


TEXT 1**'Be a man': Towards healthier, non-violent masculinities in our country's men**

- 1 'Be a man', 'Yiba yindoda', are often words that boys hear from an early age. This cuts across race, socio-economic class or cultural background, where often not being 'a girl' becomes a terrorising statement about the type of boy or man one should not become. So how does one stem the tide of violent, harsh masculinity?
- 2 The idea that a man should avoid being a 'sissy' at all costs is based on notions that men and boys who show any such features are weaker, 'soft' or even feminine. So a boy demonstrating characteristics such as caring, vulnerability and sensitivity becomes somehow a lesser man – a deep societal shame that he has to carry.
- 3 The American documentary called *The Mask You Live In* explores ideas around what a man should be that are common in both our national and global discourses. What is striking about the documentary is the vividness with which it shows how ideas around masculinity affect young boys and the men they ultimately become. In the film, a coach and former NFL (National Football League) player says, 'The three most destructive words that every man receives when he is a boy are when he is told to 'be a man''. The idea of being a man is often associated with, 'boys don't cry', meaning a man cannot express his feelings, whether he is hurt, sad or he wants to express love.'
- 4 It is often said that the primary features of masculinity that prevail in South Africa are rooted in power and expressed in the violence we frequently see. In a recent article, '*When a boy becomes a man*', Sandile Memela chronicles with much excitement the story of a 28-year-old black chef who has become 'a man, a father and a head of a family' which, according to Memela, is 'one of the greatest life-changers for an African male.' Memela continues that 'without young men who know themselves, look for meaningful work to express their talent and seek women to build families, there can be no nation building.' Memela sees men who aren't married and have no access to economic means as purposeless and not self-knowing.
- 5 While these may indeed be the aspirations of many men, such ideas around manhood are dangerous in our South African setting. Memela's article is problematic, patriarchal and limited in many ways, especially as it defines African manhood through norms that place value in men being dominant.
- 6 These views often come as a result of 'moral panic' arising out of concerns about the family and about women who allegedly want to rule their husbands. It becomes important to ridicule the quest for gender equality or to label it as a threat to society (especially to the institution of the family).
- 7 In '*The Problem With Stereotyping Masculinity As Violent*', Priscilla Frank points us to the dangers in presenting violence and masculinity as cultural norms. She states that 'this normalises violence while overlooking the many, many men who do not fit this stereotype.' These include the men who practise healthy masculinities, are loving and respectful rather than violent and aggressive.
- 8 There is a deep need to expose South African boys and men to different masculinities that exist outside dominant masculinities. What would this masculinity look like? For us there are two main points for the type of healthy masculinity that we think is conducive to building a more loving, caring and gender-sensitive society. The first of these is position on gender. It is important that men demonstrate a clear and explicit commitment to gender equality. Secondly, we think a commitment to socio-economic justice is important, especially an understanding of how class and economic inequality intersect with other oppressions.
- 9 There is often an inconsistency in men who preach gender equality in public and yet as we tragically learn, their actions are often different at home. Cornel West reminds us that 'justice is what love looks like in public'. We need more men loving out loud both in the public sphere and especially in the private. There is a lot of value in also exposing a different kind of South African man, not concerned with manhood and dominance, but rather a politik of inclusiveness, love and care for others.

[Adapted from an article in the *Daily Maverick*, 5/12/2014 by G. Qambela and S. Dlakavu]

TEXT 2

ARE YOU MAN ENOUGH...



