Inkanyiso
ISSN: (Online) 2077-8317, (Print) 2077-2815

Deconstructing hegemonic masculinities and promoting prevention altruism and antiretroviral therapy adherence among couples

Author:
Anniegrace M. Hlatywayo[1,2]

Affiliations:
[1]Department of Religious Studies and Ethics, Faculty of Arts and Humanities, Midlands State University, Gweru, Zimbabwe

[2]Research Institute for Theology and Religion (RITR), College of Human Sciences, University of South Africa, Pretoria, South Africa

Corresponding author:
Anniegrace Hlatywayo,
hlatywaa@yahoo.co.uk

Dates:
Received: 05 Dec. 2023
Accepted: 20 Dec. 2023
Published: 10 May 2024

How to cite this article:
Hlatywayo, A.M., 2024, 'Deconstructing hegemonic masculinities and promoting prevention altruism and antiretroviral therapy adherence among couples', *Inkanyiso* 16(1), a105. https://doi.org/10.4102/ink.v16i1.105

Through the use of a netnography research design, this research sets out to explore plausible strategies that can be adopted for adherence to antiretroviral therapy (ART) for the management of human immunodeficiency virus (HIV) and acquired immunodeficiency syndrome (AIDS). The research posits that the successful management of HIV and AIDS is hindered by hegemonic masculinities, which accord power to men and subordinate women. Additionally, a number of societal beliefs linked with sociocultural masculine attitudes become repressive to men in terms of their health-seeking behaviour. This results in their disinclination towards disclosure of their HIV status and access to medicinal usage, which consequently affects the health and well-being of their female counterparts. This research acknowledges the importance of ART in managing HIV and AIDS. For HIV-positive persons, ART reduces the viral load and prolongs the timeframe between a diagnosis of the HIV and the AIDS. It prolongs the survival chances of the infected person. In order to promote adherence to ART and to minimise the risk of HIV infection for women, the research advocates for the promotion of prevention altruism as a mechanism for deconstructing hegemonic masculinities to enable the effective management of HIV and AIDS.

Contribution: This research recognises the negative interface between hegemonic masculinities and adherence to ART. Hence, the research suggests the practice of prevention altruism for promoting adherence to ART as well as the effective management of HIV and AIDS in a bid to prolong longevity and to promote Sustainable Development Goal 3.

Keywords: adherence; antiretroviral therapy; hegemonic masculinities; human immunodeficiency virus and acquired immunodeficiency syndrome; people living with human immunodeficiency virus and acquired immunodeficiency syndrome; prevention altruism.

Introduction

The human immunodeficiency virus (HIV) infection has inadvertently remained a severe public health challenge. Global estimates indicate that about 38 million people are living with human immunodeficiency virus (PLHIV) (Arashiro et al. 2023). The human immunodeficiency syndrome and acquired immunodeficiency syndrome (AIDS) denote a multifaceted phenomenon that is dictated by both individual and collective human behaviour (Brito, Castilho & Szwarcwald 2001). Since the advent of antiretroviral therapy (ART), HIV transitioned from a deadly pandemic to a manageable chronic disease (Seema Sahay, Srikanth & Dhayarkan 2011). Therefore, the effective control of HIV is optimised through the diligent uptake of ART, which is deemed to have revolutionised HIV treatment (Arashiro et al. 2023). However, it is posited that the efficacious adherence to ART is reliant on a couple's synchronised action concerning uptake and adherence (Fonner et al. 2021). Mayer and Pizer (2009) argue that:

> [*I*]t is known that antiretroviral therapy reduces viral load and that translates into lowering infectiousness, so there is hope that it can be adapted in ways that would be beneficial and cost-feasible for high-risk groups. (p. 7)

This means that for ART to be effective, there is need for psychosocial support, most especially from sexual partners. However, such efforts are hindered by hegemonic masculinities. The practice of hegemonic masculinities gives power to men. The societal beliefs related to such masculinities negatively impact on men's health-seeking behaviour. Conforming to hegemonic

masculinities consciously results in men's averseness to disclose their HIV status and to access biomedical therapy. As gender roles prescribe the interaction of both men and women in sexual relationships, women lack sexual autonomy as sexual decision-making is the domain of men (Sa & Larsen 2008). Failure to conform to male dictates in a sexual relationship often results in physical and sexual violence (Dunkel et al. 2004; Jewkes, Levin & Penn-Kekana 2003). Hence, this research posits that in order to accomplish meaningful strides towards ART adherence, there is need to encourage prevention altruism. This is based on the understanding of the importance of a partner's influence on uptake and adherence to ART, taking into account that in local African contexts, life decisions are influenced by one's religiocultural context. Accordingly, the importance of prevention altruism enthuses uptake and adherence to ART, which minimises viral replication, thereby reducing the risk of HIV infection. It also decreases the morbidity and mortality related to HIV infection. Prevention altruism refers to the motivation of PLHIV to prevent transmission to their sexual partners (Rogers, Achiro & Bukusi 2016). It is described as 'the values, motivations, and practices of caretaking in one's sexual behaviour, which arises out of a concern for others' (Nimmons 1998, as cited by O'Dell, Rosser & Jacoby 2008:2).

