

# The Power of Belonging: Understanding the Lived Experiences of Middle-Aged Men Who Have Sex with Men in Cultivating Social and Emotional Connection

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## Abstract

Belonging is a fundamental human need that shapes emotional well-being, social connection and mental health, particularly among populations exposed to stigma and exclusion. In South Africa, where constitutional protections for sexual minorities coexist with persistent sociocultural conservatism, the belonging experiences of middle-aged men who have sex with men (MSM) remain insufficiently examined. This qualitative study, grounded in an interpretative phenomenological research design, explored how 25 middle-aged MSM aged 35 to 55 years in Durban, KwaZulu-Natal, constructed, negotiated and sustained belonging across family, cultural, community and digital contexts. The data were generated through semi-structured in-depth interviews and analysed using interpretative phenomenological analysis. The revised analysis is presented through four integrated themes: conditional and cumulative exclusion; rebuilding belonging through chosen networks and affirming spaces; intersectional constraints on recognition and access; and resilience, self-acceptance and belonging as a life-course process. The findings indicate that belonging was not experienced as a stable condition, but as a dynamic and contested process shaped by age, sexual orientation, cultural background, family acceptance, religious norms, socio-economic position, and the inclusiveness of LGBTQ+ and digital spaces. Guided by Maslow's hierarchy of needs and intersectionality theory, the study highlights the need for age-inclusive, culturally responsive, and community-informed interventions that strengthen social support, mental health, and dignity among middle-aged MSM.

**Keywords:** belonging; middle-aged MSM; social inclusion; intersectionality; mental well-being; South Africa

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## Introduction

Belonging is a core psychological and social need that shapes human motivation, emotional health, and social integration (Allen et al., 2022; Maslow, 1943). It refers to the experience of being accepted, valued, connected and recognised in meaningful relationships and social environments. For men who have sex with men (MSM), belonging is often difficult to secure because social connection is mediated by stigma, homophobia, cultural exclusion, religious judgement, and the fear of disclosure (Hall, 2022; Sandfort et al., 2008). These barriers are especially consequential when they affect family life, community participation, intimate relationships, and access to affirming spaces.

The South African context presents a distinctive paradox. The country has a progressive constitutional and legal framework that recognises sexual minority rights, yet many MSM continue to experience exclusion in everyday social, cultural and institutional settings (Ikekhwa & Azwihangwisi, 2023; Müller, 2016). For middle-aged MSM, this tension is intensified by life-course experiences. Many came of age in periods marked by more overt criminalisation, silence and homophobia, and these formative experiences continue to influence disclosure, intimacy, trust, and participation in community life. Middle age also brings shifting social networks, health concerns, family responsibilities, and changing perceptions of desirability in LGBTQ+ spaces (Fredriksen-Goldsen, 2011; Meanley et al., 2021).

Existing literature on MSM in South Africa has often prioritised HIV-related risk, younger populations, or generalised accounts of sexual minority stigma (Altman et al., 2012; Knox et al., 2023). Less attention has been given to how middle-aged MSM understand belonging as an emotional, cultural, relational and social process. This gap matters because belonging is closely linked to mental health. Experiences of rejection and social exclusion are associated with depression, anxiety, substance use, and suicidal ideation, while social support and affirming relationships protect against psychological distress (Kaufman et al., 2023; McConnell et al., 2016; Meyer, 2003).

This study addresses this gap by examining the lived experiences of 25 middle-aged MSM in Durban, KwaZulu-Natal. It asks how participants make sense of belonging, what constrains or enables social and emotional connection, and how age, sexual orientation, and cultural background shape these experiences. Maslow's hierarchy of needs provides a conceptual basis for understanding belonging as foundational to emotional well-being, while intersectionality theory offers a lens for analysing how identities and social systems combine to produce inclusion, exclusion, privilege and vulnerability. The study contributes to public health, sexuality studies, and social justice scholarship by foregrounding the voices of a population that remains underrepresented in research and programme design.

