

# **Masculinities, HIV and AIDS in South Africa—evaluating the present, mapping the future: Towards a transformative missiological Paradigm through Hopeful theologising**

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## **Introduction**

Issues relating to maleness and masculinities have seized my theological quest for a time now. This has brought about the thought of theologising around such concerns seeking for praxis that envision practical transformation among men. In 2009, this led me to trail a study on social, religious and cultural discourses on notions of “maleness” and its possible influence on domestic violence among partners in a South African content (Owino 2009). With a specific similar quest, I find it pertinent that our theologising need to continually address issues about masculinity/ies in relation to HIV and AIDS. Hence, this paper is an attempt towards that goal. It intends to address some current issues on masculinity, HIV and AIDS within the South African context. The question that this paper seeks to address is: *What constitutes transformative missiological paradigm towards hopeful theologising around aggressive and dangerous masculinities in a HIV and AIDS context?* In answering this question the paper examines some current issues of concern about masculinities. It then suggests how a continuous process of hopeful theologising around masculinities can be transformative in a HIV and AIDS South African context.

## **Evaluating the present: Masculinities, HIV and AIDS in South African**

Statistics South Africa (July 2009) estimated that 5.7 million South Africans were living with HIV and AIDS by 2009, including 280, 000 children under 15 years old, more than in any other country. It is argued that in 2008, over 250, 000 South Africans died of AIDS. The national prevalence is around 11%, with some age groups being particularly affected. Almost one-in-three women aged 25-29, and over a quarter of men aged 30-

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34, are living with HIV. HIV prevalence among those aged two and older also varies by province with KwaZulu-Natal (15.8%) at the upper end of the scale. This report also confirms that 41% of deaths in 2006 were attributed to 25-49 year olds up from 29% in 1997.<sup>2</sup> Such statistics indicates a general realisation (as other scholars have asserted), that HIV and AIDS is here with us longer than we expected. It is evident that South Africa and Africa in particular is losing its most productive age group (young adults) who are mostly affected by AIDS.

My present evaluation therefore deems it appropriate to address issues about masculinities<sup>3</sup> among men in relation to HIV and ADIS in South Africa. Concerns on sexuality and gender power relations become inevitable while addressing issues about masculinity/ties. These contribute greatly to how men socially and culturally understand themselves and their relations to women in the society. Arguably, what constitutes manhood in Africa has been defined by culture and religion. Ackermann observes that culture and religion have been complicit in women's social subjugation to men owing to their spreading of patriarchal ideology. This reality has influenced the constructions of mentalities and male behaviours that have also contributed to create an HIV resistance free environment (Quoted in Teka 2008:24).

### **Socio-cultural construction of aggressive and dangerous masculinities**

Through socialisation, men have adopted dehumanising models of masculinities. Addressing issues about masculinity/ties in the current HIV and AIDS African context therefore requires a social, religious and cultural inquiry. However, it is vital to note that various works have been done on studies of masculinity/ties in relation to HIV and AIDS. Citing Chant and Gutman, Chitando and Chirongoma argue that we have moved into an era of widespread talk of "men in crisis," "troubled masculinities," and "men at risk" (2008:56). They further argue on HIV as an epidemic that has brought the theme of

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<sup>2</sup> Statistics South Africa publish a report in 2008 revealing that in South African the annual number of registered deaths rose by a massive 91% between 1997 and 2006. Among those aged 25-49 years, the rise was 170% in the same nine-year period with 251,067 deaths in 2006. The prevalence by population group in 2008 showed a high of 13.6% among African, with 0.3% White, 1.7% Coloured and 0.3 among the Indians. Among females, HIV prevalence is highest in those between 25 and 29 years old; among males, the peak is in the group aged 30-34 years. UNAIDS/WHO estimate that AIDS claimed 350,000 lives in 2007—nearly 1,000 every day (AIDS and HIV information from AVERT.org. South Africa HIV and AIDS Statistics. April, (2010). <http://www.avert.org/safricastats.htm>

