

# **Masculinities, HIV and AIDS in South Africa—Evaluating the present, mapping the future: Towards a transformative Missiological Paradigm (A theology of Hope)**

By: Kennedy Owino<sup>i</sup>

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Arranged by Broken Women, Healing Traditions?

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## **Introduction**

Issues relating to maleness and masculinities as realities within our social contexts have seized my postgraduate theological quest. This has led towards a search for theologies that seek praxis and envision transformation with specific attention of engaging men for a changed society. 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.<sup>1</sup> With a specific similar quest, I find it critically pertinent to address issues about masculinity (ies) among black men in relation to HIV and AIDS in South Africa. Hopefully, I intend to further develop some of the thoughts presented in this paper into a Doctoral thesis from a systematic perspective. With this focus in mind, this paper argues for the crucial need to address issues about masculinities among black men in a HIV and AIDS South African context. This paper therefore intends to address the ongoing and current discourses on masculinity, HIV and AIDS within the South African context. The paper will also map the future by drawing attention to the need of a transformative missiological paradigm in a HIV and AIDS context. This will suggest theologies of hope that intend practical social construction among black men in a HIV and AIDS South African Context seeking to deconstruct dangerous masculinities.

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

According to Statistics South Africa (2009, July), an estimated 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 30-34, 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.<sup>2</sup> This report also confirms that the overall number of annual deaths increased from 1997, when 316,

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<sup>i</sup> I am currently a registered first year PhD student at the School of Religion and Theology, University of KwaZulu-Natal, Pietermaritzburg in South Africa. My academic areas of interest are in systematic and African theology.

559 people died, to 2006 when 607,184 people died. 41% of deaths in 2006 were attributed to 25-49 year olds up from 29% in 1997.<sup>ii</sup>

With this manner of statistics it would be naive to pretend that all is well. There is a general realisation that HIV and AIDS is here with us longer than we expected especially since the cure is not forthcoming. It is evident that South Africa and Africa in general is losing its most productive age group (young adults) who are mostly affected by AIDS and who are particularly shouldering the burden of the increasing mortality rate. It is within this present evaluation that it is appropriate to address issues about masculinities<sup>iii</sup> among black men in relation to HIV and ADIS. Men are being called upon to respond positively in this present context. 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.<sup>3</sup> Hence, through socialisation, men have adopted dehumanising models of masculinities. Since the rate of prevalence is increasing as indicated by the above mentioned statistics, rest assured South Africa is witnessing the social and economic implications of HIV and AIDS. This brings my attention to the need for intervention that primarily targets men on issues of HIV and AIDS. Addressing this in the context of Africa, we cannot escape a social, religious and cultural inquiry on issues about masculinities among black men in relation to HIV and AIDS in South Africa as my context of study. However, it is vital to note that various works have been done on studies of masculinity and its influence on HIV and AIDS from a sociological and theological perspective. This paper therefore intends to address some current concerns about masculinities and its influence on HIV and AIDS. Drawing from the already existing body of literature, it is vital to specifically focus on addressing social, religious and cultural constructions of masculinities. The intention is to construct alternative masculinities through social construction as a concept advocated by theologies of hope through a transformative missiological paradigm. Citing Chant and Gutman, Sophie Chirongoma and Ezra Chitando argue that we have moved into an era of widespread talk of "men in crisis," "troubled masculinities," and "men at risk."<sup>4</sup> Evaluating our present context indicates that HIV epidemic has brought the theme of dangerous and aggressive masculinities to the fore, and such require a challenge from strategic religious (theological) engagement that will facilitate transformation to life-giving masculinities.<sup>iv</sup>

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<sup>ii</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>iii</sup> 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 (see Mac An Ghaill, Máirtín (ed), 2000. *Understanding Masculinities*. Philadelphia: Open University Press). Hence, there is no a homogenous category as different forms of masculinities exist in Africa (See Uzodike and Isike 2008:5).

<sup>iv</sup> See Chitando and Chirongoma 2008 on "dangerous masculinities" that 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 (56).