## Theoretical Framework

### **Maslow's Hierarchy of Needs**

Maslow's (1943) hierarchy of needs conceptualises belongingness and love as foundational psychological needs that support esteem, self-worth and self-actualisation. In this study, Maslow's framework is used not as a rigid developmental sequence, but as a sensitising lens for understanding why social acceptance, emotional safety, and interpersonal connection matter for the well-being of middle-aged MSM. When the participants experience rejection in family, religious, community, or LGBTQ+ spaces, their opportunities for emotional security and recognition are constrained.

For middle-aged MSM, belonging is often pursued in contexts marked by social stigma, age-related invisibility, and limited access to affirming spaces. Peer support, chosen families, and community networks therefore become central mechanisms through which the participants meet relational needs that may not be fulfilled in biological family or mainstream community settings (Fredriksen-Goldsen, 2011; McConnell et al., 2016).

### **Intersectionality Theory**

Intersectionality theory explains how social identities and structural systems interact to produce distinctive experiences of privilege, oppression, inclusion and exclusion (Bowleg, 2013; Crenshaw, 2013). Although intersectionality originated in analyses of race, gender and violence, it has become a critical framework for understanding how sexuality, age, culture, race, class and religion shape lived experience.

For analytic clarity, this study focuses primarily on the intersection of age, sexual orientation and cultural background. However, these categories are not treated as isolated individual characteristics. They are understood as interacting with broader social systems, including heteronormativity, racism, patriarchy, religious moral regulation, and socio-economic inequality. This approach makes it possible to examine why belonging is not equally available to all MSM and why experiences of exclusion differ across participants' social positions (Bowleg, 2013; Matebeni et al., 2019).

## Literature Review

### **Belonging, Mental Health and Sexual Minority Well-being**

Belonging refers to the need to form and maintain meaningful interpersonal attachments (Baumeister & Leary, 2007). It protects against loneliness, anxiety, depression and social isolation, and it is particularly important for marginalised populations whose social identities may expose them to rejection or discrimination (Allen et al., 2022; Meyer, 2003). Among MSM, belonging is shaped by the availability of safe relationships, affirming spaces, and social environments in which sexual identity can be expressed without fear.

Minority stress theory provides a useful explanation for the mental health burden associated with stigma, concealment, rejection, and internalised homophobia (Meyer, 2003). For middle-aged MSM, these stressors may accumulate over time and intersect with age-related shifts in social life, health, family obligations, and community visibility. Social support can mitigate these effects by strengthening emotional safety and reducing isolation (Kwon, 2013; McConnell et al., 2016).

### **Middle Age, Culture and Barriers to Belonging**

Middle age is a relational and social transition, not simply a chronological category. For MSM, it can involve renegotiating identity, intimacy, family connection, work roles and community participation. The participants in this life stage may confront ageism in LGBTQ+ venues, reduced visibility in digital dating cultures, and fewer opportunities for peer connection (Fredriksen-Goldsen, 2011; Kneale et al., 2014; Molinari & McSweeney, 2017).

Cultural and religious expectations also shape belonging. In South Africa, many MSM live in family and community systems where heterosexual marriage, masculinity, religious respectability, and cultural continuity carry strong social value (Ikekhwa & Azwihangwisi, 2023; Ikhile, 2025). These norms can make sexual identity disclosure emotionally risky and can produce social pressure to conceal, compartmentalise or negotiate identity across different contexts.

### **Research Gap and Contribution**

The existing literature establishes that MSM experience stigma and that social support is protective. However, less is known about how middle-aged MSM in South Africa actively construct belonging across family, cultural, community, socio-economic and digital contexts. This study responds to that gap by offering an idiographic and interpretative account of belonging as a dynamic process shaped by exclusion, resilience, recognition and self-understanding.

## **Methodology**

### **Research Design and Approach**

The study adopted a qualitative interpretative phenomenological design to explore how middle-aged MSM make sense of belonging and social-emotional connection. Interpretative phenomenological analysis (IPA) is appropriate because it foregrounds lived experience, meaning-making, idiographic depth, and the researcher's interpretative role (Eatough & Smith, 2017; Smith et al., 2009). Rather than seeking broad statistical generalisation, IPA enables close engagement with the participants' accounts and the contexts in which those accounts are produced.