<sup>3</sup> Leach asserts that "masculinity" is a form of self-identity that includes personal attitudes and behaviors that can be viewed as a form of ideology comprised of complex cultural ideals that define appropriate roles, values and expectations for and of men (Quoted in Swart 2005:40). Segal defines "masculinity" as a construct of culture and socialization, which is divergent, contradictory, inconsistent, and with no fixed and inherent identity or character (Cited in Rankhotha 2002:18). The large body of scholarly work on masculinities that has continued to grow argues that it is appropriate to speak of masculinities instead of masculinity since the concept of multiple masculinities has been used to refer to the temporal, partial and cultural diversity of masculinity. Hence, these masculinities are not fixed but continually shift (Mac An Ghail 2000:66). Hence, there is no a homogenous category as different forms of masculinities exist in Africa (Uzodike and Isike 2008:5).

dangerous and aggressive masculinities<sup>4</sup> to the fore. Hence, the dynamics of sexuality and gender power imbalances are seen as two spheres through which aggressive and dangerous masculinities operate. Culture and religion act as means through which male sexuality/ties and male abuse of power are exercised.

Firstly, culture has socialized men into a belief that sexual unfaithfulness is a norm that men cannot overcome and should be an accepted behavior. Who men are is best illustrated with this African saying that: "A man is like a bull and should not be confined to one pasture (Cily 2010:21)." Sexuality has therefore played a big part in social construction of masculine behaviours. For instance, to deal with sexual unfaithfulness, culture has approved the practice of polygamy as a remedy for HIV and AIDS. Currently, there are notions among scholars that since this practice allow men to have more than one wife; it could be a cultural means towards combating HIV and AIDS (Cily 2010:25). Considered as a HIV intervention practice these scholars argue that men will adhere to sexual discipline that often helps to prevent and reduce unfaithfulness, prostitution, STDs and HIV.<sup>5</sup> This, by itself raises an ethical question related to socio-cultural construction of masculinity/ies and male sexuality. The issue is not the type of marriage relationships that men should adopt. Sexual unfaithfulness can still occur even in a polygamous marriage. The issue of concern is how men can begin taking individual sexual responsibilities in our HIV and AIDS context that affects them as men, women and the society in general.

Secondly, citing culture as a pretext it has been argued that by men having *multiple (concurrent) sexual partners* portray "manhood," hence a notable social construction of what masculinity is perceived to be. Citing Bujra, Teka notes that many African cultures sanction male, while restricting female promiscuity. This induces men into promiscuity while women are expected to be monogamous, hence predisposing men to be virus carrier (2008:25). It has been observed that a culture of sexual entitlement associated with constructions of masculinity,<sup>6</sup> combined with gendered power and control inequality in relationships, create a context for men to have multiple concurrent partners. Men are more likely than women to have multiple partners simultaneously, more likely to be

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<sup>4</sup> "Dangerous masculinities" as used by Chitando and Chirongoma refers to negative/stereotypical concepts of manhood which emphasizes the aggressive, exploitative and abusive aspect of manhood, traits such as risky sexual behavior, abuse of drugs and alcohol as well as violence against women and children (2008 56).

<sup>5</sup> See Van Dyk (2001), Parekh (2002), Moore (1997), and Adupa (1999) all cited in Tabane Cily 2010 (1-27).

<sup>6</sup> A South African study found that among those who had sex within the past 12 months, 13.5% of men and only 3.9% of women, had more than one sexual partner. Men's practice of having multiple and concurrent partners is closely tied to notions of masculinity which define these sexual partnerships as desirable for men. Beliefs about male sexuality at the heart of these notions of masculinity create expectations among men that having 'main' and 'other' sexual partners is both natural and central to their identity as men. The close connections between men's sexual attitudes and practices and their sense of themselves as men has a long history (See Sonke Gender Justice Project 2010:5-6).

unfaithful to their regular sexual partners, and more likely to buy sex. Women with little power in their relationships are at the highest risk for both sexual assault and HIV infection (Sonke Gender Justice 2010:40).