Research methods

This research is based on a netnography research method that includes the collection of data from social media platforms. Netnography research was pioneered by Robert Kozinets as early as the 1990s and has recently gained momentum in the current digital age. Kozinets (2015) has redefined netnography as:

> [*A*] specific set of related data collection, analysis, ethical and representational research practices, where a significant amount of the data collected and participant-observational research conducted originates in and manifests through the data shared freely on the Internet, including mobile applications. (p. 80)

On the other hand, Kaoukaou (2021) affirms that the world has experienced a shift because of the digital revolution, and as such, this has birthed new research paradigms to commensurate with the changing times. Kaoukaou (2021) further asserts that such changes have also altered the social life including the structure of communities, the way people live and how they interact especially through the digital space, which has borne digital communities and digital relationships. Hence, the internet has been a platform where people share their experiences, views and opinions. As such, the internet serves as an avenue where researchers can easily access and collect data. In this regard, researchers collect and analyse data from the internet through social media platforms and blogs. This research used social media platforms from Zimbabwe to collect and analyse data related to the interface between hegemonic masculinities and nonadherence to antiretroviral (ARV) treatment. The identity of persons sharing information on social media channels, particularly Facebook and WhatsApp groups, is protected, as group members share their stories anonymously with the group administrators who then anonymously post the stories on the social media groups. Because of the stigmatisation associated with HIV and AIDS, social media now serves as an outlet, which allows infected and affected persons to share their challenges as well as to solicit advice while maintaining anonymity. As such, social media closed groups have become popular in the Zimbabwean context; hence, excerpts related to the focus of this research constitute participant responses. Google Scholar and PubMed were also searched for English articles on hegemonic masculinities, HIV and AIDS, benefits of ARV treatment, effects of nonadherence to ARV treatment, prevention altruism and social and structural factors inhibiting adherence to ARV treatment.

Theoretical framework

This research is underpinned by Bronfenbrenner's (1979) social-ecological framework. The social-ecological framework offers an extensive understanding of health-seeking behaviour. The framework underpins that the health-seeking behaviour of people living with HIV and AIDS (PLWHA) is located in social, institutional and physical environments. As such, adherence to ART is influenced by the social environment. The social-ecological theory regards societal features (inclusive of interpersonal relationships with marital partners, family members and the church) and structural factors (inclusive of poverty, health systems, livelihoods and living circumstances) as interrelated as well as mutually reinforcing susceptibility to nonadherence (Kheswa 2017).

Effects of nonadherence to antiretroviral treatment for people living with human immunodeficiency virus and acquired immunodeficiency syndrome

Nonadherence to ART refers to the failure or discontinuation of the uptake of prescribed medication for HIV and AIDS for a given period (Kheswa 2017). Failure to adhere to prescribed drug regimens for ARV treatment leads to various factors inclusive of treatment failure, a relapse in illness, reduced viral repression and the weakening of the immune system (Kheswa 2017:14; Schaecher 2013). Nonadherence to ART can also lead to the development of a drug-resistant strain of the virus and/or permanent resistance to treatment (Schaecher 2013) leading to progression towards death. Chesney et al. (2000:1599) argue that the development of a drug-resistant strain is not only a problem for 'the patient affected but also to the public health, as these strains can be transmitted to others, limiting treatment alternatives'. Nonadherence to ART also results in continued viral replication, a situation that further compromises the health and well-being of an HIV-positive patient and his or her partner(s). Nonadherence to ART results in the decrease of CD4 cell counts as well as high levels of the viral load (Remor et al. 2007). A decrease in CD4 count cells makes HIV-positive patients more susceptible to opportunistic infections inclusive of Kaposi's sarcoma,