The study was informed by a constructivist epistemological stance, recognising that knowledge is co-constructed through interaction between the researcher and the

participants. Researcher reflexivity was maintained through a reflexive journal that documented assumptions, analytic decisions, emotional responses, and emerging interpretations. This process supported a disciplined engagement with positionality while preserving the interpretative richness of the analysis (Berger, 2015; Finlay, 2002).

### Study Setting and Participants

The study was conducted in Durban, KwaZulu-Natal, South Africa. Durban is a culturally diverse metropolitan setting that includes urban and peri-urban communities, strong faith networks, active civil society organisations, and varied access to LGBTQ+-affirming health and support services. These features made the setting appropriate for examining how middle-aged MSM negotiate belonging in contexts shaped by constitutional protections, cultural expectations, religious norms, and persistent sexual minority stigma (Ikekhwa & Azwihangwisi, 2023; Müller, 2016).

The participants were recruited using purposive and snowball sampling. Inclusion criteria required the participants to be self-identified MSM, aged 35 to 55 years, resident in Durban for at least one year, and willing to participate in English or isiZulu. Individuals who did not identify as MSM, were outside the age range, or did not provide informed consent were excluded. Recruitment began through LGBTQ+ community organisations, social networks, and referrals from health service providers, and continued until the sample provided sufficient depth, diversity and recurring analytic patterns for IPA interpretation (Etikan et al., 2016; Fusch & Ness, 2015).

The final sample comprised 25 participants. As presented in Table 1, the participants differed by age, ethnicity, sexual identity, relationship status and education level. These characteristics informed the analysis. For example, the participants aged 46 to 55 years more frequently described age-related invisibility in LGBTQ+ spaces, while some participants aged 35 to 40 years highlighted workplace and peer-group interactions. Bisexual and married participants often described distinct pressures related to concealment, family obligations and public visibility.

**Table 1:** Demographic characteristics of participants ( $N = 25$ )

| Variable        | Categories    | <i>n</i> (%) |
|-----------------|---------------|--------------|
| Age group       | 35–40 years   | 8 (32)       |
|                 | 41–45 years   | 10 (40)      |
|                 | 46–50 years   | 5 (20)       |
|                 | 51–55 years   | 2 (8)        |
| Ethnicity       | Black African | 22 (88)      |
|                 | Indian        | 3 (12)       |
| Sexual identity | Gay           | 16 (64)      |
|                 | Bisexual      | 7 (28)       |
|                 | Queer         | 2 (8)        |

| Variable            | Categories           | n (%)   |
|---------------------|----------------------|---------|
| Relationship status | Single               | 14 (56) |
|                     | In a relationship    | 7 (28)  |
|                     | Married              | 4 (16)  |
| Education level     | High school          | 6 (24)  |
|                     | Diploma/Certificate  | 8 (32)  |
|                     | Bachelor's degree    | 7 (28)  |
|                     | Honours/Master's/PhD | 4 (16)  |

## Data Collection

The data were generated through semi-structured in-depth interviews conducted over three months. The interviews were semi-structured in format because a flexible guide was used to ensure coverage of the study aims, and in-depth in orientation because probing was used to elicit rich phenomenological accounts. This description is used consistently throughout the manuscript. Interviews lasted between 45 and 90 minutes and were audio-recorded with consent (Brinkmann & Kvale, 2018; DiCicco-Bloom & Crabtree, 2006; Kallio et al., 2016).

The participants could choose in-person or online interviews. Eighteen participants preferred face-to-face interviews in safe and private locations, including community health centres, LGBTQ+ support organisations, and the participants' homes. Seven participants selected online interviews via Zoom or WhatsApp video because of privacy and convenience. Online interviews used password-protected meeting access where applicable, private-location guidance, headphones where possible, secure recording transfer, and storage on password-protected devices to reduce the risk of inadvertent disclosure.