Our present HIV and AIDS context in South African, calls for an examination of issues about masculinities. Quoting Blackwell, Ufo Okeke Uzodike and Christopher Isike stress that men play a significant role in spreading HIV; this is not only because many are engaging in irresponsible sexual and social behaviours but also because it puts men and women, and the society in general, in a position of vulnerability. They therefore argue that men remain vital to any effort to curb the HIV and AIDS epidemic in sub-Saharan Africa.<sup>5</sup> Some current issues about masculinities within a HIV and Aids South African context raise concerns on social-cultural ideologies and behaviour of men. Dangerous and negative masculinities emerge following a misconception of what most male will refer to as being a “real man.” In the process of pursuing behaviours that are perceived to be part of being a “real man,” men have exposed themselves to being vulnerable to HIV while at the same time spread women’s vulnerability to the HIV virus. For instance, *polygamy* has become an issue of concern, and official practiced, if not, a common fashion especially among black South African men. To its ardent supporters, this practice is re-emerging as part of a present cultural wave among black South Africans who want to reclaim their heritage and the traditional values eroded by apartheid and racial domination.<sup>6</sup> We are all familiar (especially those from South Africa) of the “Nandos” TV commercial Advert that depicts this culture of South African men having more than one wife. However, they can still afford a “Nandos” meal. This is not only a re-emergence of an ancient African patriarchal culture, but also a dehumanising patriarchal form of masculinity that is abusive and dangerous to women. Even so, some scholars have argued that polygamy is a cultural practice that should be considered a HIV intervention practice since it adheres to sexual discipline that often helps to prevent and reduce unfaithfulness, prostitution, STDs and HIV.<sup>v</sup> This still remains a debated issue that require further examination in a South African HIV and AIDS context.

Further, citing culture as a pretext it has been argued that having *multiple (chain) sexual partners* portray men as a “real man.” This is justified by an African saying that “a man is like a bull and should not be confined to one pasture.”<sup>vi</sup> 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, especially migrant workers whose wives have just become natural prey to HIV infection.<sup>7</sup> It has been observed that a culture of sexual entitlement associated with constructions of masculinity,<sup>vii</sup> combined with gendered power and control disparities 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 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.<sup>8</sup> This kind of perception among men requires a deconstruction of what it means to be a man especially in a HIV and AIDS context.

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

<sup>vi</sup> See Cily 2010 (21).

<sup>vii</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).

Another current issue of concern in relation to issues about masculinity, HIV and AIDS is the compelling research evidence that male circumcision (MC) is 65% effective in reducing the risk of acquiring HIV in circumcised men.<sup>9</sup> 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. 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. Over the subsequent 10 years, an additional 3.7 million HIV infections and 2.7 million deaths could be averted.<sup>10</sup> 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. A current issue that also requires attention is on the benefits of male circumcision to women.<sup>viii</sup>

Other issues of concern in relation to masculinities, HIV and AIDS are in regards to *early sexual debut* especially among young men and women and *homosexuality*. A recent national youth survey indicated of the pressure on young men to be sexual to demonstrate their masculinity. This found that 12% of young men report sexual debut at the age of 14 years or younger. In a study in KwaZulu-Natal, such early sexual debut for men was strongly associated with multiple sexual partnerships in the later teen and young adult years.<sup>11</sup> 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.<sup>ix</sup> Parker W. 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 self-esteem and fatalism, to produce patterns of sexual relationships that can facilitate the spread of HIV.<sup>12</sup> While the most common form of HIV infection in Sub-Saharan Africa has largely been through heterosexual intercourse, there have also been reports of increasing rates of HIV infection through homosexual encounters among men. However, because some African leaders view homosexuality as an “alien and non-African perversion” men have also been vulnerable to the virus through this media since it has been largely unattended.<sup>13</sup>

