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# Dividuality, masculine respectability and reputation: How masculinity affects men's uptake of HIV treatment in rural eastern Uganda

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ABSTRACT

There is increasing evidence in SSA that once infected with HIV men are disadvantaged compared to women in terms of uptake of treatment. In Uganda fewer men are on treatment, they tend to initiate treatment later, are difficult to retain on treatment and have a higher mortality while on treatment. This article discusses how men's response to HIV infection relates to their masculinity. We conducted participant observation and in-depth interviews with 26 men from a rural setting in eastern Uganda, in 2009–2010. They comprised men receiving HIV treatment, who had dropped treatment or did not seek it despite testing HIV positive, who had not tested but suspected infection, and those with other symptoms unrelated to HIV. Thematic analysis identified recurrent themes and variations across the data. Men drew from a range of norms to fulfil the social and individual expectations of being sufficiently masculine. The study argues that there are essentially two forms of masculinity in Mam-Kiror, one based on reputation and the other on respectability, with some ideals shared by both. Respectability was endorsed by 'the wider society', while reputation was endorsed almost entirely by men. Men's treatment seeking behaviours corresponded with different masculine ideologies. Family and societal expectations to be a family provider and respectable role model encouraged treatment, to regain and maintain health. However, reputational concern with strength and the capacity for hard physical work, income generation and sexual achievement discouraged uptake of HIV testing and treatment since it meant acknowledging weakness and an 'HIV patient' identity. Men's 'dividuality' allowed them to express different masculinities in different social contexts. We conclude that characteristics associated with respectable masculinity tend to encourage men's uptake of HIV treatment while those associated with reputational masculinity tend to undermine it.



## Introduction

Gender equality in access to HIV treatment in high prevalence settings, particularly sub-Saharan Africa (SSA), has attracted significant interest in recent years. Although women in most parts of SSA, and Uganda in particular, still have a higher prevalence of HIV than men (Ministry of Health (MoH) Uganda, ICF International, Calverton Maryland USA, Centers for Disease Control and Prevention Entebbe Uganda, Uganda, U. S. A. f. I. D. K., & WHO Kampala Uganda, 2012; UNAIDS, 2010), there is growing evidence that, once infected, men are more disadvantaged in terms of access to HIV treatment compared to women (Amuron et al., 2007; Birungi & Mills, 2010; Braitstein, Boulle, & Nash, 2008; Muula et al., 2007; Nattrass, 2008). In Uganda, compared to women fewer men are on HIV treatment, they tend to initiate treatment later, are difficult to retain on treatment and have higher mortality on treatment (Alibhai et al., 2010; Kigozi et al., 2009; Lubega et al., 2010; Mermin et al., 2008; Nakigozi et al., 2011).

Men's under-utilisation of HIV/AIDS treatment in high prevalence settings contrasts starkly with initial fears that they would disproportionately access treatment compared to women (Pirkle,

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Nguyen, Ag Aboubacrine, Cissé, & Zunzunegui, 2011), and also contrasts with men's greater access to nearly all resources due to their more powerful patriarchal position in society (Greig, Kimmel, & Lang, 2000). Men's failure to access treatment means a significant care and economic burden to the health system and their families, as well as increased chances of onward HIV transmission to partners (Mills, Beyrer, Birungi, & Dybul, 2012; Peacock et al., 2008). This is a critical policy concern, and highlights the urgent need to identify the underlying factors, in order to modify them to improve men's use of health services (Hirsch, 2007).

The majority of the above studies from Uganda and elsewhere in SSA have only described the categorical gender differences in access to treatment, without detailing how norms associated with masculinity may constrain or facilitate men's HIV treatment seeking. There are, however, some important exceptions, from northern and southern Africa e.g., Bila and Egrot (2009), Fitzgerald, Collumbien, and Hosegood (2010) and Skovdal et al. (2011). These studies suggest that there is often a contradiction between men's understandings of masculinity and the biomedical representations of a good patient, undermining their use of HIV services. In urban central Uganda, living with HIV threatens the embodiment of notions of masculinity such as the ability to have sex, have children, earn money and provide for one's family, and the resulting stigma undermines testing (Wyrod, 2011). But these kinds of analyses are just emerging in SSA, and there is insufficient understanding of how the different dimensions of masculinity affect men's HIV treatment seeking behaviour, especially those that encourage it. Framing the discussion around Helle-Valle's (2004) notion of 'contextualised *dividuality*', and Wilson's (1969) model distinguishing 'respectability' and 'reputation', this article contributes to the literature by examining men's construction of masculinity and its influence on treatment seeking for HIV in Mam-Kiror village in Busia district, rural eastern Uganda. Mam-Kiror is a pseudonym.