Four interviews were conducted in isiZulu at the participants' request. A professional isiZulu-English translator, bound by confidentiality and the same ethical requirements as the research team, assisted with these interviews. Transcripts were translated into English and back-translated to strengthen fidelity, and a bilingual member of the research team reviewed translated transcripts for accuracy. Field notes were recorded after each interview to capture contextual observations, non-verbal cues, pauses, emotional tone, and the researcher's immediate reflections (Sutton & Austin, 2015).

## Interview Guide

The interview guide was designed to elicit detailed accounts of belonging, exclusion, connection, identity negotiation, and emotional well-being. Core questions asked the participants to describe situations in which they felt they belonged or did not belong; factors that hindered or helped social connection in family, work, community, LGBTQ+, and digital spaces; how age, sexual orientation, and cultural background shaped belonging; and how belonging changed over time. The guide was pre-tested with

two MSM community members who were not included in the final sample, leading to minor refinements in phrasing and sequencing (Turner, 2010).

### **Data Analysis**

The data were analysed using IPA. The process followed six linked stages: (1) repeated reading and familiarisation; (2) initial noting of descriptive, linguistic and conceptual features; (3) developing emergent themes for each transcript; (4) moving to the next case while bracketing prior themes as much as possible to preserve idiographic sensitivity; (5) cross-case clustering of convergent and divergent patterns; and (6) producing a final interpretative narrative supported by participant quotations (Pietkiewicz & Smith, 2014; Smith & Osborn, 2015).

NVivo 12 was used to organise transcripts, analytic memos, coding records, and the audit trail. A second coder independently coded a 20% subset of transcripts. Differences were discussed through peer-debriefing meetings and resolved by consensus, leading to refinements in the codebook and theme definitions. Importantly, the final findings were not treated as a simple list of descriptive categories. In response to editorial concerns about the previous analysis, closely related subthemes were consolidated into four integrated themes to allow deeper interpretation of the participants' lived realities.

### **Trustworthiness and Ethical Considerations**

Trustworthiness was strengthened using Lincoln and Guba's (1985) criteria of credibility, dependability, confirmability and transferability. Credibility was supported through member checking, prolonged engagement with the research context, and triangulation of interviews, field notes and reflexive memos (Birt et al., 2016; Carter et al., 2014; Nowell et al., 2017). Dependability was strengthened through an audit trail and code-recode procedures, while confirmability was supported through reflexive journaling and peer debriefing. Transferability was enhanced through thick description of the setting, participant characteristics, and sociocultural context (Korstjens & Moser, 2018; Tracy, 2010).

Ethical approval was granted by the Ethical Review Committee of the College of Human Sciences at the University of South Africa (Approval Number: HSHDC/928/2019). The participants received information about the study purpose, risks, benefits, confidentiality protections, and their right to withdraw without penalty. Written consent was obtained before data collection, and verbal consent was recorded for online interviews. Pseudonyms were used, identifying details were removed from transcripts, and data were stored securely on password-protected devices. Because the interviews addressed sexuality, stigma and belonging, the participants were provided with referral information for LGBTQ+ support organisations and mental health professionals in Durban.

## Findings

The findings are presented as four integrated themes that reflect how the participants made sense of belonging, exclusion, and social and emotional connection. The analysis follows an interpretative phenomenological approach, moving between the participants' individual accounts and the broader patterns that emerged across the data.

Table 2 outlines the four integrated themes that structure the findings. Each theme brings together related patterns across participant accounts while preserving idiographic detail through selected quotations. Together, the themes indicate that belonging was not a simple state of inclusion or exclusion, but a negotiated, uneven, and emotionally consequential process shaped by social systems, interpersonal relationships, cultural expectations, and the participants' own self-understandings.

