging the appointment with the psychologist you will be contacted by me to confirm the date and time of the consultation.

Please cut the bottom part of this voucher and leave it with the psychologist at their office (Cut under the line).

Thank you again for your participation in this study.

To be filled in by the psychologist

Date of consultation:

Consultation number:

> This voucher is proof that this individual participated in my research titled "Unpacking
>
> challenges to safe sex in long-term relationships for men who have sex with men and women
>
> [MSMW]". As a result of their participation they now require psychological attention. Please
>
> assist the individual, and forward this voucher to me for payments for your services, as per
>
> our arrangements.
>
> **Unique Number: I898989**

Appendix 10: Letter from Counselling Psychologist

THOKOZANI SITHOLE
COUNSELLING PSYCHOLOGIST
BHons, MSoc Sc Couns Psych (UKZN),*PGDip HIV/AIDS Mgmt (US)
PR No. 0516127
FAMCARE THERAPY CENTRE, 190 RETIEF STREET, PIETERMARITZBURG 3201
Cell: 073 889 2375 Tel: 033 811 5233 Fax: 086 7319327

05 October 2015

Dear Mr Msweli,

I am pleased to inform you of my interest to offer psychological counselling for your research participants on your Doctoral research titled "**Unpacking challenges to safe sex in long-term relationships for Men who have sex with men and women [MSMW]**.

As per our discussion, I will avail myself to offer individual counselling to your participants if they experience distress during and after the process of your research. Consultations will be conducted in my practice. Please ensure that appointment bookings are done in advance.

Should you require more information, please do not hesitate to contact me.

Yours sincerely,

THOKOZANI SITHOLE
COUNSELLING PSYCHOLOGIST

Appendix 11: List of Organisations That Offer Psycho-Social Support to LGBTI

Individuals

Name of organization	Contact
OUT	(012) 430 3272
LGBTI NETWORK PMB	033 342 6165 / 033 342 6500
Durban Lesbian and Gay centre	031 312 7402

Appendix 12: List of Extracts