David Rothenberg, RN Critical Care Health Central Bass Guitarist	Scott Grabowski, RN Emergency Dept. Orlando Regional Healthcare Fisherman	Jason Trouba Future RN Nursing Student Surfer	Curtis Arnold, RN Medical Oncology Orlando Regional Healthcare Distance Runner	Dan Mercado, RN Cardiac Care Unit Orlando Regional Healthcare Basketball Guard	Madhar Najj, RN Cardiovascular Intensive Care Unit Florida Hospital Soccer Forward	Mark Randels, RN Emergency Room Health Central Rock Climber	Shogun Lugo, RN Cardiac Observation Unit Orlando Regional Healthcare Scuba Diver	Brian Brooks, RN Clinical Educator, Emergency Dept. Florida Hospital Golfer
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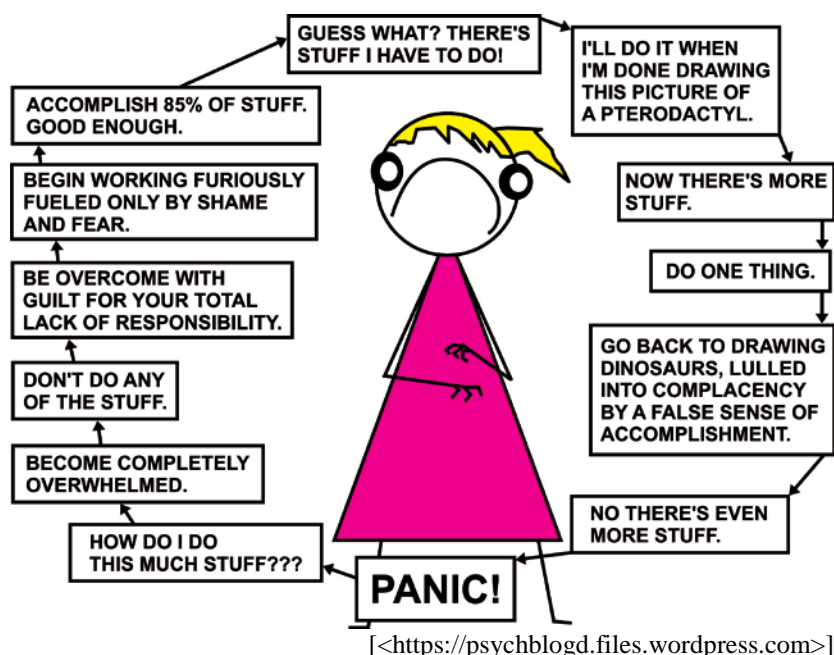
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TEXT 3A**TEXT 3B****Book Review:**

Still Procrastinating: The No Regrets Guide to Getting It Done by Joseph Ferrari is a book that explains, in an easy-to-read format, the results of the past 20 years of scientific studies on procrastination and procrastinators.

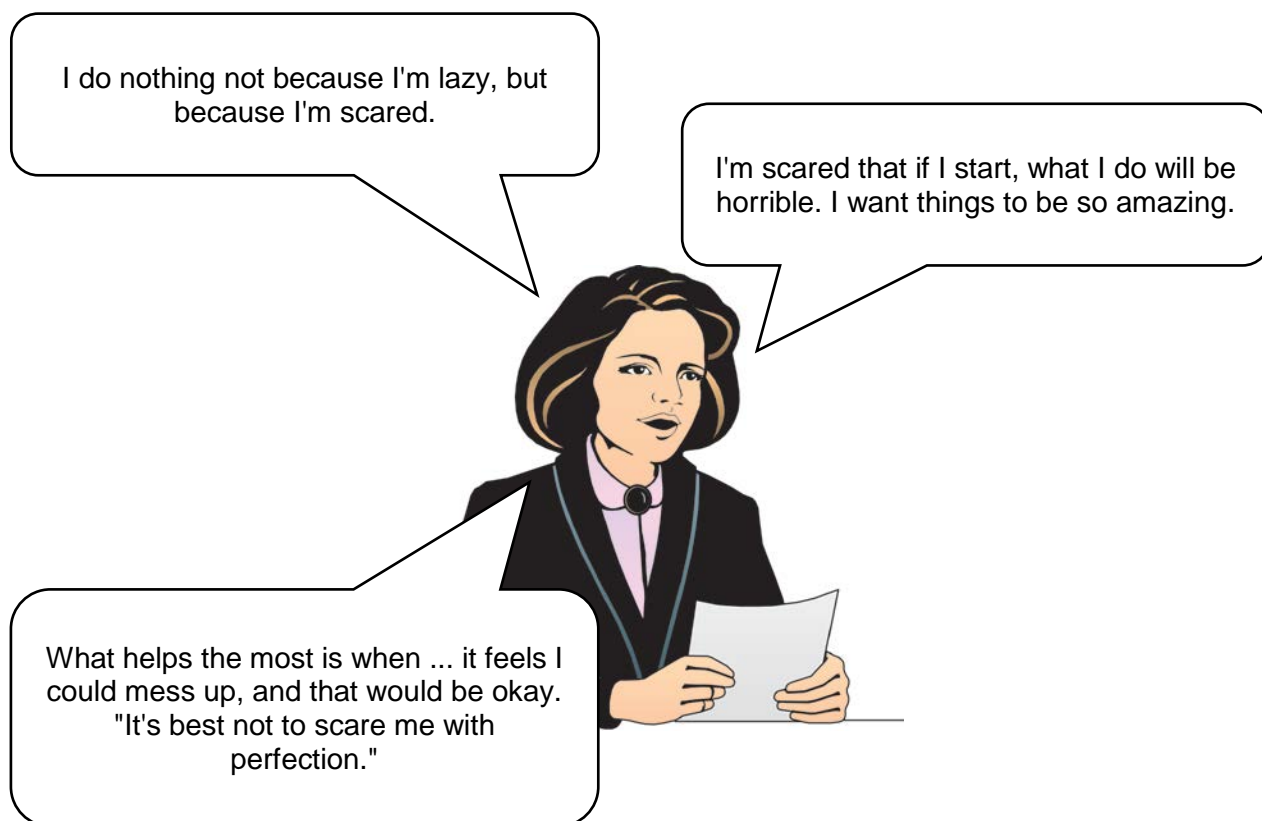
The book defines procrastination as 'the purposive delay of the starting or completing a task to the point of subjective discomfort.' More simply, procrastinators voluntarily do not work on important tasks and feel bad or uncomfortable about their delays because they know that this course of action will have negative effects in the future.