It is within this current evaluation that what the HIV and AIDS epidemic brings to light is a certain aspect of gender relation. In relation to my observation, a deconstruction of dangerous and aggressive masculinities into peaceful and harmonious masculinities that seek social reconstruction is vital. Gender studies on men have applied the *social constructionism theory* as a sociological approach within a framework that seeks the construction of masculinities in a specific setting.<sup>14</sup> Robert Morrell picks up a similar concept that can be looked at as *social constructionism theory* in his

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<sup>viii</sup> A recent meeting of civil society representatives, predominantly women living with HIV in sub-Saharan Africa, concluded that: “Modeling studies suggest indirect protection will eventually accrue to women but that in the short term increased feminisation of the epidemic is likely.” (See Sonke Gender Justice Project. Men for Change, Health for all 16).

<sup>ix</sup> See Sonke Gender Justice Project. Men for Change, Health for all, (6)

discussion on the theory of masculinity.<sup>15</sup> He argues that masculinities are fluid and 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 made earlier, masculinities are perceived as constantly being protected and defended, are constantly breaking and being recreated. This takes place in a process that involves contentions between rival understandings of what being a man should involved.<sup>x</sup> It is from such that this paper suggests a social reconstruction of men as a model of deconstructing aggressive masculinities among black men. This is intended to target men to change their social and cultural behaviours in a HIV and AIDS context.

## **Mapping the future: Towards a transformative missiological paradigm (a theology of hope)**

The effects of the spread of HIV and the impact of AIDS are enormous ranging from physical suffering, emotional, spiritual but also families and communities are severely affected socially and economically. It is evident from our earlier statistics that majority of South African population are susceptible and vulnerable in their most productive and reproductive ages (20-49). Hence, AIDS is mainly killing young adults in their economically active age group. Alan Whiteside and Clem Sunter have argued that since South Africa's population is aged between these years, AIDS has the potential to have devastating effect on social, economic and above all, human development. It will take time for the economic and social impacts to be felt, but demographic impact is already being seen.<sup>16</sup> This therefore, I argue, should raise a missiological and theological concerns on how we respond to HIV and AIDS. This does not mean that the church has not responded theologically.<sup>xi</sup> But, the challenge that is foreseen in the future calls for a missiological faithfulness that must be futuristic oriented based on our present HIV and AIDS context as a sign of the times. For instance, we cannot claim to have been faithful to God's mission if we are still holding to socio-cultural and religious systems and structures which perpetuate the subordination of women contributing to the spread of the virus and exacerbating its impact on the lives of women. This is so, keeping in mind that issues related to HIV and AIDS (such as issues about masculinity addressed in this paper) affect and are affected by cultural norms and practices, socio-economic conditions, development and gender issues, sexuality and many other factors.

It is therefore appropriate to approach the challenge of HIV and AIDS from a missiological perspective. In other words, our perception of HIV and AIDS will influence our theology of mission in a context of HIV and AIDS. Our theology of mission in this case must therefore seek transformative theologies of hope in a continued spread of the pandemic. It is not theologically easy to advocate for a theology of hope in a context of suffering, HIV and AIDS. However, one thing that is evident is that the

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<sup>x</sup> See Morrell, *The Times of Change: Men and Masculinity in South Africa*, (7).

<sup>xi</sup> Various works indicate the 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).

future has to be different. I concur with Sue Parry who mentions that HIV is devastating but it is also a window of hope as it challenges us to question our very vision of what it means to be human and motivates us to search for ways to fulfil our deepest desires and dreams.<sup>17</sup> This, as part of my concern, will have to address social construction of men by deconstructing aggressive and dangerous masculinities with its effects in the South African society. Our theology of mission will require the church and its educators (theologians) to educate and involve men and young men in order to prevent the spread of HIV and AIDS. This calls us to address the church's (religion's) participation and perpetuation of cultural biases and patterns that contribute to women's subordination and oppression exposing women to the infection of HIV. Our theologies of mission must seek to bring hope in a context of meaninglessness, hopelessness and abandonment by engaging structural and social violence. This requires us to involve men in work of gender equality by addressing what constitutes manhood, hence speaking into issues of power inequality. This must also bring our attention to notions of inclusive parenting in a postmodern Africa (involving men) in childhood socialization. A focus on human sexuality and individual responsibility in a marriage relationship is also vital.