which gives rise to the human herpes virus 8 (HHV8) (Ogoina et al. 2012) as well as weight loss, fatigue, oral thrush and diarrhoea (Schaecher 2013). Reduced adherence to ART is linked to less effective viral suppression, which can lead to poor health and drug resistance and/or permanent treatment, hence the need for optimal adherence to the uptake of ART. It is without doubt that the uptake and adherence to ART has resulted in the reduction of HIV-associated mortality and has significantly enhanced the lifestyle and better well-being of HIV-positive persons and their families. Gay, Kashuba and Cohen (2009) rightly posit that the major prospective for ART in HIV prevention is its capability to render the infected person less infectious, thereby minimising the risk of the spread of HIV infection. It has been acknowledged that there are a number of causative aspects that result in the failure to adhere to ART, and these include the lack of employment, poverty, intimate partner violence (IPV) and religio-cultural beliefs (Coetzee, Kagee & Vermeulen 2011; Reniers & Armbruster 2012). However, the practice of hegemonic masculinity influences the health-seeking behaviour of men. This is enacted through displaying macho behaviour, sexual prowess, risk-taking (which includes non-usage of condoms for sexual intercourse) and toughness, which entails the minimal emotional expression even in times of ill-health (Talbot & Quayle 2010). This in turn hinders the efficacy of ART and resultantly exposes their sexual partners to the susceptibility of HIV infection.

Hegemonic masculinities

The notion of hegemonic masculinities is broad. In maintaining the thrust of this research, hegemonic masculinities are discussed relative to the HIV and AIDS pandemic. Whitehead and Barrett (2001:15) allude to the challenge of singularly assigning a definition of masculinities because they are '… plural, changing and historically informed around dominant discourses or ideologies of masculinism'. Nonetheless, masculinities are defined as 'those behaviours, languages and practices, existing in specific cultural and organisational locations which are commonly associated with male and thus culturally defined as not feminine' (Whitehead & Barrett 2001:15). This entails that behaviours are not the only determinants of masculinities, they are equally enacted through languages and practices that are linked with being male. According to Whitehead and Barrett (2001), masculinities are deemed positive because of the understanding that they assign an identity for men. Alternatively, they are considered negative for the reason that they are described in contrast with women. In this regard, Connell (1995) argues that masculinity only exists when contrasted with femininity. This articulation alludes to a contest between men and women.

Furthermore, masculinities are referred to as 'a set of fluid social and cultural performances' (Whitehead & Barrett 2001:16). This indicates that masculinities do change over time. Whitehead and Barrett (2001) further argue that such variability of masculinities denotes that they are a result of socio-cultural constructs and are not biologically determined. Consequently, this infers the possibility of deconstructing harmful characters of masculinities, which pose a negative impact on the health and well-being of others (Hlatywayo 2012). There are various types of masculinities. As such, this research focuses on hegemonic masculinities and how they compound women's susceptibility to the risk of HIV infection as well as how they inhibit male uptake and adherence to ART.

Hegemonic masculinities refer to those patterns of practice that enable the sustained perpetuation of male dominance over females and exert power over other male minority groups (Connell & Messerschmidt 2005; Jewkes et al. 2015). By definition, the term hegemonic denotes the '…cultural dynamic by which a group claims and sustains a leading position in social life' (Connell 1995). Therefore, hegemonic masculinities refer to:

> … the configuration of gender practice which embodies the currently accepted answer to the problem of the legitimacy of patriarchy, which guarantees (or is taken to guarantee) the dominant position of men and the subordination of women. (p. 77)

According to Connell and Messerschmidt (2005), hegemonic masculinities build on the sustained domination of women by men. In some cases, such domination is enacted through gender-based violence. They are considered '…the idealized form of masculinity (being the real man) in a particular time and place' (Skovdal et al. 2011a:2). Furthermore, hegemonic masculinities are built on cultural domination in the community (Morell 2001). They are also closely linked with 'male potency in sexual conquests' (Simpson 2007:8).

Hegemonic masculinities and health-seeking behaviour

Campbell (1997) points out that hegemonic masculinities also function as a survival strategy for men in challenging environments such as migrant work in foreign environments. In such conditions, as a mark of dominance and prowess, men turn to casual sexual relations for relief. As a result, there is the risk of sexually transmitted infections (STIs) and HIV infection. These masculine practices tend to be equally destructive especially in relation to health-seeking behaviour where men display their sexual prowess; on the other hand, they shy away from medical services for STIs. Skovdal et al. (2011a:2) further postulate that males who espouse hegemonic masculinities usually partake in sexual intercourse with different women. As such, drawing from the background of some African communities, it is a common understanding that a real man is constructed through copious sexual conquests. Van Klinken (2011) also refers to this and articulates that hegemonic masculinities are connected to the disinclination for condom use for practicing safer sex. Such a practice exposes men and women to the susceptibility of being infected with HIV. From the perception of hegemonic masculinities, the use of condoms is associated with men regarded as weaklings and not bold enough to take risk. Therefore, in relation to hegemonic masculinities, a 'real

man' is identified as 'strong, in control, disease free, sexually promiscuous and the breadwinner of his family' (Skovdal et al. 2011a:12). Moreover, in many societies, men are conscientised to be 'tough; unemotional; aggressive; denying weakness; sexually unstoppable; and appearing physically strong in competition with other men' (Skovdal et al. 2011a:3).