Thirdly, some research indicates that *male circumcision* (MC) is 65% effective in reducing the risk of acquiring HIV in circumcised men (Simbayi 2010:36). A research by Sonke Gender Justice Project highlights dramatic results from three experimental studies on male circumcision undertaken in Orange Farm, South Africa, Rakai, Uganda and Kisumu, Kenya provoking intense interest in and debate about the need to scale up male circumcision as a powerful tool for HIV prevention (2010:14). The research further argues that mathematical modeling supports this prediction estimating that large-scale implementation of male circumcision has the potential to avert about 2 million new HIV infections and 300 000 deaths over the next 10 years in South Africa. However, concerns have been raised about whether publicity on such results might lead to “disinhibition,” with men misinterpreting the results and reaching the conclusion that the increased protection offered by circumcision allowed for more risky sexual behaviour, such as more concurrent partners.

Fourthly, *early sexual debut* especially among young men is also current issue of concern in relation to masculinity/ties, HIV and AIDS. A recent national youth survey indicates the pressure on young men to be sexual in order to demonstrate their masculinity. This found that 12% of young men report sexual introduction at the age of 14 years or younger. In a study in KwaZulu-Natal, such early introduction to sex for men was strongly associated with multiple sexual partnerships in the later teen and young adult years (Sonke Gender Justice 2010:6). The implication of this is that more young women than young men are likely to be HIV positive since women comprise 77% of the 10% of South African youth between the ages of 15-24 who are infected with HIV and AIDS (:6). Parker et al observe that a recent quantitative and qualitative study of young people’s (18-30) sexual behaviour concluded that cultural beliefs and ideas about masculinity and femininity interacted with underlying socioeconomic context and individual psychological factors related to produce patterns of sexual relationships that can facilitate the spread of HIV (Parker et al 2007:10).

It is from such observation that what the HIV and AIDS epidemic brings to light is a certain aspect of gender relation. Male sexuality and gender power inequalities need to be addressed. In relation to my observation, theological engagements that will deconstruction of dangerous and aggressive masculinities into peaceful and harmonious (life-giving) masculinity/ties that seek social reconstruction are vital.

## **Mapping the future: Towards a transformative missiological paradigm through hopeful theologising**

Attempts to respond theologically on issues about masculinity, HIV and AIDS are evident in a number of scholarly works.<sup>7</sup> However, from the onset of the pandemic, the notion of *life* and the quality of life has been an overriding motif in responses to HIV and AIDS. These theologising about life are advocated by the words of Jesus in (John 10:10): “*I have come that they may have life and have it in abundance*” has led to a central and a dominant focus on notions of effective prevention, compassion, support programmes, care giving and love to those infected and affected. These have an emphasis to a “*now*” preoccupation of our approaches to HIV and AIDS especially from the response of the church and the faith community. Could this be a theological weakness with our manner of theologising that seems slow to stay in tune and adopt with the change and the predictions of time? Arguing against such an approach to HIV and AIDS, World Council of Churches advocated for a communal dimension instead of stressing one-dimensional and individual-oriented self-realisation as the highest value (WCC 2005: VIII).

A transformative missiological paradigm through hopeful theologising as this paper suggests seeks to address concerns of HIV and AIDS from a futuristic perspective by employing mission as a God given concept to facilitate transformation for a better future. Hopeful theologising not only advocates for a holistic healing within our present world of HIV and AIDS but also forecast to transform the future through a missiological paradigm. Parry insists that one of the first casualties to accompany a positive diagnosis of HIV is hope. He asserts that what we seek to do in our response, more than just bringing care, support, treatment and advocacy is the restoration of that hope (2009:80). We are required to respond especially to the current issues of male sexuality and gender power inequalities that influence the spread of HIV by hopeful theologising around issues about aggressive and dangerous masculinity/ties for a different future.

Our studies of mission indicate that “modern” or “enlightenment” era would not be the last epoch of world history to exercise an influence on the thought and practice of mission. Bosch points out that the “*post modern*” paradigm would follow (2005:349). Within what he terms as an emerging ecumenical paradigm, Bosch argues that in the light a fundamentally new situation and precisely so as to remain faithful to the true nature of mission—mission must be understood and taken in an imaginatively new