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 (which to me has been appropriate). These theologies of 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" have had a central and a dominant focus on notions of compassion, support and care giving and love to those infected and affected. This has led to a "*now*" preoccupation of our approaches to HIV and AIDS especially from the response of the church. 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.<sup>18</sup> Hence, this brings me to a theological weakness that is slow to stay in tune and adopt with the changes of time. This, at the same time does not mean that the individual is less important, but we should not forget that persons are people within a community. Theologies of hope must therefore not only advocate 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.<sup>19</sup>

If the future has to be any different, then a quest for a transformed theology of mission is not an option. We have to ask ourselves what kind of South Africa do we want to see in ten years time and begin to work backwards in reconstructing that future now. 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. David Bosch points out that one more would follow (and I assert it is here with us), which, he calls the "postmodern" paradigm.<sup>20</sup> Bush observes that this new paradigm shift would suggest a fundamentally different model. 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 manner today.<sup>21</sup> It is within this paradigm that we need to identify a transformative

approach of theology of mission in a HIV and AIDS context. This approach to mission is imaginative; within a crucial notion of what Bosch has termed as *creative tension*.<sup>xii</sup> It is within this paradigm that our theology of mission must face a creative tension between notions of *life* and notions of *hope* in engaging a HIV and AIDS context from a missiological approach. 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. Theologies of hope as a motif for mission therefore intend to argue that the Christian mission belongs to this age and not the next. Hence, mission has to be performed in hope as "actions of hope" in taking part in the *Missio Dei* that involves taking 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>xiii</sup> Jesus is seen as prophet of hope whose mission was liberative and holistic. 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 this hope where theologies of liberation spearhead theological reflections on HIV and AIDS. For instance, in this case gender justice in a context of HIV and AIDS becomes a major concern. We begin to search for ways of engaging men in the fight against HIV infection. This brings me to the theological task of deconstructing and liberating masculinities with a vision of transforming the future. For instance, African women theologians have argued for the liberation of men from patriarchy. Musa Dube expands the concept of liberation to embrace the notion of liberating masculinities. Mercy Oduyoye calls for a holistic liberation. Musimbi Kanyoro years "for a time when men in the church of Africa will be prophetic about the things that adversely affect the lives of Africa women."<sup>22</sup> In a similar quest, Tinyiko Maluleke calls 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.<sup>23</sup>

## Conclusion

This paper has looked at the current crisis on issues of concern about masculinities and their influence on HIV and AIDS in the South African Context. These have been described as dangerous and aggressive masculinities that require deconstruction and liberation through social construction of men. The paper has argued that our perception of HIV and AIDS will dictate our theology of mission. The paper therefore suggests a transformative paradigm of mission that seeks to engage notions of hope as alternatives in addressing a better and a different future in a HIV and AIDS context.

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<sup>xii</sup> By creative tension Bosch means that both the centrifugal and centripetal forces of diversity versus unity, divergence versus integration, pluralism versus holism will have to be taken into account throughout. He concludes that it is only within the force field of apparent opposites that we shall begin to approximate a way of theologizing for our own time in a meaningful way (See Bosch. *Transforming Mission*, 367).

<sup>xiii</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)



## End Notes

<sup>1</sup> Kennedy Owino. *Examining Social, religious and Cultural Discourse on "Maleness" and its possible influence on Domestic Violence in South Africa: A Critique of Some Expressions of Evangelical Theology*. A Masters Thesis, University of KwaZulu-Natal, Pietermaritzburg, 2009.

<sup>2</sup> AIDS and HIV information from AVERT.org. Sub-Saharan Africa HIV and AIDS Statistics, (2010). Accessed on 4 th May 2010. Web site: <http://www.avert.org/africa-hiv-aids-statistics.htm>

<sup>3</sup> Zeferino Teka. Male Honour and HIV and AIDS as a Gendered pandemic: An African Male Reflection on how men can be effectively engaged towards a positive male response. In: *Journal of Constructive Theology*. VOL. 14, No. 1. (2008), 24.