Furthermore, hegemony, which is a major type of the representation of masculinity, is connected to male privilege in accessing both control and power within the socio-economic and political environment (Skovdal et al. 2011a). This also extends to the private domain. While hegemonic masculinities assign power to men, the accompanying societal expectancies restrict men (Lee et al. cited in Skovdal et al. 2011a:2). Such results in male averseness in disclosing their HIV status and their access to biomedical therapy (Skovdal et al. 2011a). Accordingly, Courtenay (cited by Skovdal et al. 2011a:3) posits that hegemonic masculinities are exhibited through disconnection with health services as well as an unhealthy lifestyle in regard to sexual matters. The same sentiment is also shared by Skovdal et al. (2011) whose research indicates that unprotected sex with numerous sexual acquaintances is linked with virility. Such a practice is taken as a strategy for affirming one's virility in the community. Nevertheless, this particular assertion of manhood generates an environment for STIs and HIV infection. Drawing from the Malawian context, research indicates that HIV infection is regarded as an emblem of male virility (Kaler, cited in Skovdal et al. 2011a). Hlatywayo (2012) argues that:

> [*T*]his is a frightening observation as it reflects how hegemonic masculinities socialize men into risky behaviours without due consideration to the effects of such behaviours on their health and well-being as well as those of their spouses or partners. (p. 30)

The following social media excerpt also reflects men's risky behaviour that exposes their partners to HIV infection:

> 'It is funny how society condones male reckless sexual behaviour but also expects us to have a clean bill of health. It is socially accepted *kuti varume vanohura, ndozvavari* [men are sexual predators, it is their nature] but when it is known that you are HIV positive, you are highly stigmatised. Worse, when your sexual partners see your outward healthy stature, they want it raw, I myself give it raw, I cannot risk tarnishing my image by disclosing my HIV status. If a woman does not insist on protection, *tinorova nyoro* [I give it raw or without protection] and *ndinotonzi ndiri bhuru* [they say I am a bull or legend].' (Anonymous 1, male, 38-years old, accountant [author's own translation])

In addition, Skovdal et al. (2011b) opine that hegemonic masculinities restrict females from accessing biomedical therapy and adherence to ART. They also note that men's distaste of being linked with HIV and AIDS results in them barring their sexual partners from honouring medical arrangements, which also includes the collection of their prescribed medications (Skovdal et al. 2011b). This inadvertently places their wives or sexual partners' medical condition into jeopardy including the facilitation of an environment for HIV re-infection (Skovdal et al. 2011b). In tandem with Skovdal's findings, the following anonymous excerpts from social media groups in Zimbabwe reflect how hegemonic masculinities interfere with accessing ART:

> *'Murume wangu anotoramba kuti nditore mushonga wedu palocal clinic. Hanzi zvekunogariswa paline location yese yoziva uri pachirongwa zvotoreva naye saka akatopiwa address yefriend yake from another surburb saka ndookwandinoenda kunotora asi zvitori nemachallenges acho pamwe tinononoka kuwana mari yetransport apa mapiritsi anenge apera.* [My husband does not allow me to collect our ART from the local clinic. He said that queuing at the local clinic at the ART collection point exposes our status to the whole community, so he got his friend's address from a different suburb which we use to collect our ART. However, this comes with its own challenges since at times, we won't be having transport money to go to the other suburb, yet we would have run out of our ART supply].' (Anonymous 2, 29-years old, housewife [author's own translation])

The direct effect of hegemonic masculinity on adherence to ART was further expounded as follows:

> 'I have a male friend who is HIV positive and is on ART. Since ARVs are given for free at public hospitals, he pays me a small fee to go and collect on his behalf when I collect mine. I do this every single month for him. He told me that with his social standing, he cannot be seen in a queue waiting to collect ARVs, to him it is demeaning whilst extremely expensive to buy from private pharmacies.' (Anonymous 3, 46-years old, informal trader)

The aforementioned sentiment was equally echoed by another anonymous participant:

> 'I am a public figure and there is no privacy when collecting ARVs from government hospitals. You have to wait in a long queue and every other patient who comes in can identify you with the queue which is the ARV collection point. I have resorted to buying from private pharmacies, but it is extremely expensive and l don't know how sustainable this arrangement is especially in this volatile economic environment.' (Anonymous 4, male, 53-years old, married)