Studies cited in the book indicate that although everyone procrastinates about a few things, approximately 20% of adult men and women are chronic procrastinators – they procrastinate habitually in many different areas of their lives. The studies also show that procrastination is a learned behaviour. If people understand why they procrastinate, they can get the support they need and develop strategies to help them learn new behaviours.

Sometimes consulting a mental health professional such as a cognitive behavioural therapist, may be helpful. Seeking support from family and friends who are non-procrastinators is advisable. These are the people that care for you and will hold you accountable for your changes in behaviour.

Dr. Ferrari states that procrastination is more than just having poor time management skills. Procrastination is an ineffective strategy to cope with the challenges of everyday life. By focusing on the positive aspects of your life and taking action, you can become less stressed and more productive.

[Adapted from: <<https://unclutter.com>>; 13 January 2014]

TEXT 3C


[Written text adapted from 'Can't stop procrastinating? This might be why' by Leigh Weingus]

TEXT 4

First Annual Bioethics Conference

ExtendingLife

*Setting the Agenda for the Ethics
of Aging, Death, and
Immortality*




CONFERENCE **March 6-8, 2008**
 PRECONFERENCE INSTITUTES **March 3-6, 2008**
 LOCATION **Grace Inn Conference Center, Phoenix, Arizona**

PRESENTED BY
**THE CENTER FOR
 BIOETHICS & HUMAN DIGNITY**
Exploring the nexus of biomedicine, biotechnology, and our common humanity

IN PARTNERSHIP WITH
**Center for Educational Excellence at Grand Canyon University
 Trinity International University**

WITH SUPPORT FROM

Christian Medical & Dental Associations	Tennessee Center for Bioethics & Culture	Nurses Christian Fellowship
Americans United for Life	Center for Bioethics & Culture Missouri	Phoenix Seminary
Center for Bioethics & Culture Network	Christian Legal Society	Center for Arizona Policy


[<<https://cbhd.org/events/extending-life-setting-the-agenda>>]

TEXT 5[<<https://blogs.otago.ac.nz/bioethicscentre/files/2013/05/>>]**TEXT 6 EXTRACT FROM HOSPITAL ETHICS BROCHURE****The Ethics Consultation Process:****How can the Ethics Committee help in Ethics Consultation?**

The Ethics Committee is available to patients, their families and health care professionals, to help identify, understand and resolve difficult healthcare ethics questions.

Why would someone be referred?

Generally, ethical questions arise when 'the right thing to do' is not clear or when there is disagreement about what is best for a person who requires care.