<sup>4</sup> Sophie Chirongoma and Ezra Chitando. Challenging Masculinities: Religious Studies, Men and HIV in Africa. In: *Journal of Constructive Theology*. VOL. 14, No. 1. (2008), 55-69.

<sup>5</sup> Ufo Okeke Uzodike and Christopher Isike. Modernizing without Westernizing: Reinventing African Patriarchies to combat the HIV and AIDS Epidemic in Africa. In: *Journal of Constructive Theology*. VOL. 14, No. 1. (2008), 3-20.

<sup>6</sup> Tabane Cily. Cultural Practices (e.g. Polygamy) Prevent the Spread of HIV and AIDS among the Batswana people of Botswana. In: *Human Science Research Council*. (2010). Accessed on 4 th May 2010 (PDF) Pg. 1-27. Website: [http://www.hsrc.ac.za/research/output/outputDocuments/6356\\_Tabane\\_Culturalpractices.pdf](http://www.hsrc.ac.za/research/output/outputDocuments/6356_Tabane_Culturalpractices.pdf)

<sup>7</sup> Zeferino Teka. Male Honour and HIV and AIDS as a gendered Pandemic: An African Male Reflection on how Men can be effectively engaged toward a positive male Response. In: *Journal of Constructive Theology*. VOL. 14, No. 1. (2008), 21-33

<sup>8</sup> Sonke Gender Justice Project. Men for Change, Health for all: A Policy Discussion on Men, Health and Gender Equality. *National Department of Health*, (2010). Accessed on 4 th May 2010 (PDF) Pg. 1-43. Website: <http://www.genderjustice.org.za/>

<sup>9</sup> Leickness C. Simbayi. HIV prevention: Where is the evidence of interventions that work? In: *Human Science Research Council*, (2010) (PDF) Pg. 1-41. Website: [http://www.hsrc.ac.za/Research\\_Publication-21676.phtml](http://www.hsrc.ac.za/Research_Publication-21676.phtml)

<sup>10</sup> Sonke Gender Justice Project. Men for Change, Health for all 15.

<sup>11</sup> Sonke Gender Justice Project. Men for Change, Health for all 6.

<sup>12</sup> Parker W, et al. Concurrent sexual partnerships amongst young adults in South Africa: Challenges for HIV prevention communication, (Johannesburg: CADRE, 2007).

<sup>13</sup> Teka, Male Honour and HIV and AIDS (21).

<sup>14</sup> Connell, Robert W. *The Men and The Boys*. (Cambridge: Polity Press, 2000) 9.

<sup>15</sup> Robert morrell. The Times of Change: Men and Masculinity in South Africa. In: Morrell, Robert (ed), *Changing men in Southern Africa*. (Pietermaritzburg: University Of Natal Press, 2001) 3-7.

<sup>16</sup> Alan Whiteside and Clem Sunter. AIDS: The challenge for South Africa. (Cape Town: Tafelberg Publishers, 2000) 58.

<sup>17</sup> Sue Parry. *Beacons of Hope. HIV Competent Churches: A framework for action*. (Geneva: WCC Publications, 2009), 46-47.

<sup>18</sup> WCC Study Document. *Facing AIDS. The Challenge, the Church's response*. (Geneva: WCC Publication, 2005) viii.

<sup>19</sup> Parry. *Beacons of Hope*. (80).

<sup>20</sup> David J. Bosch. *Transforming mission. Paradigm shifts in Theology of Missions*. (New York: Orbis Books, 2005) 349.

<sup>21</sup> Bosch. *Transforming mission*. (367).

<sup>22</sup> Ezra Chitando. *Troubled but not destroyed*. (Geneva: WCC Publications, 2009) 92.

<sup>23</sup> Chitando. *Troubled but not destroyed*. (96-97).