

## Towards a Theology of Masculinity in the Context of HIV in Africa

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In early days of the HIV epidemic, much emphasis was placed on the role of the women to prevent HIV infection through various programmes of empowerment for good reasons including the biological, social, economic, political, programmatic, and cultural vulnerability of women due to HIV infection.<sup>i</sup> However, this has created a situation in which it appeared that women and young girls were the only ones who would take responsibility for both safe sex and HIV prevention.<sup>ii</sup>

Researchers have found that men are the drivers of HIV infection because of rigid notions of masculinities that enable many to engage in unprotected sex with multiple and concurrent partners.<sup>iii</sup> In addition, rape and coercive sex are used as instruments of communication about dominant norms of masculinity and sexual powerfulness.<sup>iv</sup> In recognition of this situation in Africa and elsewhere, there is currently an increasing effort placed on the role of men and boys in both facilitating and preventing the further spread of HIV. As a result, the UNAIDS adopted the slogan: 'AIDS: Men make a difference' during the World AIDS day in 2000.<sup>v</sup> To this end, many researchers consider heterosexual masculinity and gender inequality as the driving force behind the spread of HIV in Africa and elsewhere.

Most of us have learnt masculinity, femininity, and sexuality from unqualified sources such as from friends or our own cultural or religious settings. While those sources have somehow contributed towards our sexuality education with tangible results in certain areas, the challenge is that very often we do not look at sexuality critically. For instance, some African churches have progressively and constructively tackled the issues of gender and HIV in their church ministries.<sup>vi</sup> However, many churches and church-related institutions have often given the impression that sex is unholy and should not be discussed in church settings.<sup>vii</sup> To confront new challenges, we have to find genuine, creative, and innovative Christian responses.<sup>viii</sup> Hence, developing a theology of masculinity/femininity would save lives especially in the context of HIV and AIDS in Africa and elsewhere.

### The need for visionaries

Although the World Council of Churches advised churches to take the issue of HIV seriously as early 1986, given the stigma attached to HIV and AIDS at that time, many African churches did not have a clear vision to fight against HIV. Instead, many church leaders felt that HIV was a punishment from God towards immoral people. As a result, people living with HIV were stigmatised, discriminated against, and sometimes they were even expelled from churches.<sup>ix</sup> At that time, the number of people living with the virus in the continent was estimated at 20.000, while today it is more than 20 million people.<sup>x</sup>

Research has shown that a man who is infected is more likely to pass on the HIV infection to his spouse and the spouse to the child.<sup>v</sup> This vicious circle is based on traditional ideologies of rigid masculinity which in my own context are characterised by men – men who take risks by engaging in sexual encounters with multiple and concurrent partners, wielding power, privilege, and wealth to satiate their perceived sexual needs. This behaviour often also includes targeting younger women by enticing them with favours, financial support, and gifts in

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exchange for sex (*sugar daddy*), and sexually abusing virgins with the naive belief that the sexual act would cure HIV infection.

This is not only a flagrant disregard of the fundamental rights of women and children, but contravenes all the godly values of decency, mutual respect, and human dignity that are enshrined in many religious teachings. The many ongoing and smouldering conflicts have made women and children more vulnerable to rape and abuse. In many African settings, men are the 'warlords' who are spreading HIV.<sup>1</sup>

In my opinion, I think that God wants men and women to have a vision for their lives that comes from God and belongs to them personally. The vision should not be something dictated by cultural norms and current trends, etc. Women and men are created to be visionaries and it is God's intention for them to be able to look at the big picture in life and to plan for the future accordingly. The time has come for churches to provide both women and men with vision. Otherwise, HIV will wipe out the little development and health gains that Africa has acquired over the last decades.

### **'Be fruitful and multiply...'**

With regard to HIV and AIDS, I would like to focus on human sexuality. From Old Testament perspectives, it is clear that sexuality is part of God's creation. This is confirmed in Genesis 1:26-28 and 31 where it is stipulated that God created humankind in God's own image and created man and woman. God told them to multiply, which of course means that they should have sex, and God saw that it was very good (Genesis 1:31). God designed sex within marriage for the following reasons: to procreate the human race, to seal a blood covenant between two humans, and to allow sex to be enjoyed to its maximum potential without negative repercussions.

Another celebration of sexuality as a good gift from God is written in the book Song of Songs, which refers to the love between God and His people. However, nowadays, this book is considered to be a collection of poems and love songs. This book describes the joy and desire of an intimate relationship between a man and a woman. Having carefully read parts of this book, I realised that the sexual relationship it described does not reflect the civil status of being married. This does not mean that sexuality can or should be practiced without boundaries or limitations. On the contrary, God wants humankind to enjoy sex so much that God has told us what its safe boundaries are. The primary boundary is marriage that God created for not harming one another but to keep the social order and harmony of living together.