**Table 2:** Integrated thematic structure

| <b>Integrated theme</b>                                            | <b>Analytic focus</b>                                                                                            |
|--------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|
| Conditional and cumulative exclusion                               | Family rejection, religious and cultural stigma, ageism in LGBTQ+ spaces, and conditional acceptance             |
| Rebuilding belonging through chosen networks and affirming spaces  | Chosen families, peer support, LGBTQ+ groups, and selected online relationships                                  |
| Intersectional constraints on recognition and access               | Age, sexual orientation, cultural background, race, socio-economic position, relationship status, and visibility |
| Resilience, self-acceptance and belonging as a life-course process | Self-acceptance, advocacy, identity reclamation, and the evolving nature of belonging                            |

### Conditional and Cumulative Exclusion

The participants described exclusion as cumulative rather than isolated. Rejection was not confined to one setting; it emerged across family relationships, religious spaces, cultural expectations, and some LGBTQ+ environments. This layering meant that belonging was often experienced as conditional. The participants could be accepted in one space while being silenced, judged or rendered invisible in another.

When I came out to my family, it felt like I had to choose between being myself and being their son. I have never felt welcome at family gatherings since. (John, aged 50)

John's account shows that family rejection was not merely a moment of interpersonal conflict. It disrupted one of the earliest and most intimate sources of recognition. The phrase "choose between being myself and being their son" captures the emotional violence of conditional kinship: belonging was offered only if sexual identity remained hidden or subordinated. For the participants who described similar experiences, family became both a site of attachment and a site of erasure.

My church preached love but would not accept me. I felt like I lived a double life for years until I left. (Joseph, aged 48)

Joseph's narrative adds a cultural and religious dimension to exclusion. The contradiction between the language of love and the practice of rejection generated a split self in which participants had to manage moral judgement and identity concealment. Religious and cultural exclusion therefore operated not only externally, through stigma, but internally, through guilt, silence and self-monitoring.

It's like there's an expiry date on being gay. If you're over 40, you stop existing in bars and clubs. (Michael, aged 43)

Michael's statement extends the analysis beyond heteronormative stigma by showing that exclusion also occurred inside some LGBTQ+ spaces. His metaphor of an "expiry date" frames middle age as a boundary that regulates desirability, visibility and participation. For several participants, LGBTQ+ venues were affirming in principle but exclusionary in practice when youthfulness, body image, and social popularity became informal conditions for recognition. The theme therefore indicates that belonging was constrained by multiple social norms: heterosexual family expectations, religious morality, cultural respectability, and age-coded hierarchies in queer spaces.

### **Rebuilding Belonging Through Chosen Networks and Affirming Spaces**

Although exclusion was a powerful feature of the participants' narratives, they also described active efforts to rebuild belonging through chosen families, peer support, community groups, and selected online relationships. These networks were not secondary substitutes for biological family; they were intentional social formations through which participants experienced care, recognition, and emotional accountability.

I found my family in my friends. They're the ones who celebrate my birthday and check on me when I'm down. (Peter, aged 39)

Peter's account illustrates how chosen family transformed belonging from an inherited status into a relational practice. Being celebrated, remembered, and checked on became tangible evidence of mattering. For the participants with histories of family rejection or concealment, chosen networks provided stability and emotional safety that conventional kinship structures did not always provide.

The support group became my sanctuary. It was the one place where I didn't feel judged. (David, aged 45)

David's use of the term "sanctuary" suggests more than social convenience. Support groups functioned as protective spaces where the participants could suspend the vigilance often required in family, work, or religious settings. In these spaces, belonging was experienced through recognition, shared language, and the ability to speak without translating or defending oneself.

I met people online who made me feel like I was not alone. Some of those friendships are still strong today. (Andrew, aged 37)

Andrew's narrative shows that digital spaces could expand access to connection, particularly for participants who felt unsafe or isolated in physical settings. Online relationships helped some participants move from solitude to social visibility. However, participants did not describe digital connection as a universal solution. It was valuable when it created affirmation and continuity, but less helpful when it reproduced ageism, body judgement, or racialised exclusion. The broader analytic point is that belonging was rebuilt through relationships that offered consistency, emotional presence, and recognition across both physical and digital environments.

### **Intersectional Constraints on Recognition and Access**

Belonging was shaped by more than sexual orientation. Age, cultural background, race, socio-economic position, relationship status, and family obligations influenced whether the participants could access affirming spaces and whether they felt visible in those spaces. The participants' accounts demonstrate that intersectionality operated as a lived condition rather than an abstract concept.