Hegemonic masculinities also interfere with the disclosure of one's status:

> 'I only discovered six months down the line after marriage that my husband is on ART. Before consummating our marriage, we did the HIV Rapid Self-testing and we both came out negative. However, sometime into the marriage I noted he had a locked drawer in the research and one day, I stole the key that he only kept secret. Alas, I was so shocked to discover ARVs. I confronted him and he confessed that he indeed was on ART and did not know how to tell me. I ended our marriage, not because of his status, but because of his failure to disclose thereby putting me at risk.' (Anonymous 5, female, 29-years old)

Furthermore, hegemonic masculinities endorse the practice of men having concurrent extramarital sexual relations, thereby exposing their multiple and permanent sexual partners to the risk of HIV infection.

> 'I am in a polygamous marriage. I was diagnosed as HIV positive at our local clinic and was put on ART. I informed my husband and he flatly denied he is positive. Both he and his second wife refused to go for testing. My husband has since stopped having

> sexual intercourse with me citing that I must have strayed from the marriage bed and got infected elsewhere. Yet l know for sure he is the carrier due to his extra-marital sexual practices despite having two wives.' (Anonymous 6, 43-years old, housewife)

Drawing from the social-ecological framework, which posits that health-seeking behaviour, is informed by social factors inclusive of the relationship between marital, long-term and cohabiting partners, the research advocates for the preferment of prevention altruism for the management of HIV and AIDS. Additionally, in order to deconstruct hegemonic masculinities and their interference with the uptake and adherence to ART, there is need to not only focus on biomedical intervention. Instead, more attention should be paid to behavioural interventions, hence the promotion of altruism in HIV and AIDS management, including the adherence to the uptake of ART. This is succinctly pointed out by Mayer and Pizer (2009:xi). Thus, the discourse around HIV prevention is now cognisant of the fact that HIV is a pathogen transmissible within human relationships and is enabled by socio-cultural contexts. As a result, it is not enough to target a single aspect of the interacting biological, behavioural and social features of HIV and AIDS.

As such, there is need to present the management of HIV and AIDS, and particularly adherence to ART, in the larger social context if meaningful strides towards minimising the risk of infection are to be attained. New prevention modalities are a crucial aspect in mitigating the spread of HIV infection as well as promoting adherence to ART for the infected. The promotion of prevention altruism can be positioned as a plausible strategy for deconstructing hegemonic masculinities and promoting the uptake of ART.

Prevention altruism in human immunodeficiency virus and acquired immunodeficiency syndrome management

Altruism is an act of unbiased and self-sacrificial concern for the well-being of others. It is described as the deliberate or premeditated voluntary actions partaken to enhance the welfare of another person without expecting any external reward (Bhuvan, Pavithra & Suresh 2021). Altruistic acts entail acts of goodwill for the other devoid of any self-centred intents (Sanjai & Gopichandran 2017). There are various typologies of altruism. These have been identified by Chin, Berenson and Klitzman (2016) as: (1) the cultural typology, which is based on the motivation to help; in the African context, the philosophy of Ubuntu can be invoked for cultural altruism; (2) the community typology, which is drawn from a communal sense of belonging; this can also be linked to the Ubuntu philosophy; (3) the familial typology, which focuses on parents' or family teachings on communal involvement; and (4) the religious typology, which can be triggered by one's bad experiences with religion. It emanates from the desire to overcome bias that is instigated by some religious leaders; negative responses can motivate altruism whereby one commits himself or herself to rectifying the biases of others by standing in solidarity with the victims; (5) the professional typology, where one's profession serves as a motivating factor for altruism, i.e. medical personnel and their oath to preserve life; (6) the political typology where there is commitment to help the community based on one's position of power and influence; (7) the experiential typology, which is drawn from intimate personal experience with HIV and AIDS, also emanates from having witnessed the shocks associated with the disease, inclusive of stigma and discrimination; (8) the moral typology, which may be linked to the desire for one to atone for past mistakes, hence the need to help another; it can also be linked to a sense of self-redemption; (9) the existential typology, which is connected to the sense of purpose and personal fulfilment; and finally (10) the financial typology, which is motivated by rewards or financial compensation that comes from helping the other(s). These typologies of altruism can be evoked as strategic mechanisms for promoting adherence to ART as well as preventing HIV infection in serodiscordant partners in which only one partner is HIV infected.

The familial, religious and cultural sources of altruism are deeply interwoven, therefore very challenging to differentiate them. While Chin et al. (2016) drew the aforementioned typologies of altruism from their research, earlier studies regard altruism from a simple non-dimensional entity as postulated by Dhalla and Poole (2014) with their three categories drawn from superficial expressions. These were identified as microsocial, mesosocial and macrosocial (which include the moral).