## Theoretical framework and concepts

### *Gender and masculinity*

Gender denotes the social construction of characteristics, behaviours, norms and roles considered appropriate for males or females (Hearn, 2001). Masculinity is the social and cultural expression of what it means to be a man (Kimmel, 1987). Analysing masculinity as a power relationship, Connell (1998) argued that in every society there is usually a culturally dominant ideal of masculinity against which all other (subordinate) masculinities are measured: 'hegemonic masculinity'. However, other scholars have challenged the implication of homogeneity and argued that, given the diversity of experiences upon which notions of masculinity are constructed, masculinity varies between and within societies, so there are multiple masculinities (Flood, 2004).

### *Masculine respectability and reputation*

In this article we draw on Wilson's (1969) concepts of 'respectability' and 'reputation'. In a review of ethnographic studies of the social structure of Caribbean societies, Wilson (1969) suggested that these concepts informed two closely interconnected value systems by which men related their position in society. These value systems structured men's social relationships, shaped how their identities were produced, maintained, and challenged, and governed their conduct within the community. Respectability was the degree of conformity to the ideals of the whole legal society, based largely on Eurocentric middle-class values. By 'legal society' Wilson implied the moral values of institutions such as the family and church, in which one could participate in an official capacity. He argued that respectability accrued from and/or was affirmed by proper attention to the requisites of marriage and providing for children, consistent hard work, and adequate material possessions such as a home, economic independence and education, as well as the ideals of the church. Therefore, 'respectability' was concerned largely with morality and membership of, and active commitment to, the whole/external society.

By contrast, 'reputation' was the honour accrued to a man as a result of his 'masculine activities'. According to Wilson, reputation was almost entirely shaped by the perception of male peers and was oriented towards proficiency in all–male activities and roles including sexual prowess, fathering many children, "gamesmanship" skills, including toughness and authority-defying behaviour, and being "smart", as in skills for seducing women or outwitting others, and proficiency in undermining or circumventing the legal system. Wilson contends that reputation reflects the congruence of how a man views himself and how he is viewed by other males, and it relies upon peer groups of approximately equal life situations which provide the ingredients and platform of interaction. While both men and women participate in the value system of respectability, reputational values are shaped and endorsed almost entirely by men.

### *Dividuality*

Helle-Valle's (2004) theoretical insights into people's multiple sexual identities in Botswana can help us understand how men could simultaneously conform to the values of respectability and reputation. The 'dividuality' thesis was first proposed by anthropologist Marilyn Strathern to explain Melanesian social and gender relations. She argued that unlike the western notion of *in*dividual, the Melanesian person is multiply authored and is complexly positioned within a network of relations, and therefore is *dividual* (Strathern, 1988). Likewise, Helle-Valle argued that local social norms in Botswana required people to present themselves and act as appropriate to their immediate social context, even if this contradicts how they presented themselves in a different context. While some cultures attach importance to *in*dividuality, which assumes that a person thinks and acts according to an essential identity, Helle-Valle argued that in Botswana every subject is in very basic ways a different person (dividual) depending on the context and social relations of which they are part (Helle-Valle, 2004). Thus the dividual concept of a person perceives him/her to comprise a complex of separable but essentially inter-dependent and interrelated dimensions of social life. That is, every person belongs to multiple interrelated social contexts, in and out of which they move routinely. Helle-Valle argued that being dividual means acknowledging and relating the various communicative contexts in appropriate ways, and trying to balance dividuality with being *in*-dividual; that is confining one's personality to its appropriate contexts.

## Methods

This study draws on ethnographic data collected from an artisanal gold mining community between August 2009 and August 2010. Mam-Kiror village is located in Busia District, 196 km south east of Kampala, Uganda, with a population of about 750 people, the majority of whom were Iteso. It had a higher HIV prevalence (10%) compared to the national prevalence of 7.3%.

The second and third authors were not involved in conducting the fieldwork, but the first carried out in-depth interviews with 26 men: nine receiving free HIV treatment from a public facility; eight who had dropped out or had not initiated treatment despite testing; six who suspected HIV infection but had not sought