It is hard enough being gay but being Black and gay feels like fighting two battles at once. (James, aged 38)

James's account shows how racial and sexual marginalisation were experienced simultaneously. He did not describe discrimination as separate episodes that could be neatly divided into racism and homophobia. Rather, he experienced them as mutually reinforcing barriers to recognition. For Black African participants, cultural expectations around masculinity, family continuity, and respectability could intensify the emotional cost of disclosure and reduce access to culturally affirming LGBTQ+ support.

I could not afford to go to the 'inclusive' places everyone discussed. Poverty makes belonging even harder. (Martin, aged 41)

Martin's statement draws attention to the material conditions of belonging. Inclusion was not only about attitudes; it was also about transport, cost, venue location, leisure time, digital access, and confidence to enter spaces coded as middle class or urban. Other participants gave similar examples. Sizwe (aged 36) explained, "Sometimes the meeting is across town, and by the time I add transport and something to drink, I just stay home." Thabo (aged 44) similarly reflected, "Those spaces say everyone is welcome, but you can feel they are for people with cars, money, and the right clothes." These accounts show that inclusion could remain formally available but practically inaccessible when participation required disposable income, private transport, social confidence, or familiarity with urban LGBTQ+ venues. For lower-income participants, belonging was therefore constrained not only by stigma but also by the everyday economics of mobility, appearance and participation.

Relationship status and sexual identity also shaped belonging. Bisexual participants sometimes described uncertainty about where they fitted, particularly when family members assumed heterosexual respectability or LGBTQ+ peers questioned their authenticity. Bongani (aged 39) explained, “At home they think I am just a normal man who will marry a woman, but in gay spaces some people say I am confused or not really one of them.” Married participants described a related but distinct form of emotional labour. Sipho (aged 47) stated, “Being married means you are always performing. You love your family, but you also hide parts of yourself every day.” These examples illustrate how bisexual and married participants were sometimes positioned as insufficiently legible in both heterosexual family life and LGBTQ+ community spaces. Across these accounts, belonging depended not only on whether a space was labelled inclusive, but on whether participants’ intersecting identities could be recognised without suspicion, erasure, or conditional acceptance.

### **Resilience, Self-Acceptance and Belonging as a Life-Course Process**

The participants did not portray themselves only as victims of exclusion. Many described strategies for coping, reframing identity, building self-acceptance, and participating in advocacy. Resilience in these accounts was not the absence of pain. It was the capacity to reinterpret rejection, preserve dignity, and create meaning in constrained social worlds.

I stopped waiting for society to accept me. Belonging starts with accepting yourself.  
(Thomas, aged 55)

Thomas’s reflection marks a shift from external approval to self-authored belonging. This shift did not erase social exclusion, but it changed how the participants positioned themselves in relation to it. Self-acceptance became a protective interpretative resource that allowed them to resist internalising rejection as personal failure.

I joined an advocacy group because I wanted to ensure younger MSM wouldn’t face the same struggles I did. (Samuel, aged 40)

Samuel’s account shows how personal exclusion could be transformed into collective action. Advocacy became a reparative practice through which the participants extended belonging to others and challenged the social conditions that had constrained their own lives. This outward-facing form of resilience linked individual healing with community responsibility.

It took me years to find where I fit. Belonging does not happen overnight. (Edward, aged 55)

Belonging is not just about others accepting you. It is about knowing who you are and being okay with that. (Daniel, aged 42)

Edward and Daniel's accounts show that belonging unfolded across time. It was shaped by repeated encounters with rejection, moments of recognition, changing relationships, and gradual self-understanding. This life-course interpretation is central to the study's contribution. Belonging among middle-aged MSM was not a final destination; it was an ongoing process of negotiating identity, safety, dignity, and emotional connection across changing social contexts.