Therefore, prevention altruism can proffer instrumental, informational and emotional support for partners infected and affected with HIV and AIDS. Instrumental support entails addressing financial barriers that can inhibit access to ART between partners (Conroy et al. 2017). In this regard, instrumental support includes the provision of transport fare to the health facilities for medical review and collection of ART, money to purchase adequate and healthy foodstuffs, accompanying a partner to the clinic for ART management as well as timed reminders for uptake of ARVs (Conroy et al. 2017). Informational support is hinged on collaborative actions by partners through promoting a healthy lifestyle that includes a healthy and adequate diet. Human immunodeficiency virus-positive persons often report the need to have adequate food when taking ARVs so as to avoid discomfort or side effects. Emotional support is associated with extending love, comfort and reassuring each other's commitment to the relationship (Conroy et al. 2017) for HIV-positive or serodiscordant partners.

Additionally, it is known that ART: (1) can be adopted to inhibit HIV transmission, which is enabled by a reduction of the HIV viral load in HIV-positive persons; (2) can be taken as a post-exposure prophylaxis; and (3) can be taken as pre-exposure prophylaxis that is administered orally or as a

topical microbicide (Gay et al. 2009). However, these benefits of ART are more attainable through the practice of prevention altruism, which enables the infected partner to be committed towards ensuring that the uninfected partner remains HIV negative.

Conclusion and recommendations

The HIV and AIDS pandemic remains a major challenge to the attainment of good health and well-being. New HIV infections are still recorded on a global scale. The continuing rates of HIV infection are compounded by hegemonic masculinities. This research discussed the importance of adherence to ART in the management of HIV and AIDS infection. It highlighted the effects of non-adherence to ART for PLWHA as well as the negative impact of hegemonic masculinities on ART adherence. In a bid to promote effective adherence to ART, the research proposed the practice of prevention altruism for the effective management of HIV and AIDS. In order to further restrain the growing levels of HIV infection and to promote adherence to ART, the research proffers the following recommendations:

- This research forlornly acknowledges the laxity of couple-level HIV and AIDS management. According to Hunter et al. (1994), couple-level prevention programs have been overlooked in global prevention campaigns. As such, this research suggests the incorporation of couple-level prevention initiatives for mitigating the spread of HIV infection. It has been recorded that heterosexual transmission among couples is considered one of the major risk factors of HIV infection. As such, meaningful strides towards curbing the spread of HIV infection must incorporate couples or sexual partners.
- The research acknowledges the role of social media in discussing contemporary ills inclusive of the menacing HIV and AIDS pandemic. The author therefore suggests the need for HIV and AIDS blogs that also specifically focus on couple-level HIV prevention or alternatively blogs that lobby for prevention altruism for the management of HIV and AIDS. The current generation is digital savvy, people spend a lot of time on the internet and hence, such strategies can contribute towards managing the HIV and AIDS pandemic.
- The research proposes that all HIV prevention models should include couple-level interventions.

Acknowledgements

Competing interests

The author declares that they have no financial or personal relationship(s) that may have inappropriately influenced them in writing this article.

Author's contribution

A.M.H. is the sole author of this research article.

Ethical considerations

An application for full ethical approval was made to the Midlands State University, Faculty of Arts and Humanities, Department of Religious Studies and Ethics' Research Ethics Committee and ethics review was waived on 15 May 2023. The ethics waiver number is RECX0.3. The Research Ethics Committee issued an ethics waiver for the study because the departmental Research Ethics Committee has categorised it as research which does not involve human research participants or animals and/or animal derived materials. The requirement for ethical clearance renewal and closure was also waived.

Funding information

This research received no specific grant from any funding agency in the public, commercial or not-for-profit sectors.

Data availability

The research is based on netnography and there are no restrictions on the secondary data presented in this article.

Disclaimer

The views and opinions expressed in this article are those of the author and is the product of professional research. It does not necessarily reflect the official policy or position of any affiliated institution, funder, agency, or that of the publisher. The author is responsible for this article's results, findings, and content.