However, studies have found evidence that sexual intercourse within marriage or with a permanent partner puts many women at risk of HIV infection, most commonly from their husbands' or partners' extramarital liaisons.<sup>xi</sup> This should prompt church leaders to reflect beyond the box of risk behaviours towards an analysis of how risky environments shape opportunities for men's extramarital sex, which makes both men and women vulnerable to HIV infection.<sup>xii</sup> In some instances, the popular religious discourse that promotes monogamous marriages enables discretion about extramarital affairs, allowing women and men to manage their public reputations by maintaining their modern appearance of being moral people.<sup>xiii</sup> This attitude is counter-productive in the era of HIV because it is very

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unfortunate for women/men to be infected on a wedding bed that is expected to provide security and comfort.<sup>xiv</sup>

## Removing taboos

In the context of HIV, church leaders should equip women and men to have the responsibility to disseminate relevant facts about HIV and AIDS (for instance dispelling myths about HIV transmission and provide accurate information about risk factors). Perhaps more importantly, churches should provide HIV relevant moral commandments that shape the way people perceive what is and is not acceptable particularly in the age of AIDS.<sup>xv</sup>

Research studies have found that many young people stress the importance of acquiring adequate knowledge and skills about sexuality from their parents.<sup>xvi</sup> However, this seldom happens because sexuality is very often considered to be a taboo subject for many parents.<sup>xvii</sup> As a result, while many parents implicitly speak about sexuality in hidden ways, children are expected to understand complex sexuality-related matters on their own without proper guidance from parents. Ironically, then young people are blamed when they misbehave.

Church leaders should understand that they are not the only stakeholders that respond to the HIV epidemic in Africa and congregations are not the only relevant institutions to respond to HIV challenges. However, churches and congregations are among the few social institutions with which millions of Africans have regular contact. Therefore, understanding what religious leaders say about masculinity in the context of HIV is of utmost importance to grasp the forces that shape sexual behaviours in the era of generalised HIV epidemic.<sup>xviii</sup>

## Churches and HIV prevention in Africa

It is now 29 years since HIV infection came out of the shadows. Church facilities were among the first to respond to the challenge. The World Council of Churches (WCC) has been proactive and started to deal with the issue of HIV as early as 1986. In order to break the silence related to HIV, the WCC called churches to meet the needs of HIV in pastoral care, education, and prevention.<sup>xix</sup> The Ecumenical HIV and AIDS Initiative in Africa (EHAIA) is one of the WCC Projects that has been a catalyst force to train church leaders in HIV prevention and gender issues.

Religious leaders have also formed ANERELA+ (African Network of Religious Leaders Living or Personally Affected by HIV). Yet, the churches' response to HIV prevention has not always been positive since many are still preaching that AIDS is a consequence of sin.<sup>xx</sup> The ABC (Abstinence, Be faithful, and Condom) approach has been a key strategy in Uganda.<sup>xxi</sup> However, many churches have raised concern about condoms and some church leaders stress that abstinence and faithfulness are the only long-term remedies to control HIV and AIDS.<sup>xxii</sup> In contrast, one leading bishop from South Africa preaches that 'the condom is not simply a matter of chastity but of justice'.<sup>9</sup>

Despite mixed messages, African churches are major players in the field of HIV. The churches provide about 40% of the health care in sub-Saharan Africa where most people are church-goers. To this end, religion has a strong influence on many African individuals.<sup>xxiii</sup> As a result, churches can reach out men and boys and convince them that gender transformation is also in their interest, particularly in a time of HIV.

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In my own country, the Democratic Republic of the Congo, the Catholic, Protestant, Kimbanguist, Salvation Army, Orthodox, Revival, and Independent Churches and the Muslim Community together established an HIV interfaith platform called: 'Conseil Interconfessionnel de Lutte contre le SIDA' in 2002. In line with their doctrines, they emphasised abstinence and faithfulness strategies, but they have also committed themselves to recommend condom use for discordant couples. Although, evidence from studies of faith-based organisations responses to HIV demonstrate that churches and church related institutions have delivered a range of HIV responses in accordance with WHO strategic priorities and primary health care principles, issues of masculinity and sexuality, however, have received little attention.<sup>23</sup> Hence engaging churches to aggressively respond to HIV issues entails challenges, but with careful alignment as well as concerted actions, much can be gained from churches' partnerships with other stakeholders.

## Conclusion

In many nations, no matter what languages the citizens speak or what colour their skin is, many people are still locked into stereotypes of masculinities seeing men as problematic, irresponsible, neglectful, abusive, and irremediable.<sup>xxiv</sup> In the context of HIV where men were found to be HIV drivers, this has to change given the impact of HIV in many spheres of life. Gender roles are not set in stone; men's gendered practices are constantly changing because of broader socio-cultural changes and sometimes as a result of public health interventions.<sup>xxv</sup> The question is not whether men can change in the light of HIV, but rather whether a theology of transformative masculinity, policies, and programmes are available in churches in order to accelerate and influence the change.

If churches are to contain the HIV epidemic, they must tackle its root causes such as dominant norms of masculinity, sexuality, and religion. These factors and others compromise the ability of women/men to protect themselves. Gender equality in the context of HIV not only oppresses women but also suppresses men. I am convinced that everything that enhances life, that promotes life, that enriches life, is according to the will of God. To this end, a theology of redemptive masculinity is required today. Tomorrow will be too late.

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