## Discussion

### **Exclusion as a Layered Social Process**

The findings confirm that exclusion among middle-aged MSM is not confined to overt homophobia. It is layered across family systems, religious institutions, cultural norms, LGBTQ+ spaces, and digital environments. This supports minority stress theory, which links stigma, concealment, rejection, and internalised stress to poorer mental health outcomes (Meyer, 2003; Hatzenbuehler et al., 2009). However, the study extends this literature by indicating that exclusion was cumulative and relational. The participants were required to manage belonging differently across contexts, often moving between concealment, selective disclosure, withdrawal, and active resistance.

The finding on ageism in LGBTQ+ spaces is particularly important. LGBTQ+ spaces are often assumed to be inherently affirming, but the participants' accounts show that they can reproduce exclusion through youth-centred norms, body ideals, and hierarchies of desirability (Kneale et al., 2014; Meanley et al., 2021). This complicates simplistic binaries between oppressive mainstream society and affirming queer community. For middle-aged MSM, belonging may be undermined both by heteronormative exclusion and by intra-community marginalisation.

### **Chosen Networks as Protective and Reparative Spaces**

Chosen families, support groups, and affirming peer networks emerged as protective mechanisms. This finding aligns with literature indicating that social support mitigates psychological distress among sexual minority populations (Kwon, 2013; McConnell et al., 2016). The present study adds interpretative depth by indicating how protection was experienced at the level of everyday relational practices: being remembered, checked on, listened to, and accepted without explanation.

These networks were also reparative. They helped the participants reconstruct belonging after experiences of family rejection, religious judgement, or social invisibility. In Maslow's (1943) terms, they provided relational security that supported self-worth and emotional stability. In intersectional terms, they created alternative spaces where the participants' identities could be recognised more fully than in dominant family or community structures.

### **Intersectionality and Unequal Access to Belonging**

The findings demonstrate that belonging is unevenly distributed. Age, sexual orientation, cultural background, race, socio-economic position, and relationship status shaped access to safe and affirming spaces. Intersectionality is therefore essential to interpreting the findings because the participants did not encounter exclusion through sexuality alone (Bowleg, 2013; Crenshaw, 2013). Race, class, culture, religion and age conditioned whether the participants could enter, afford, trust and feel recognised in spaces described as inclusive.

This has practical implications for public health and community programming. Interventions that focus only on MSM as a single category risk missing the specific barriers faced by middle-aged MSM who are Black African, economically marginalised, religiously embedded, bisexual, married, or less visible in mainstream LGBTQ+ spaces. Inclusion must therefore be designed around lived complexity rather than generic identity categories.

### **Digital Belonging and Digital Exclusion**

Digital spaces played an ambivalent role. They extended opportunities for friendship, visibility, and emotional support, but also reproduced ageism, body surveillance, racial preference hierarchies, and rejection. This aligns with emerging research on the role of digital media in shaping sexual minority identity and belonging (Craig et al., 2023). The implication is that digital platforms should not be treated as automatically inclusive simply because they connect geographically dispersed people.

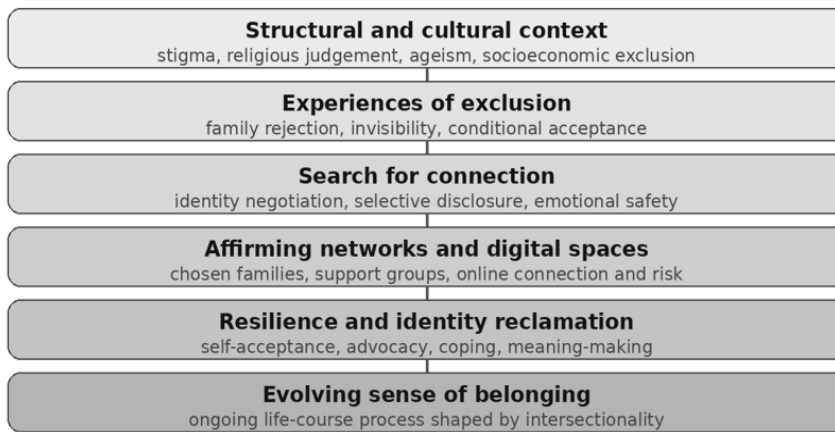
For middle-aged MSM, digital belonging depended on the quality of interaction, platform norms, moderation practices, and whether users could engage without humiliation or surveillance. Digital interventions should therefore include online safety, anti-discrimination standards, inclusive moderation, and awareness of how age and body norms affect psychological well-being.