References

Arashiro, P., Maciel, C.G., Freitas, F.P., Koch, G.S.R., da Cunha, C.P., Stolf, A.R. et al., 2023, 'Adherence to antiretroviral therapy in people living with HIV with moderate or severe mental disorder', *Scientific Reports* 13, 3569. https:doi//org/10.1038/541589-023-30451

Bhuvan, M.L., Pavithra, M.B. & Suresha, D.S., 2021, 'Altruism, an attitude of unselfish concern for others – An analytical cross sectional study among the medical and engineering students in Bangalore', *Journal of Family Medicine and Primary Care* 10, 706–711. https://doi.org/10.4103/jfmpc.jfmpc_834_20

Brito, A.M., Castillo, E.A. & Szwarcwald, C.I., 2001, 'AIDS and HIV infection in Brazil: A multifaceted epidemic', *Revista da Sociedade Brasileira de Medicina Tropical* 34, 207–217. https://doi.org/10.1590/S0037-86822001000200010

Bronfenbrenner, U., 1979, *The ecology of human development: Experiments by nature and desire*, Harvard University Press, Cambridge, MA.

Campbell, C., 1997, 'Migracy, masculine identities and AIDS: The psychosocial context of HIV transmission on the South African gold mines', *Social Science and Medicine* 45, 273–281. https://doi.org/10.1016/S0277-9536(96)00343-7

Chesney, M.A., Ickovics, J.R., Chambers, D.B., Gifford, A.L., Neidig, J., Zwickl, B. et al., 2000, 'Self-reported adherence to antiretroviral medications among participants in HIV clinical trials: The AACTG adherence instruments', *AIDS Care* 12(3), 255–266.

Chin, L.J., Berenson, J.A. & Klitzman, R.L., 2016, 'Typologies of altruistic and financial motivations for research participation: A qualitative study of MSM in HIV vaccine trials', *Journal of Empirical Research on Human Ethics* 11(4), 299–310. https://doi.org/10.1177/1556264616679537

Coetzee, B., Kagee, A. & Vermeulen, N., 2011, 'Structural barriers to adherence to antiretroviral therapy in a resource-restrained setting: The perspectives of health care providers', *AIDS Care* 23(2), 146–115. https://doi.org/10.1080/09540121.2010.498874

Connell, R.W., 1995, *Masculinities*, Polity Press, Cambridge.

Connell, R.W. & Messerschmidt, J.W., 2005, 'Hegemonic masculinity: Rethinking the concept', *Gender and Society* 19, 829–859. https://doi.org/10.1177/0891243205278639

Conroy, A., Leddy, A., Johnson, M., Ngubane, T., van Rooyen, H. & Darbes, L., 2017, '"I told her this is your life": Relationship dynamics, partner support and adherence to antiretroviral therapy among South African couples', *Culture, Health and Sexuality* 19(11), 1239–1253. https://doi.org/10.1080/13691058.2017.1309460

Dhalla, S. & Poole, G., 2014, 'Motivators to participate in actual HIV vaccine trials', *AIDS and Behaviour* 18, 63–277. https://doi.org/10.1007/s10461-013-0519-8

Dunkle, K.L., Jewkes, R.K., Brown, H.C. Gray, G.E., McIntryre, J.A. & Harlow, S.D., 2004, 'Gender-based violence, relationship power, and risk of HIV infection in women attending antenatal clinics in South Africa', *Lancet* 363(9419), 1415–1421. https://doi.org/10.1016/S0140-6736(04)16098-4

Fonner, V.A., Ntogwisangu, J., Hamidu, I., Joseph, J., Fields, J., Evans, E. et al., 2021, '"We are in this together": Dyadic-level influence and decision making among HIV serodiscordant couples in Tanzania receiving access to PrEP', *BMC Public Health* 21, 720. https://doi.org/10.1186/s12889-021-10707-x

Gay, C.L., Kashuba, A.D. & Cohen, M.S., 2009, 'Using antiretrovirals to prevent HIV transmission', in K.H. Mayer & H.F. Pizer (eds.), *HIV prevention: A comprehensive approach*, pp. 106–145, Elsevier, New York, NY.

Hlatywayo, A., 2012, 'From the marriage bed to the graveyard: Towards a bold community praxis in reducing HIV infection amongst married women in sub-Saharan Africa', Unpublished masters dissertation, University of KwaZulu-Natal, Pietermaritzburg.

Hunter, D.J., Maggwa, B.N., Baker, J.K.G., Tukei, P.M. & Mbugua, S., 1994, 'Sexual Behavior, Sexually Transmitted Diseases, Male Circumcision and Risk of HIV Infection among Women in Nairobi, Kenya', *AIDS* 8(1), 93–99.