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<sup>7</sup> Various works indicate theological response of the church. Some include: WCC Study Document, *Facing AIDS*, (2005); Robin Gill (ed), *Reflecting Theologically on AIDS*, (2007); Musa Dube (ed), *HIV and AIDS and the Curriculum*, (2003); Ezra Chitando, *Troubled but not destroyed*, (2009); CUAHA, *Challenging the Current Understanding around HIV and AIDS*, (2005); Ezra Chitando, *Compassionate Circles* (2009); Ezra Chitando, *Mainstreaming HIV and AIDS in Theological Education* (2009).

manner today (:367). It is within this paradigm that we need to identify a transformative approach to theology of mission in a HIV and AIDS context by hopeful theologising. Hence, mission in this perspective is to be understood as actions of hope. Based on Bosch's assertion, this is a theology where the future holds primacy. Hence, mission has to be performed in hope as "actions of hope" in taking part in the *Missio Die* that involves embarking our partnership with God's mission of transformation on earth. The quest for this transformative approach to mission clearly inserts us into the prophetic position reminding us of the famous Messianic theology in Luke 4:18-19.<sup>8</sup> Jesus is seen as a Prophet whose hopeful theologising brings a holistic and a liberative mission. If our task is to proclaim the gospel of hope as "Good News to the poor;" and the "year of the Lord's favour to the oppressed" in a HIV and AIDS context, then the messianic theology as a model of mission becomes paramount. Mission as liberation becomes part of our hopeful theologising where theologies of liberation spearhead our theological reflections on HIV and AIDS. For instance, in this case, our hopeful theologising will seek to:

1. Deconstruct socio-cultural construction of gender power inequalities that exists as a result of religious beliefs that exposes women to HIV infection.
2. Search for ways of engaging men in the fight against HIV infection by undertaking theological tasks of deconstructing and liberating aggressive and dangerous masculinities with a vision of transforming the future.
3. Forming transforming men by empowering them to disempower themselves from negative sexualities that lead to eroding ethical behaviours in a HIV and AIDS context. For instance, Maluleke is seen calling for a "new man" in the time of HIV by engaging to transform masculinities. He argues that the solution for a crisis of masculinity is that men must be taught new ways of being men by being weaned from distorted notions of masculinities (In Chitando 2009:96-97).

It is not theologically easy to advocate for theologies that speak *hope* in a context of suffering, HIV and AIDS. However, one thing that is evident is that change is needed. Our hopeful theologising should therefore seek an alternative social construction of men with a focus of transforming aggressive masculinities. This calls for an ongoing missiological faithfulness that must be futuristic oriented in reconstructing socio-cultural and religious constructions of what manhood is. This must also begin with parenting of boys and socially constructing young men to masculinities that respect the full and equal dignity of women. Gender studies on men have applied the *social constructionism theory*

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<sup>8</sup> The Spirit of the Lord is upon me, because he has anointed me to preach good news to the poor. He has sent me to proclaim release to the captives and recovering of sight to the blind, to set at liberty those who are oppressed, to proclaim the acceptable year of the Lord." (RSV)

as an approach within a framework that seeks the construction of masculinities in a specific setting (Connell 2000:9). Morrell picks up a similar concept that can be looked at as *social constructionism theory* in his discussion on the theory of masculinity (2001:3-7). He argues that masculinities should not be considered as belonging in a fixed way to any group of men. This, according to Morrell, indicates that masculinities can and does change and that it is therefore not a fixed, essential identity which men have. Concurring with Morrell, and based on some of the current evaluation earlier made, we can socially, culturally and religiously reconstruct masculinities. This takes place in a process that involves contentions between rival understandings of what being a man should involve. It is from such that this paper suggests a social reconstruction of men as a model of deconstructing aggressive and dangerous masculinities. This is intended to target men to change their sexual, social and cultural behaviours in a HIV and AIDS context. Transformed men should then work towards transforming other men.

## **Conclusion**

This paper has looked at the current issues of concern about masculinity/ties and their influence on HIV and AIDS in the South African Context. Male sexuality and gender power inequalities have been cited as major spheres through which aggressive and dangerous masculinities operate in social, cultural and religious HIV and AIDS context. These have been described as dangerous and aggressive masculinities that require deconstruction and liberation through social construction of men. The paper has argued for a transformative paradigm of mission that seeks hopeful theologising with a futuristic perspective in a HIV and AIDS context.

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