### **Belonging as Dynamic, Relational, and Life-Course Based**

The study's central contribution is the interpretation of belonging as a dynamic life-course process. The participants did not describe belonging as something achieved once and retained permanently. Instead, belonging was continually negotiated through changing family relationships, shifting community spaces, digital interactions, self-reflection, and advocacy. This temporal understanding extends public health discussions by showing that belonging is not simply a determinant of well-being; it is also an ongoing process through which well-being is built, threatened and restored.

Figure 1 synthesises this interpretation. Structural and cultural contexts shape experiences of exclusion, which then influence how the participants search for connection. Affirming networks, digital spaces, resilience, and identity reclamation can help transform exclusion into a more stable but still evolving sense of belonging. The model shows that belonging is iterative rather than linear, because the participants repeatedly reassess safety, visibility, connection and dignity across different social contexts.

## Dynamic Process of Belonging among Middle-Aged MSM



**Figure 1:** Conceptual model of belonging as a dynamic process among middle-aged MSM

### Practical Implications

Several implications follow from the findings. First, LGBTQ+ organisations should develop age-inclusive programming that intentionally welcomes middle-aged and older MSM, including intergenerational dialogue, mentorship, and social spaces not centred solely on youth culture, nightlife, or physical desirability. Second, public health interventions should be co-designed with MSM from diverse cultural, racial and socio-economic backgrounds to ensure that services address faith-based stigma, cultural expectations, economic barriers, and family-related stressors simultaneously.

Third, mental health practitioners should receive training in culturally responsive and sexuality-affirming care that recognises the specific needs of middle-aged MSM. Fourth, digital platforms and community moderators should strengthen anti-discrimination standards, reporting mechanisms, and age-inclusive community norms. Finally, policy and civil society actors should treat belonging as a public health concern, because social exclusion directly affects mental health, service access, help-seeking, and quality of life.

## **Strengths, Limitations, and Future Research**

A key strength of this study is its idiographic focus on middle-aged MSM, a group that remains underrepresented in South African sexuality and public health research. The use of IPA enabled close attention to the meanings the participants attached to exclusion, support, resilience and identity. The study also provides practical insights for community organisations, mental health practitioners, and policymakers working to strengthen inclusive environments.

The study has limitations. The participants were recruited in Durban, and their accounts may not capture the full diversity of MSM experiences across rural provinces, smaller towns, or other South African metropolitan settings. The use of self-reported narratives also means that the findings reflect the participants' remembered and interpreted experiences. Future research should examine belonging among MSM in rural and peri-urban settings, use longitudinal designs to trace belonging over time, and evaluate interventions that address the intersecting barriers identified in this study.

## **Conclusion**

This study offers an interpretative account of belonging among middle-aged MSM in Durban, South Africa. By consolidating the findings into four integrated themes, the analysis demonstrates that belonging is shaped by cumulative exclusion, chosen networks, intersectional access barriers, and life-course processes of resilience and self-acceptance. The participants' narratives show that belonging is not simply present or absent; it is negotiated through family recognition, cultural and religious expectations, age-related visibility, economic access, digital interactions, and the ability to create affirming relationships. The study contributes to public health and sexuality scholarship by positioning belonging as an essential dimension of mental health and social inclusion. It calls for age-inclusive LGBTQ+ programming, culturally responsive mental healthcare, intersectional public health interventions, and digital community standards that recognise the specific needs of middle-aged MSM. Ultimately, strengthening belonging requires more than symbolic inclusion. It requires sustained social, institutional, and community practices that affirm dignity, safety, identity and connection across the life course.

## **Acknowledgement**

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## **Informed Consent Statement**

Informed consent was obtained from all the participants involved in the study in accordance with the approved ethical procedures.

## Data Availability Statement

Owing to the sensitive nature of the study and the confidentiality assurances provided to the participants, the data are not publicly available.

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