Jewkes, R.K., Levin, J.B. & Penn-Kekana, L.A., 2003, 'Gender inequalities, intimate partner violence and HIV preventative practices: Findings of a South African cross-sectional study', *Social Science and Medicine* 56(1), 125–134. https://doi.org/10.1016/S0277-9536(02)00012-6

Kaoukaou, M., 2021, 'Netnography: Towards a new sociological approach of qualitative research in the digital age', *SHS Web of Conferences* 119, 01006. https://doi.org/10.1051/shsconf/202111901006

Kheswa, J.G., 2017, 'Exploring the factors and effects of non-adherence to antiretroviral treatment by people living with HIV/AIDS', *Indo-Pacific Journal of Phenomenology* 17(1), 1–11. https://doi.org/10.1080/20797222.2017.1280923

Kozinets, R.V., 2015, *Netnography: Redefined*, 2nd edn., Sage, London.

Mayer, K.H. & Pizer, H.F., 2009, *HIV prevention: A comprehensive approach*, Elsevier, New York, NY.

Morell, R., 2001, 'The times of change: Men and masculinity in South Africa', in R. Morell (ed.), *Changing men in Southern Africa*, pp. 1–21, University of Natal, Pietermaritzburg.

O'Dell, B.L., Rosser, B.R. & Jacoby, S.M., 2008, 'HIV prevention altruism and sexual risk behaviour in HIV-positive men have sex with men', *AIDS and Behavior* 12(5), 713–720. https://doi.org/10.1007/s10461-007-9321-9

Ogoina, D., Onyemelukwe, G., Musa, B.O. & Babadoko, A., 2012, 'Seroprevalence and determinants of human herpes virus 8 infection in adult Nigerians with and without HIV-1 infection', *African Health Sciences* 11(20), 158–162. https://doi.org/10.4314/ahs.v11i2

Remor, E., Penedo, F.J., Shen, B.J. & Schneiderman, N., 2007, 'Perceived stress is associated with CD4 cell decline in men and women living with HIV/AIDS in Spain', *AIDS Care* 19(2), 215–219. https://doi.org/10.1080/09540120600645570

Reniers, G. & Armbruster, B., 2012, 'HIV status awareness, partnership dissolution and HIV transmission in generalized epidemics', *PLoS One* 7(12), e50669. https://doi.org/10.1371/journal.pone.0050669

Rogers, A.J., Achiro, L., Bukusi, E.A., Hatcher, A.M., Kwena, Z., Musoke, P.L. et al., 2016, 'Couple interdependence impacts HIV-related health behaviours among pregnant couples in southwestern Kenya: A qualitative analysis', *Journal of the International AIDS Society* 19(1), 21224. https://doi.org/10.7448/IAS.19.1.21224

Sa, Z. & Larsen, U., 2008, 'Gender inequality increases women's risk and HIV inection in Moshi, Tanzania', *Journal of Biosocial Science* 40, 505–525.

Sanjai, S. & Gopichandran, V., 2017, 'Selfless giving in medicine: A study of altruistic attitudes among medical students', *Indian Journal of Medical Ethics* 3(1), 28–34. https://doi.org/10.20529/IJME.2017.082

Schaecher, K.L., 2013, 'The importance of treatment adherence in HIV', *American Journal of Managed Care* 19(12 Suppl), s231–s237.

Seema Sahay, K., Srikanth, R. & Dhayarkan, S., 2011, 'Optimizing adherence to antiretroviral therapy', *Indian Journal of Medical Research* 134, 835–849. https://doi.org/10.4103/0971-5916.92629

Simpson, A., 2007, 'Learning sex and gender in Zambia: Masculinities and HIV/AIDS risk', *Sexualities* 10, 173–188. https://doi.org/10.1177/1363460707075799

Skovdal, M., Campbell, C., Madanhire, C., Mupambireyi, Z., Nyamukapa, C. & Gregson, S., 2011a, 'Masculinity as a barrier to men's use of HIV services in Zimbabwe', *Globalization and Health* 7, 13. https://doi.org/10.1186/1744-8603-7-13

Skovdal, M., Campbell, C., Nyamukapa, C. & Gregson, S., 2011b, 'When masculinity interferes with women's treatment of HIV infection: A qualitative study about adherence to antiretroviral therapy in Zimbabwe', *Journal of the International AIDS Society* 14, 29–35. https://doi.org/10.1186/1758-2652-14-29

Talbot, K.M. & Quayle, M., 2010, 'The perils of being a nice guy: Contextual variation in five young women's constructions of acceptable hegemonic and alternative masculinities', *Men and Masculinities* 13(2), 255–278. https://doi.org/10.1177/1097184X09350408

Van Klinken, A.S., 2011, '"The need for circumcised men": The quest for transformed masculinities in African Christianity in the context of the HIV epidemic', Published PhD thesis, University of KwaZulu-Natal, Pietermaritzburg.

Whitehead, S.M. & Barrett, F.J. (eds.), 2001, *The Masculinities Reader*, Polity Press, Cambridge.