How are referrals made?

A referral can be made by filling out the form that is a part of this brochure.

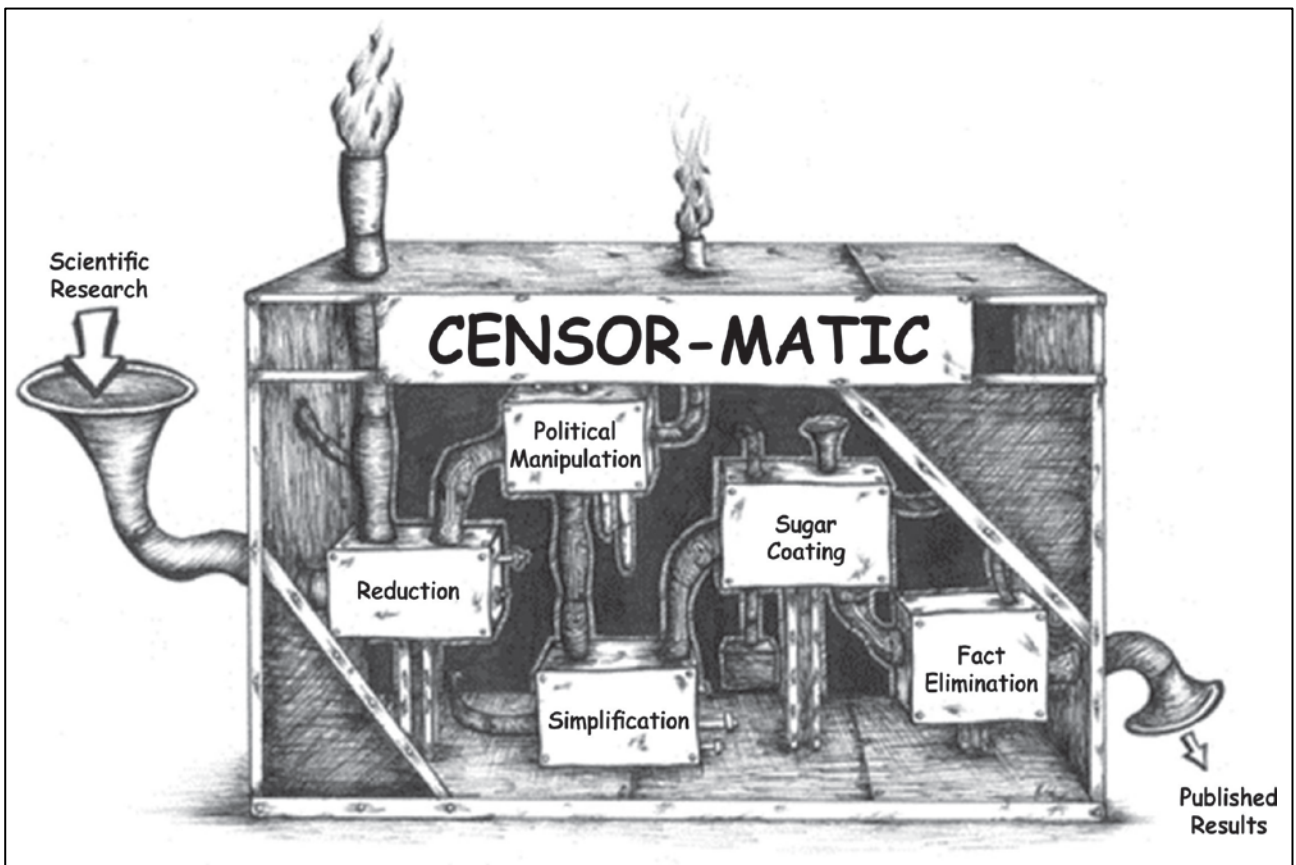
What does the ethics consultation consider?

Ethics consultations consider the following ethical principles:

- Respect for patient autonomy and self-determination
- Beneficence (doing good)
- Non-maleficence (not doing harm)
- Justice and fairness

[Source: *South West Health Ethics Committee Brochure*, September 2008]

TEXT 7



[<<http://ontario-wind-resistance.org/2011/12/16>>]